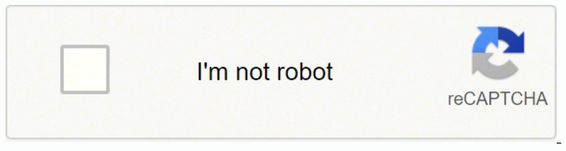
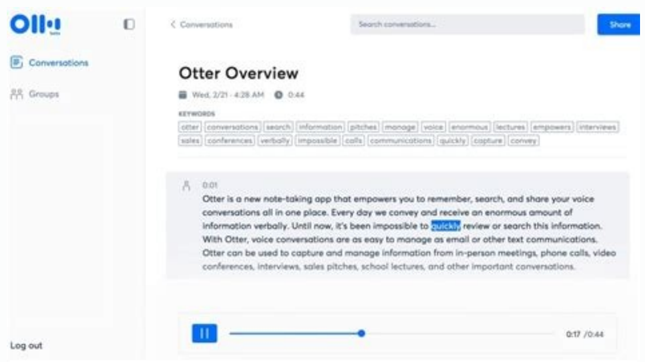


Open

Hospital compare preview report



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ORIGINAL ARTICLE

Cost of intimate partner violence during pregnancy and postpartum to health services: a data linkage study in Queensland, Australia

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Abstract
To quantify health service costs of intimate partner violence (IPV) during pregnancy and postpartum; and to compare health service costs between women who reported IPV, versus women who did not report IPV. This was a cohort study using linked data for a publicly funded Australian tertiary hospital maternity service. Participants included all women accessing antenatal services between August 2016 and August 2018. Routinely collected IPV data were linked to women's admitted, non-admitted, emergency department, perinatal, and costing data from 6 months prior to reporting IPV through to 12 months post-birth. Of the 9889 women receiving maternity care, 280 (2.9%) reported some form of IPV with 72 (24.8%) referred to support. Women who reported IPV generated higher mean total costs than women not reporting IPV ($12,772 vs $10,166, respectively). Between-group differences were significant after adjusting for demographic and clinical factors (cost ratio 1.24, 95% CI: 1.15–1.34). There were no significant differences in mean total costs for babies where IPV was and was not reported ($4971 vs $5340, respectively). IPV is costly for health services. However, greater research is needed to comprehensively estimate the long-term health service costs associated with IPV. Furthermore, the limitations associated with routinely collected IPV data suggest that standardised screening practices and innovative data linkage and modelling approaches are required to collect data that truly represents the burden and costs associated with IPV.

Keywords Health service cost · Pregnancy · Intimate partner violence · Linked data · Continuity of midwifery care

Introduction

Intimate partner violence (IPV) is recognised as a global health problem of pandemic proportions (World Health Organisation 2019). Yet the true extent of the problem is known to be under-reported as the violence often remains hidden in the home (Mitchell 2011). On average, one Australian woman is murdered by a current or former partner each week (Bryant and Bricknell 2017). Seventeen percent of Australian women over the age of 18 have experienced some form of physical or sexual violence by a known individual from the age of 15 (Australian Bureau of Statistics 2020). During pregnancy, around 10% of Australian women experience some form of IPV by a current or former partner (Australian Bureau of Statistics 2013; Campo 2015).

IPV has severe and enduring impacts on the physical and mental health of women and their children (Campo 2015). For women, consequences can include injury, miscarriage, stillbirth, preterm delivery, low birth weight babies, depression, post-traumatic stress, anxiety disorders, homicide, and suicide (World Health Organization 2017). For children, consequences can include a range of emotional and behavioural disorders, major developmental risk factors such as poverty and post-traumatic stress, the potential to perpetrate or experience IPV later in life themselves, and increased mortality and morbidity (e.g. malnutrition) (World Health Organization 2017). IPV also has significant financial

