CBE ID

0691

Title

Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Wed, 03/02/2016 - 19:00

Initial Endorsement

Thu, 03/03/2011 - 01:39

Steward

Agency for Healthcare Research and Quality

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The CAHPS® Nursing Home Survey: Discharged Resident Instrument is a mail survey instrument to gather information on the experience of short stay (5 to 100 days) residents recently discharged from nursing homes. This survey can be used in conjunction with the CAHPS Nursing Home Survey: Family Member Instrument and the Long Stay Resident Instrument. The survey instrument provides nursing home level scores on 4 global items. In addition, the survey provides nursing home level scores on summary measures valued by consumers; these summary measures or composites are currently being analyzed. The composites may include those valued by long stay residents: (1) Environment; (2) Care; (3) Communication & Respect; (4) Autonomy and (5) Activities.

1.7 Measure Type

Patient-reported Outcome Performance Measure (PRO-PM)

1.8 Level of Analysis

Facility

1.9 Care Setting

Nursing Home/Skilled Nursing Facility

1.14 Numerator

The following topics are measured for nursing homes from a resident´s perspective:Global Items: Global Rating of care received from staff: sum of resident scores on 0 to 10 scaleGlobal Rating of special therapy care: sum of resident scores on 0 to 10 scale Global Rating of overall nursing home: sum of resident scores on 0 to 10 scale Global item whether respondent would recommend nursing home: sum of resident scores on item (see codebook for points assigned to each response category) Composites: We expect some composites to be similar to the long stay resident instrument such as Environment, Care, and Communication & Respect. We are not sure if the Autonomy and Activities Composites will be relevant to short stay residents. Data analysis is currently being conducted.

1.15 Denominator

The denominator is the total number of surveys for respondents that meet CAHPS completion standard (50% of key items answered) and any applicable screener.

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

Exclusions

We will exclude all residents whose length of stay (LOS) in the facility is less than 5 or greater than 100 days from the date of admission. Residents who are discharged to any hospital with return anticipated will not have their day count reset to zero when they return to the facility (AHRQ will harmonize its specification on short stay residents with CMS). AHRQ created a separate survey for long stay residents whose opinion can be obtained best through in-person administration because, on average, they have more cognitive impairment than short stay residents. In addition, the CAHPS team believed that a minimum number of days (5) was needed for a short stay resident to have sufficient experience with facility care. We also exclude residents who are under age 18 and those who were discharged more than 2 months prior to sample frame development date. Those who were discharged to another care facility and not discharged home and those who were deceased were also excluded.

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization)

Risk Adjustment

Statistical risk model

Target Population

Elderly

Steward Organization

Agency for Healthcare Research and Quality

Steward POC email

Pam.Owens@ahrq.hhs.gov