
CBE ID

1741

Title

Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey
Version 2.0

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

Steward no longer seeking to maintain endorsement

Is Under Review

No

Previous Endorsement Cycle

Fall 2017

Removal Date

Tue, 08/27/2024 - 09:22

Initial Endorsement

Mon, 04/30/2012 - 21:31

Steward

American College of Surgeons

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 following 6 composites and 1 single-item measure are generated from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey. Each measure is used to assess a particular domain of surgical care quality from the patient's perspective.

Measure 1: Information to help you prepare for surgery (2 items)

Measure 2: How well surgeon communicates with patients before surgery (4 items)

- Measure 3: Surgeon's attentiveness on day of surgery (2 items)
- Measure 4: Information to help you recover from surgery (4 items)
- Measure 5: How well surgeon communicates with patients after surgery (4 items)
- Measure 6: Helpful, courteous, and respectful staff at surgeon's office (2 items)
- Measure 7: Rating of surgeon (1 item)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey (S-CAHPS) is a standardized survey instrument that asks patients about their experience before, during and after surgery received from providers and their staff in both inpatient and outpatient (or ambulatory) settings. S-CAHPS is administered to adult patients (age 18 and over) that had an operation as defined by CPT codes (90 day globals) within 3 to 6 months prior to the start of the survey.

The S-CAHPS expands on the CAHPS Clinician & Group Survey (CG-CAHPS), which focuses on primary and specialty medical care, by incorporating domains that are relevant to surgical care, such as sufficient communication to obtain informed consent, anesthesia care, and post-operative follow-up and care coordination. Other questions ask patients to report on their experiences with office staff during visits and to rate the surgeon.

The S-CAHPS survey is sponsored by the American College of Surgeons (ACS). The survey was approved as a CAHPS product in early 2010 and the Agency for Healthcare Research and Quality (AHRQ) released version 1.0 of the survey in the spring of 2010. The S-CAHPS survey Version 2.0 was subsequently endorsed by NQF in June 2012 (NQF #1741). The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at <https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html>. Surgeons may customize the S-CAHPS survey by adding survey items that are specific to their patients and practice. However, the core survey must be used in its entirety in order to be comparable with other S-CAHPS data. The S-CAHPS survey is available in English and Spanish.

The 6 composite measures are made up of the following items:

The 1 single item measure (Measure 7) is (Q35): Using any number from 0 to 10, where 0 is the worst surgeon possible and 10 is the best surgeon possible, what number would you use to rate all your care from this surgeon?

Measure 1: Information to help you prepare for surgery (2 items)

- Q3. Before your surgery, did anyone in this surgeon's office give you all the information you needed about your surgery?
- Q4. Before your surgery, did anyone in this surgeon's office give you easy to understand instructions about getting ready for your surgery?

Measure 2: How well surgeon communicates with patients before surgery (4 items)

- Q9. During your office visits before your surgery, did this surgeon listen carefully to you?
- Q10. During your office visits before your surgery, did this surgeon spend enough time with you?
- Q11. During your office visits before your surgery, did this surgeon encourage you to ask questions?
- Q12. During your office visits before your surgery, did this surgeon show respect for what you had

to say?

Measure 3: Surgeon's attentiveness on day of surgery (2 items)

Q15. After you arrived at the hospital or surgical facility, did this surgeon visit you before your surgery?

Q17. Before you left the hospital or surgical facility, did this surgeon discuss the outcome of your surgery with you?

Measure 4: Information to help you recover from surgery (4 items)

Q26. Did anyone in this surgeon's office explain what to expect during your recovery period?

Q27. Did anyone in this surgeon's office warn you about any signs or symptoms that would need immediate medical attention during your recovery period?

Q28. Did anyone in this surgeon's office give you easy to understand instructions about what to do during your recovery period?

Q29. Did this surgeon make sure you were physically comfortable or had enough pain relief after you left the hospital or surgical facility where you had your surgery?

Measure 5: How well surgeon communicates with patients after surgery (4 items)

Q31. After your surgery, did this surgeon listen carefully to you?

Q32. After your surgery, did this surgeon spend enough time with you?

Q33. After your surgery, did this surgeon encourage you to ask questions?

Q34. After your surgery, did this surgeon show respect for what you had to say?

Measure 6: Helpful, courteous, and respectful staff at surgeon's office (2 items)

Q36. During these visits, were clerks and receptionists at this surgeon's office as helpful as you thought they should be?

Q37. During these visits, did clerks and receptionists at this surgeon's office treat you with courtesy and respect?

1.7 Measure Type

Patient-reported Outcome Performance Measure (PRO-PM)

1.8 Level of Analysis

Clinician: Group/Practice

1.9 Care Setting

Other

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

We recommend that S-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated excellent performance for a given measure. This approach is a kind of categorical scoring because

the emphasis is on the score for a specific category of responses. The top box numerator for the Overall Rating of Surgeon is the number of respondents who answered 9 or 10 for the item, with 10 indicating “Best provider possible”. For more information on the calculation of reporting measures, see What’s Available for the CAHPS Surgical Care Survey: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance...> Also see Patient Experience Measures from the CAHPS Surgical Care Survey Document 409 obtained by going to: <https://www.ahrq.gov/cahps/surveys-guidance/surgical/instructions/get-s...> Also, for more information on the calculation of reporting measures, see How to Report Results of the CAHPS Clinician & Group Survey, available at <https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/HowtoReportResultsofCG...>

1.15 Denominator

The measure’s denominator is the number of survey respondents. The target population for the survey is adult patients (age 18 and over) who had a major surgery as defined by Common Procedural Terminology (CPT) codes (90 day globals) within 3 to 6 months prior to the start of the survey. Results will typically be compiled over a 12-month period. For more information on the calculation of reporting measures, see Patient Experience Measures from the CAHPS Surgical Care Survey, available at <https://www.ahrq.gov/cahps/surveys-guidance/surgical/instructions/get-s....>

6.1.2 Current or Planned Use(s)

Public Reporting, Payment Program, Professional Certification or Recognition Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Payment Program, Professional Certification or Recognition Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization), Not in use

Exclusions

The following are excluded when constructing the sampling frame:

- Surgical patients whose procedure was greater than 6 months or less than 3 months prior to the start of the survey.
- Surgical patients younger than 18 years old.
- Surgical patients who are institutionalized (put in the care of a specialized institution) or deceased.

Measure Disclaimer

None.

Planned Use

Professional Certification or Recognition Program, Public Reporting

Risk Adjustment

Other

Target Population

Elderly

The measure developer is different from the measure steward

No

Steward Organization

American College of Surgeons

Steward POC email

jsage@facs.org