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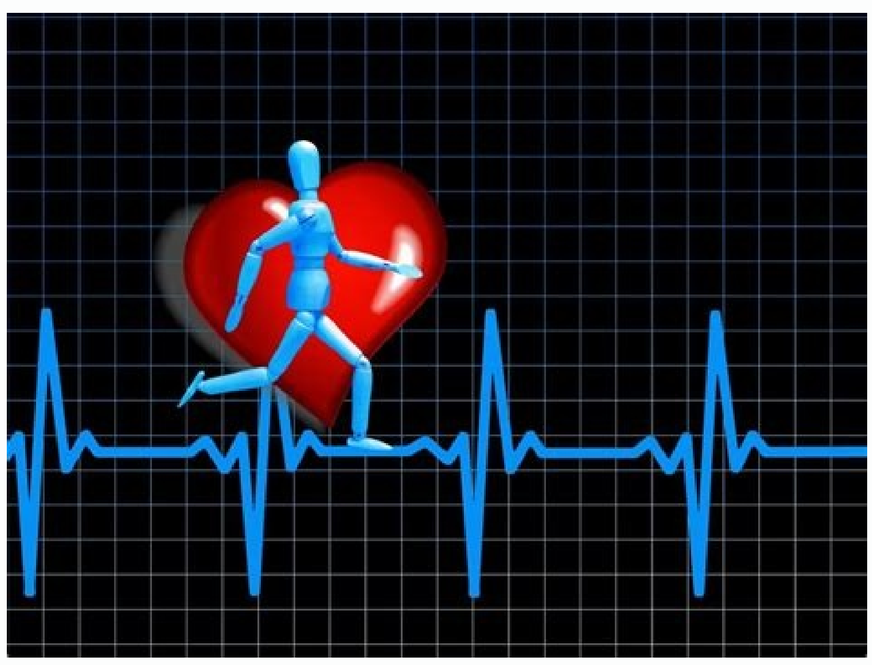

■ KNEE

Ten-year survival of cemented total knee replacement in patients aged less than 55 years

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We report the ten-year survival of a cemented total knee replacement (TKR) in patients aged < 55 years at the time of surgery, and compare the functional outcome with that of patients aged > 55 years. The data were collected prospectively and analysed using Kaplan-Meier survival statistics, with revision for any reason, or death, as the endpoint. A total of 203 patients aged < 55 years were identified. Four had moved out of the area and were excluded, leaving a total of 221 TKRs in 199 patients for analysis (101 men and 98 women, mean age 50.6 years (28 to 55)); 171 patients had osteoarthritis and 28 had inflammatory arthritis. Four patients required revision and four died. The ten-year survival using revision as the endpoint was 98.2% (95% confidence interval 94.6 to 99.4). Based on the Oxford knee scores at five and ten years, the rate of dissatisfaction was 18% and 21%, respectively. This was no worse in the patients aged < 55 years than in patients aged > 55 years.

These results demonstrate that the cemented PFC Sigma knee has an excellent survival rate in patients aged < 55 ten years post-operatively, with clinical outcomes similar to those of an older group. We conclude that TKR should not be withheld from patients on the basis of age.

Although there is an increasing demand for total knee replacement (TKR) in patients aged < 55 years,[1,2] the treatment of osteoarthritis of the knee in younger patients remains controversial.[3] Few studies have examined the outcome of TKR in this group of patients, with most concentrating on the treatment of those with inflammatory arthritis rather than osteoarthritis.[4,5] The results of uncemented prostheses have been generally satisfactory.[6] However, these reports often originate from specialist units, and their experience may not reflect general orthopaedic practice.[7]

We report the medium-term outcomes of patients aged < 55 years who underwent cemented TKR in a district general hospital.

