HCAHPS, Staff always explained medicines (NQF 0166)

Measure Basic Information

To support improvements in internal customer services and quality related activities, this measure uses survey data to measure patients' perspectives on their hospital care experiences. The survey asks patients who were given a medicine that they had not taken before how often staff explained the medicine (on a scale of never, sometimes, usually, or always). 'Explained' means that hospital staff told what the medicine was for and what side effects it might have before they gave it to the patient.

Name and date of specifications used: NQF 0166.

URL of Specifications:
http://www.hcahpsonline.org/Files/HCAHPS%20QAG%20V9%200%20MARCH%202014.pdf

Measure Type:
HEDIS □ Joint Commission □ Survey ■ Other □ Specify:

Data Source¹: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, self-administered by hospitals (sometimes through a vendor). OAHHS will collect responses from the hospitals and report to OHA.

Measurement Period: Year One: October 1, 2013 – September 30, 2014 (baseline)
                  Year Two: October 1, 2014 – September 30, 2015 (performance year)

Benchmark: National 90th percentile (72%, April 2014²)

The equation used is per CMS guidelines, and is the percentage of patients at each hospital who reported that staff 'always' explained about new medications before giving them to patients.

Improvement from Baseline Target: MN method with 2 percentage point floor³

¹ OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.
³ Information on improvement target calculations can be found in the ‘Hospital Improvement Target Brief’, here: http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx.
**Measure Details**

**HCAHPS survey sample:** A random sample of adult patients of all payer types and across medical conditions between 48 hours and six weeks after discharge that meet the following criteria:

- 18 years or older at the time of admission
- At least one overnight stay in the hospital as an inpatient
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

The following are excluded from the survey sample:

- Patients discharged to hospice care
- Patients discharged to nursing homes and skilled nursing facilities
- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses
- Patients with a foreign home address (excluding U.S. territories—Virgin Islands, Puerto Rico, and Northern Mariana Islands)
- “No-Publicity” patients - A patient who requests at admission that the hospital: (1) not reveal that he or she is a patient; and/or (2) not survey him or her.
- Patients who are excluded because of rules or regulations of the state in which the hospital is located

**Data elements required denominator:** Number of adult patients in survey sample with valid responses to questions 16 and 17 of questionnaire.

**Required exclusions for denominator:** Those with invalid responses to questions 16 and 17 of questionnaire.

**Deviations from cited specifications for denominator:** None.

**Data elements required numerator:** Number of patients who responded “always” on both questions 16 and 17 of the survey:

- Question 16: Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Question 17: Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

**Required exclusions for numerator:** None.
Deviations from cited specifications for numerator: None.

List other required exclusions and or deviations from cited specifications not already indicated: None.