

HCAHPS Communication Guidelines

The Hospital CAHPS (HCAHPS) Survey, like all patient surveying, is meant to provide unbiased feedback from your patients about the care they experienced. CMS has created guidelines to help ensure that all patient responses to the HCAHPS survey are informed only by the care the patient receives during the hospital stay and that all hospitals are being rated fairly. In addition, CMS has provided guidelines for communicating with patients about the HCAHPS survey and guidelines for administering other surveys in conjunction with the HCAHPS survey.

The following guidelines are included in the HCAHPS Quality Assurance Guidelines.

Purpose of the HCAHPS Survey

The HCAHPS survey and its administration protocols are designed to produce standardized information about patients' perspective of care that allows objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve quality of care while enhancing accountability in healthcare by increasing transparency.

In order to fulfill these goals, it is essential that, to the fullest extent possible

- Patients respond to the HCAHPS survey, and
- Patients' responses are informed only by the care they receive during the hospital stay.

CMS carefully developed the HCAHPS survey and its administration protocols to achieve these outcomes:

- To increase the likelihood that patients will respond to the survey, HCAHPS should be the first survey patients receive about their experience of hospital care (for more information see **Use of HCAHPS with Other Hospital Inpatient Surveys**)
- To ensure that responses to the HCAHPS survey are based on the patient's own experience of care, proxies are never permitted to respond to the survey
- To ensure that the patient's responses are unbiased and reflect only his or her experience of care, hospitals and survey vendors (and anyone acting on their behalf) must not attempt to influence how the patient responds to HCAHPS survey items (for more information see **Communicating with Patients about the HCAHPS Survey**)

Communicating with Patients about the HCAHPS Survey

HCAHPS guidelines allow hospitals/survey vendors to communicate about the HCAHPS survey before or at discharge; for example, hospitals may inform patients that they may receive this survey after discharge. However, certain types of communication (oral, written, or in the HCAHPS survey materials, e.g., cover letters and telephone/IVR scripts) are not permitted, since they may introduce bias in the survey results. Hospitals/Survey vendors or their agents are not allowed to:

- Ask any HCAHPS or HCAHPS-like questions of patients prior to administration of the survey after discharge
- Attempt to influence or encourage patients to answer HCAHPS questions in a particular way

- Wear buttons denoting “Always” or “10”
- Display signage denoting “Always” or “10”
- Imply that the hospital, its personnel or agents will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses, or indicate that the hospital is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
- Ask patients to explain why he or she chose their specific response, for example, it is not acceptable to ask patients why they indicated that they would not recommend the hospital to friends and family
- Indicate that the hospital’s goal is for all patients to rate them as a “10,” “Definitely yes,” or an “Always”
- Offer incentives of any kind for participation in the survey
- Show or provide the HCAHPS survey or cover letters to patients while they are in the hospital or at any time prior to the administration of the survey
- Mail any pre-notification letters or postcards informing patients about the HCAHPS survey. However, it is permissible to notify the patient while in the hospital or at discharge that they may receive the survey after discharge.
- Allowed to emphasize the HCAHPS questions or response options in posters, white boards, rounding questions, in room television, or other media accessible to patients

The following are examples of messaging that is NOT permissible:

- “We expect to be the best hospital possible.”
- “Our goal is to always address your needs.”
- “Let us know if we are not listening carefully to you.”
- “We treat our patients with courtesy and respect.”
- “In order to provide the best possible care, please tell us how we can always...”
- “Our doctors and nurses always listen carefully to you.”
- “We want to always explain things to you in a way you can understand.”
- “We want you to recommend us to family and friends.”

Alternative examples of messaging that would not violate HCAHPS protocols include:

- “We are looking for ways to improve your stay. Please share your comments with us.”
- “What can we do to improve your care?”
- “We want to hear from you, please share your experience with us.”
- “Please let us know if you have any questions about your treatment plan.”
- “Let us know if your room is not comfortable.”

Use of HCAHPS with Other Hospital Inpatient Surveys

CMS provides guidelines to employ when asking patients questions regarding their hospital stay. CMS’ intent is to minimize the burden on patients and to prevent introducing bias to HCAHPS survey responses. In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how patients, or which patients, respond to HCAHPS survey items must be avoided.

If patients are asked questions during their inpatient stay, CMS suggests that such questions should be worded in a neutral tone and not tilted toward a particular outcome. Questions must not resemble HCAHPS items or their response categories.

Inpatients should not be given any survey during their hospital stay or at the time of discharge. The word “survey” in this instance refers to a formal, HCAHPS-like, patient experience/ satisfaction survey. A formal survey, regardless of the mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospital’s patient population.

- When asking non-HCAHPS survey questions, do not use HCAHPS-like response categories (for instance, “Always,” “Usually,” “Sometimes,” “Never”)
- It is permissible for patients to be asked about their hospital experience during their hospital stay or during discharge calls where this is a normal part of clinical rounds, leadership rounds, or patient treatment/care activities.
- Patient-initiated or hospital-initiated (including the hospital’s agents) contact, comment, response, or communication, whether before, during or after the hospital stay, must not influence the likelihood of a patient receiving the HCAHPS survey
- The following are examples of the types of questions that are NOT permissible:
 - “Did the nurses always answer your questions?”
 - “On a scale of 0 to 10, how would you rate your hospital stay?”
 - “Is there a way we could always...?”
 - “Did your doctor/nurse explain things in a way you could understand?”
 - “Overall, how would you rate the care you received from your doctors/nurses?”
- Alternative questions that would not violate HCAHPS protocols include:
 - “Are the nurses answering your questions?”
 - “Please share with us how we could improve your hospital stay.”
 - “Tell us about your stay.”
 - “Did your doctor/nurse address any communication barriers regarding information about your healthcare?”
 - “Was our staff attentive to your needs?”

The HCAHPS survey should be administered prior to any other inpatient survey. As noted above, it is permissible for patients to be asked about their hospital experience during their hospital stay when the focus is on the clinical care of the individual patient. The hospital or its agents must not seek to influence which patients receive the HCAHPS survey or how patients answer HCAHPS survey items.

Additionally, while the survey is not anonymous, it is vital that individual patient responses be kept confidential. Hospitals are responsible for ensuring the confidentiality of patients responding to the survey. While the data from HCAHPS may be used for quality improvement purposes, the patient’s identity should not be shared with direct care staff.