Patients and Methods

Since 1995 we have prospectively collected data on all patients undergoing TKR at our institution. Age, gender, weight, height, body mass index (BMI), American Society of Anesthesiologists (ASA) score[8] and Knee Society score (KSS)[9] are recorded pre-operatively and at six months, 18 months, three, five and ten years post-operatively. Oxford knee scores (OKS)[10] have also been recorded at five and ten years. The pre-operative diagnosis is recorded as osteoarthritis or inflammatory arthritis only. All information is obtained and recorded by a team of four research nurses. We compared the outcome of 203 patients (225 TKRs) aged < 55 years with the outcome of 2216 patients (2397 TKRs) who were aged > 55 years (1046 men and 1170 women, mean age 70.8 years (56 to 94)).

Four patients were lost to follow-up and were excluded, leaving 199 patients (221 TKRs) in the study group. There were 101 men and 98 women with a mean age of 50.6 years (28 to 55); 171 had osteoarthritis and 28 had inflammatory arthritis (including nine with rheumatoid arthritis). The characteristics of the study group are shown in Table I.

The operations were performed by ten different consultant surgeons or under their direct supervision. Intramedullary referencing was used for the femoral cuts and extramedullary referencing for the tibia; all patients received either a cemented PFC (1995 to 1997) or PFC Sigma CR (1998 onwards) TKR (DePuy, Leeds, United Kingdom) through a medial parapatellar approach. The patella was not routinely resurfaced but this was performed at the discretion of the operating surgeon in 41 cases.

It was assumed that patients lost to follow-up would present again if they developed symptoms. We included two analyses, one assuming that those lost to follow-up would

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Hospital compare preview report 2021. Hospital compare previous report help guide. Hospital compare preview report 2020.

