HTPP Year 4: HCAHPS, Staff gave patient discharge information
(NQF 0166)

Measure Basic Information

To support effective care transitions through improvements in internal customer services and quality related activities, this measure uses patient survey data to measure patients’ hospital care experiences. The survey asks patients whether hospital staff had discussed the help they would need at home, and whether they were given written information about symptoms or health problems to watch for during their recovery. Response options are ‘Yes’ or ‘No’.1

Name and date of specifications used: NQF 0166

URL of Specifications: www.hcahpsonline.org/Files/QAG_V10_0_2015.pdf

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

Data Source2: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, administered by hospitals (some may use a vendor). OAHHS will collect responses from the hospitals and report to OHA.

Measurement Period:

Note: This measure is based on HCAHPS surveys for patients who were discharged during the measurement year (versus surveys collected during the measurement year).

Benchmark: National 90th percentile (91.0%, April / May 2016)3
Shriners benchmark: 90th percentile, all PG Database Peer Group (TBD)1

Improvement Target: Minnesota method with a 2 percentage point floor4

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1 Note that the Child HCAHPS survey is under development. Therefore, Shriners Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriner’s performance on staff providing discharge information is therefore assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey, and Shriners has a different benchmark. The source for the Shriners benchmark is the all PG Database Peer Group, Inpatient Pediatric Report.

2 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 http://www.hcahpsonline.org/Files/April-May_2016_Summary%20Analyses_States.pdf

4 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.
**Equation:** Per CMS guidelines, (1) rate for each individual question comprising the composite, and then (2) the average of these rates (see below for calculation details).

### 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

**Calculation Details and Measure Requirements:** Per CMS guidance (see [www.hcahpsonline.org/Files/Calculation%20of%20HCAHPS%20Scores.pdf](http://www.hcahpsonline.org/Files/Calculation%20of%20HCAHPS%20Scores.pdf)), the HCAHPS, *Staff gave patients discharge information* measure is an **average of two values**, outlined in steps 1-3:

1. **The percentage of patients who responded ‘yes’ to Question #19 of the HCAHPS Survey:**

   *Question 19:* During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

   **Data elements required denominator:** Number of adult patients in survey sample with valid responses to question 19 of questionnaire.
Required exclusions for denominator: Those with invalid responses to question 19 of questionnaire.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Number of patients who responded “Yes” to question 19 of the survey.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

2. The percentage of patients who responded ‘yes’ to Question #20 on the HCAHPS Survey:

Question 20: During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Data elements required denominator: Number of adult patients in survey sample with valid responses to question 20 of questionnaire.

Required exclusions for denominator: Those with invalid responses to question 20 of questionnaire.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Number of patients who responded “Yes” to question 20 of the survey.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

3. Average of Composite Element Rates

The CMS methodology indicates that the rates from the above calculations then be averaged, as below:

HCAHPS: Discharge instructions

\[
\frac{Q19 \ ‘Yes’}{Q19 \ ‘Total’} + \frac{Q20 \ ‘Yes’}{Q20 \ ‘Total’}
\]

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Calculation Example

1. Hospital A value #1

Q19: During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

| Count ‘No’ | 11 |
| Count ‘Yes’ | 97 |
| Count Total | 108 |

Percentage of patients who responded ‘yes’ to Question 19: 97/108 = 89.8%

2. Hospital A value #2

Q20: During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

| Count ‘No’ | 9 |
| Count ‘Yes’ | 105 |
| Count Total | 114 |

Percentage of patients who responded ‘yes’ to Question 19: 105/114 = 92.1%

3. HCAHPS, Staff gave patient discharge information final score for Hospital A:

Average of Value #1 and Value #2: (89.8% + 92.1%) / 2 = 91.0%

Note, however, that OHA is unable to make the case mix adjustments as outlined by CMS. Therefore, the numerators and denominators (and resulting calculations) used for HTPP are unadjusted.

Explanation of Exclusions and Deviations

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

Additional Notes

As noted above, the Child HCAHPS survey is under development. Therefore, Shriner’s Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient

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Further detail and additional examples can be found online at:
http://www.hcahpsonline.org/Files/Calculation%20of%20HCAHPS%20Scores.pdf
Pediatric Survey. Shriner’s performance on staff providing discharge information is therefore assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey.

A comparison of the questions related to providing discharge information in HCAHPS versus the Press Ganey Inpatient Pediatric Survey is below:

<table>
<thead>
<tr>
<th>Survey</th>
<th>Questions</th>
<th>Response Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS composite</td>
<td>Question 19: During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? Question 20: During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>Press Ganey Inpatient</td>
<td>Instructions given about how to care for your child at home</td>
<td>Five-point scale (very poor to very good); a higher score is better</td>
</tr>
<tr>
<td>Pediatric Survey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>