In the case of Hospital Compare, the Overall Hospital Quality Star Rating will be complementary to existing efforts, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) star ratings (implemented in April 2015), and will not replace the reporting of any individual quality measures The April 2022 Public Report Preview Period Begins February 1, 2022 (02/01/2022) The April 2022 Public Report Preview Reports are now available on the Hospital Quality Reporting (HQR) System (, formerly the QualityNet Secure Portal, to participating providers and Quality Improvement Organizations (QIOs). In addition, Pain Management is no longer included in the calculation of the HCAHPS Summary Star Rating or the Hospital Compare Overall Hospital Quality Star Rating. These Microsoft Excel reports are essentially "report cards" that provide hospitals with a detailed summary of their:Overall Hospital Quality Star Rating and summary scoreGroup scores and group performance categoriesStandardized measure-level data used in the star rating calculationMeasure loading coefficients used in the star ratings calculation (these are the same for all hospitals across the nation)HSRs are available to hospital staff who are registered for the QualityNet Secure Portal and who are assigned the following role:Hospital Reporting Feedback – Inpatient role – required to receive the reportFile Exchange & Search role — required to download the report from the QualityNet Secure PortalThe Overall Hospital Quality Star Rating is designed to provide summary information for consumers about existing publicly-reported hospital quality data. Key HCAHPS content is displayed below. Survey vendors (and/or hospitals, if applicable) must ensure that their subcontractor(s)/partner(s) participate in the appropriate HCAHPS Training, Introduction and/or Update. In addition, providers located within a county listed in the FEMA disaster declaration who seek an exception for a reporting requirement not covered by this communication may request an individual exception using the applicable ECE procedure for the respective program(s). (return to top) HCAHPS Quality Assurance Guidelines V16.0 Now Available Online (02/26/2021) The HCAHPS Project Team is pleased to announce the release of the HCAHPS Quality Assurance Guidelines V16.0. This manual has been revised from V15.0 and includes additional updates and enhancements that provide a comprehensive resource for hospitals and survey vendors participating in the HCAHPS initiative. The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs located in areas affected by Hurricane Ida to assist you while you direct your resources toward caring for patients and repairing structural damages to facilities. The mode experiment survey contains 43 items. For more information, please see pp. CMS also plans to investigate the feasibility of a new Mixed Mode that would include a Web survey. Please click here to register for the 2022 HCAHPS Training sessions (return to top) Updated Hospital/Survey Vendor HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey (Minimum Business Requirements) (1/28/2022) To administer the HCAHPS Survey, organizations must meet all of the HCAHPS Minimum Business Requirements. Please contact HCAHPS Technical Assistance at hcahps@hsag.com should you have questions regarding this information. Introduction to HCAHPS Training When: Monday, February 28 through Thursday, March 3, 2022 (via a self-training module) Who is Required to Participate in Introduction to HCAHPS Training: · Required: Hospitals interested in applying to become approved to self-administer the HCAHPS Survey · Required: Organizations interested in applying to become approved HCAHPS Survey vendors, as well as subcontractor(s)/partner(s) and other organizations with responsibility for major survey administration functions · Required: New Project Managers for currently approved vendors and hospitals · Optional: Recommended as a training/refresher course for new staff members at organizations that are currently approved to administer the HCAHPS Survey Participation Steps and Requirements to Request Approval to Administer the HCAHPS Survey Organizations requesting consideration for approval to administer the HCAHPS Survey as an HCAHPS approved survey vendor or a self-administering hospital must: · Meet all of the current "HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey (Minimum Business Requirements)." These requirements are available on the HCAHPS Web site, on the "Quality Assurance" page. Please review the entire notification for additional detail. Any changes to current HCAHPS Survey content or administration procedures will be proposed through the CMS rulemaking process. The April 2022 HCAHPS Star Ratings are included in the hospital Preview Reports (available to hospitals from February 1, 2022 through March 3, 2022), and will be Publicly Reported on Care Compare in April 2022. Patients randomly assigned to a web-based mode who lack a valid email address receive their first contact when the secondary mode begins.After the completion of mode experiment data collection in late 2021, CMS will analyze the data and use the results to inform decisions about HCAHPS modes of survey administration, survey content, proxies, schedule and timing of contacts, and length of survey administration. (return to top) Star Ratings: April 2022 Technical Notes Have Been Posted (02/01/2022) The Technical Notes for the April 2022 HCAHPS results are now available. (To access the report, you must be registered as a HQR system user and have been assigned the QIO Clinical Data Warehouse Feedback Report role). The HCAHPS Project Team would like to clarify that Exception Requests should be submitted for these patients. This core is followed by 17 test items that include new patient experience topics, new items on existing topics, and proxy help items. Hospitals are encouraged to access and download reports early in the preview period (May 2 – June 2, 2018) in order to complete a thorough review. The Preview Reports are only available during the preview period.Facilities may access their Hospital Compare Preview Reports by logging in to the QualityNet Secure Portal and selecting the report they wish to view. (return to top) This page was last modified on (02/01/22) These training sessions are intended for hospitals self-administering the HCAHPS Survey, hospitals administering HCAHPS for multiple sites (multi-sites), and survey vendors participating in HCAHPS, as well as other interested individuals and organizations. (return to top) Important Information for HCAHPS Survey Vendors and Self-administering Hospitals: Impact of COVID-19 on HCAHPS Survey Operations (03/23/2020) In light of the 2019 Novel Coronavirus (COVID-19) outbreak, CMS is providing new guidance. When administering the HCAHPS Survey in Tagalog, please code the field with the valid value of "8 - Not applicable" for data submission. (return to top) CMS to Review HCAHPS Content with Patients and Feasibility of Mixed Mode that Includes a Web Survey (06/21/2019) CMS has begun to take steps to obtain feedback directly from patients about topics that are most important to them in the current HCAHPS Survey, as well as additional topics that might be added in the future. Please click herefor additional HCAHPS Training and Participation information. (return to top) "Hospital at Home" Inpatients and Exception Requests (03/10/2021) As mentioned during 2021 HCAHPS Update Training, CMS has determined that "hospital at home" inpatients are eligible for the HCAHPS Survey if the hospitalization included an overnight stay in the actual hospital and the patients meet HCAHPS eligibility requirements and do not belong to any of the categories that are excluded from the survey. (return to top) Update: HCAHPS 2021 Mode Experiment (06/21/2021) The 2021 CMS HCAHPS mode experiment includes a test of new survey modes as well as new and revised survey items. Extraordinary Circumstances Extension/Exception (ECE) due to Hurricane Ida (09/22/2021) To review entire Quality Reporting Notification, please click here. (return to top) Translations for the HCAHPS Quality Assurance Guidelines V16.0 Survey Materials Now Posted (03/11/2021) Translations of the HCAHPS mail, telephone and IVR survey materials are now available. Accessing the Self-training Module: A link to the "Introduction to HCAHPS Training" page will be sent to registered organizations the week prior to training. The Preview Report data will be reported on the CMS Hospital Compare website where Medicare beneficiaries and the general public can review quality of care indicators data for participating hospitals and facilities.On May 21 and May 22, CMS released the Overall Hospital Quality Star Ratings Hospital-Specific Reports (HSR). In addition to testing web-based survey administration, the mode experiment also tests new and revised survey content. The data that appear in the Preview Reports will be reported on Care Compare for Medicare & Medicaid Services Web site for Medicare beneficiaries and the general public in April 2022. Health and Human Services Secretary Xavier Becerra declared Public Health Emergencies (PHEs) for Louisiana, Mississippi, New York, and New Jersey. (return to top) HCAHPS 2022 Training Registration Now Open (1/28/2022) The Centers for Medicare & Medicaid Services (CMS) will offer Introduction to HCAHPS and HCAHPS Update Training sessions the week of February 28, 2022. This updated version is now available online to view or download on the Quality Assurance page. Please refer to the deadlines for the Confirmation of Training Completion Form and quiz on the "Training and Participation Information" page of the HCAHPS Web site. (return to top) NEW! Care Compare Web Site Now Available (09/03/2020) CMS Care Compare Empowers Patients when Making Important Health Care Decisions The Centers for Medicare & Medicaid Services (CMS) launched Care Compare, which contains HCAHPS survey results and many other measures, and is a streamlined redesign of eight existing CMS healthcare compare tools available on Medicare.gov. Patient-Mix Adjustments and National Means for April 2022 HCAHPS Results Have Been Posted (02/01/2022) The Patient-Mix Adjustments and National Means for the April 2022 HCAHPS results are now available. Please click hereto access the HCAHPS Star Ratings page. The link and page will only be available Monday, February 28 through Thursday, March 3, 2022. Please see the attached documents, which can be accessed by clicking here and here. (return to top) HCAHPS Pain Management Composite Measure Information May 23, 2018 update: The Centers for Medicare & Medicaid Services (CMS) has suppressed the HCAHPS Pain Management composite scores on Hospital Compare and in the downloadable databases. The mode experiment will assess different data collection windows for the web-based survey: 6, 8, and 10 days. (return to top) CMS Clarifies Policy Regarding Requirement of 300 Completed HCAHPS Surveys in Periods Affected by the COVID-19 ECE (10/05/2020) The 300 completed HCAHPS Surveys standard applies to every 4-quarter roll-up period in which HCAHPS data collection and submission were required in all four quarters. Affected counties designated by the Federal Emergency Management Agency (FEMA) under Hurricane Ida are located under sections Public Assistance PA-A and PA-B at each disaster declaration webpage: · Louisiana Hurricane Ida (4611-DR-LA) · Mississippi Hurricane Ida (3569-EM-MS) · New Jersey Remnants of Hurricane Ida (4614-DR-NJ) · New York Remnants of Hurricane Ida (4615-DR-NY) If FEMA expands the current emergency disaster declarations to include additional counties, the website pages above will be updated to reflect the newly designated counties. Patients assigned to the three web-based administration protocols receive invitations to the web survey via email. Please contact the team at InpatientSupport@viqrc1.hcqis.org or call toll-free at (844) 472-4477. CMS released the Hospital Compare Preview Reports on May 2, 2018, on all hospitals that participate in Hospital Inpatient Quality Reporting Program (IQR), Hospital Outpatient Quality Reporting Program (OQR) and/or PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs. CMS and its HCAHPS Project Team are testing an expanded HCAHPS Survey instrument using six different survey administration protocols: 3 standard modes (Mail Only, Telephone Only, and Mixed Mode (mail followed by telephone), and three new mixed mode protocols that begin with a web-based survey followed by a standard mode: Web-Mail, Web-Telephone, and Web-Mail-Telephone. The mode experiment will allow up to 49 days for initial contact of patients, and 49 days for completion of the survey after the initial contact. The 2021 HCAHPS mode experiment is being conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from more than 40 hospitals. Hospitals should be aware of the potential impact to reporting requirements and payment programs when deciding whether or not to report data included in the exceptions. The table below provides an overview of the schedule of contacts for the mode experiment. The training page will provide access to the slides, agenda and the Confirmation of Training Completion Form. For more information about NQF endorsement renewal, please click here. However, the 300 competes standard does NOT apply to any 4-quarter roll-up period in which HCAHPS data collection was not required for one or more quarter. Due to the COVID-19 ECE for Q1 and Q2 2020, the 300 completes standard does NOT apply to the following 4-quarter roll-up periods: Q2 2019/Q3 2019/Q4 2019/Q1 2020 Q3 2019/Q4 2019/Q1 2020/Q2 2020 Q4 2019/Q1 2020/Q2 2020/Q3 2020 Q1 2020/Q2 2020/Q3 2020/Q4 2020 Q2 2020/Q3 2020/Q4 2020/Q1 2021 Please refer to the CMS Exceptions and Extension for Quality Reporting Requirements memorandum dated March 27, 2020, for Q1 and Q2 2020 information. Full Press Release can be found here: Direct links to the tools & additional resources Care Compare on Medicare.gov - Care Compare resources for consumers and partners – Medicare blog, Promotional video, Conference card Provider Data Catalog on CMS.gov - Provider Data Catalog and Medicare Care Compare Webinar Recordings Now Available Go to the "Videos" Section on the CMS National Training Program page here. Composite 4 is no longer needed and will no longer be reported on Hospital Compare. July 2018 Preview Reports and public reporting will display "N/A" and Footnote 5 for the Pain Management measure and will display "N/A" and Footnote 15 for the Pain Management star rating. Training Registration will close by 5:00 PM EST (COB) on Friday, February 18, 2022. CMS is granting an exception for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey for the following quarters: § April 1, 2021 – June 30, 2021 (2nd Quarter 2021) § July 1, 2021 – October 31, 2021 (3rd Quarter 2021) Additional information regarding CMS' response to Hurricane IDA is located at: and (return to top) FY 2022 IPPS Final Rule Has Been Published (08/26/2021) The Final Rule and related tables are available at the following URL: (return to top) Tagalog Translation of the HCAHPS Survey Now Available (07/28/2021) The Tagalog translation of the HCAHPS Survey has been posted on the HCAHPS Web site and is now available for use in HCAHPS Survey administration. Schedule of HCAHPS Mode Experiment Contact Attempts Day Standard Mail Only Standard Phone Only Standard Mixed Mode Web-Mail Web-Phone Web-Mail- Phone 1 Mail out first survey Phone calls begin Mail out survey Email first survey invitation Email first survey invitation Email first survey invitation 2 3 Email second survey invitation 4 Email second survey invitation Email second survey invitation 5 6 Email third survey invitation Mail out survey 7 Email third survey invitation 8 Mail out first survey 9 10 Phone calls begin 21 Mail out second survey 28 Phone calls begin Phone calls begin 30 Mail out second survey 49 End data collection End data collection End data collection End data collection End data collection End data collection The additional email invitations and the secondary modes are enacted only for patients who do not respond to the initial contact. (return to top) Extraordinary Circumstances Extension (ECE) (04/20/2021) For recent Extraordinary Circumstances Extensions (ECE) the key HCAHPS content is displayed below. To review the entire Quality Reporting Notifications please click below: Texas Winter Storms (Q1 2021) please click here Hurricane Laura (Q3 2020) please click here California and Oregon Wildfires (Q3 2020) please click here Hurricane Dorian (Q3 2019) please click here Tropical Storm Barry (Q3 2019) please click here California Wildfires (Q3 2018) please click here Hurricane Michael (Q3 2018) please click here Hurricane Florence (Q2-Q3 2018) please click here California Wildfires (Q3-Q4 2017) please click here Hurricane Nate (Q2-Q3 2017) please click here Hurricane Irma (Q2-Q3 2017) please click here Hurricane Harvey (Q2-Q3 2017) please click here The National Support Team for the Hospital IQR Program is available to answer questions or supply any additional information you may need. Participation Forms will be available online following training, from Friday, March 4, 2022 through Friday March 25, 2022, 5:00 PM EST. The NQF originally reviewed and endorsed the HCAHPS Survey in May 2005 and since then has reviewed and re-endorsed HCAHPS in 2010, 2015, and 2019. It is not intended to represent the future survey and is not approved for use. Please click here to access the Mode & Patient-Mix Adjustment page. Please see the list of required organizations for each training session below. Direct links below: Provider Data Catalog (PDC) Webinar (Recorded August 10, 2020) eMedicare: Improving Compare Tools (Recorded August 24, 2020) (return to top) Impact of COVID-19 on HCAHPS Survey Operations for HCAHPS Survey Vendors and Self-administering Hospitals (04/13/2020) CMS recognizes that the COVID-19 outbreak may impact your survey operations. If you intend to request approval to conduct survey operations from a remote location (other than your place of business), please complete and submit an Exception Request Form online via the HCAHPS Web site (www.hcahpsonline.org). Please remember, survey vendors and self-administering hospitals should take necessary steps to protect staff's personal health and safety. In addition, subcontractor(s)/partner(s) or other organization(s) performing major HCAHPS Survey Administration functions (e.g., mail/telephone/IVR operations, XML file preparation) must also meet ALL of the HCAHPS Minimum Survey Requirements which pertain to that role. A hospital self-administering the HCAHPS Survey must meet ALL of the Self-administering Hospital Minimum Survey Requirements, and an independent survey vendor or a hospital administering the HCAHPS Survey for multiple sites or their subcontractor(s) must meet ALL of the Survey Vendor Minimum Survey Requirements. The valid value codes for the HCAHPS data submission field will be updated in the HCAHPS Quality Assurance Guidelines (QAG) V17.0, to be released in early 2022. The Preview Reports will be available from February 1, 2022 through March 3, 2022. Translations of the survey materials will be available by March 12, 2021. Please see the "Accessing the Self-training Module" section below for details and the "Training and Participation Information" page of the HCAHPS Web site for deadlines. A PDF document of this translation is located on the Survey Instruments Page. Providers located outside the counties listed in the FEMA disaster declaration are not covered by this communication, but they may request an exception to the reporting requirements under one or more Medicare quality reporting or value-based purchasing programs they participate in using the applicable ECE procedure for the respective program(s). For more information regarding the HCAHPS Minimum Business Requirements, please click hereor on the left-hand Quality Assurance navigation button. (return to top) Care Compare Has Been Refreshed (01/26/2022) The January 2022 Care Compare Refresh includes HCAHPS scores from July 2020 through March 2021 data collections. · Register now for Introduction to HCAHPS Training by clicking on the link below or visiting the "Training Registration" page of the HCAHPS Web site · When Introduction to HCAHPS Training opens, review training slides, submit a Confirmation of Training Completion Form, and complete and submit an online quiz. The hospitals were randomly selected and are broadly representative of all hospitals participating in HCAHPS. (return to top) HCAHPS Quality Assurance Guidelines V16.0 Survey Materials Now Posted (02/26/2021) The HCAHPS mail, telephone and IVR survey materials in English are now available. Please click here to access the Survey Instruments page. (return to top) The National Quality Forum (NQF) Has Renewed its Endorsement of the HCAHPS Survey (11/21/2019) On October 25, 2019, the National Quality Forum (NQF) announced its re-endorsement of the HCAHPS Survey. The NQF is a voluntary consensus and standard-setting organization established to standardize healthcare quality measurement and reporting. In July, CMS is planning to remove the Pain Management composite from Hospital Compare and downloadable databases, and exclude it from the calculation of the HCAHPS Summary Star Rating and the Hospital Compare Overall Hospital Quality Star Rating. As a result, HCAHPS Online is making the corresponding updates to all documents pertaining to the April 2018 public report period that are posted on this web site. The survey questions comprising Pain Management Composite 4 were removed from the HCAHPS Survey in the FY 2018 IPPS/LTCH PPS Final Rule (81 FR 38342). Please note: The HCAHPS mode experiment survey instrument is for testing purposes only. Please click here to access the Survey Instruments page. If data is submitted, it may be publicly reported or used in scoring. HCAHPS Update Training When: · Survey vendors and multi-sites: March 2, 2022, 1:00 pm – 3:45 pm EST (via Webinar) · Self-administering hospitals: March 3, 2022, 1:00 pm – 3:45 pm EST (via Webinar) Who is Required to Participate in HCAHPS Update Training: · Required: All hospitals, multi-sites and survey vendors currently approved to administer the HCAHPS Survey · Required: Subcontractor(s)/partner(s) or other organization(s) who are responsible for major functions of HCAHPS Survey administration (e.g., mail/telephone/IVR operations). 59-63 of HCAHPS Quality Assurance Guidelines, V16.0. Please note: During the Q&A portion of HCAHPS Update Training it was incorrectly stated that Exception Requests were not required for "hospital at home" patients. Within each hospital, sampled patients are randomly assigned to the six survey administration protocols. (return to top) Summary Analyses Page Tables Have Been Updated (01/26/2022) The following tables have been added to the HCAHPS Web site Summary Analyses page: January 2022 Summary of HCAHPS Survey Results Table January 2022 HCAHPS Percentiles Table January 2022 HCAHPS Survey Individual Question Top-Box Scores (return to top) The Star Ratings Distributions Have Been Updated (01/26/2022) The following tables have been added to the HCAHPS Web site Star Ratings page: January 2022 HCAHPS Star Ratings Distributions January 2022 HCAHPS Summary Star Distributions by US State (return to top) HCAHPS Survey Individual Question Top-Box Scores Table Has Been Updated (01/26/2022) The HCAHPS Survey Individual Question Top-Box Scores table has been added to the Summary Analyses page: January 2022 Public Report: July 2020 - March 2021 discharges (return to top) Updated HCAHPS Mail Survey Instruments with the New OMB Expiration Date Now Available (10/05/2021) The HCAHPS Mail Survey has been updated to include the new OMB expiration date of September 30, 2024 on the front page of the questionnaire in the OMB control number (OMB #0938-0981) text box and in the OMB Paperwork Reduction Act Language. CMS will assess and decide upon each extraordinary circumstances exception request on a case-by-case basis. This is part of a broader effort that CMS is undertaking to evaluate the items currently included in HCAHPS. · Complete and submit a Participation Form. The core of the survey includes 26 items that generally duplicate the current HCAHPS Survey, though with one deletion and some minor revisions to item wording and sequence. Please refer to the ECE request process and form specific to the program for additional information. A copy of the survey is available for informational purposes. Pending approval from the Office of Management and Budget, CMS will test a web mode of administration for several patient experience surveys, including HCAHPS. Please continue to monitor the HCAHPS Web site for important updates on these topics.

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