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**CBE ID**

2651

**Title**

CAHPS® Hospice Survey, Version 9.0

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Fall 2027

**Previous Endorsement Cycle**

Fall 2022

**Initial Endorsement**

Wed, 10/26/2016 - 04:28

**Steward**

Centers for Medicare & Medicaid Services

**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 measures submitted here are derived from the CAHPS® Hospice Survey, which is a 47-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice patients and their primary caregivers. Respondents to the survey are the primary informal caregivers of patients who died under hospice care. These are typically family members but can be friends. The hospice identifies the primary informal caregiver from their administrative records. Data collection for sampled decedents/caregivers is initiated two months following the month of the decedent's death.

The publicly reported measures described here include the following six multi-item measures.

- Hospice Team Communication
- Getting Timely Care
- Treating Family Member with Respect
- Getting Emotional and Religious Support

- Getting Help for Symptoms
- Getting Hospice Training

In addition, there are two global rating items that are publicly-reported measures.

- Rating of the hospice care
- Willingness to recommend the hospice

Below we list each multi-item measure and its constituent items, along with the two global rating items. Then we briefly provide some general background information about CAHPS surveys.

## List of CAHPS Hospice Survey Measures

### Multi-Item Measures

#### Hospice Team Communication (Composed of 6 items)

- + While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
- + While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
- + How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
- + While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
- + While your family member was in hospice care, how often did the hospice team listen carefully to you?
- + While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

#### Getting Timely Care (Composed of 2 items)

- + While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
- + How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

#### Treating Family Member with Respect (Composed of 2 items)

- + While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
- + While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

#### Providing Emotional Support (Composed of 3 items)

- + While your family member was in hospice care, how much emotional support did you get from the hospice team?
- + In the weeks after your family member died, how much emotional support did you get from the hospice team?
- + Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

#### Getting Help for Symptoms (Composed of 4 items)

- + Did your family member get as much help with pain as he or she needed?
- + How often did your family member get the help he or she needed for trouble breathing?
- + How often did your family member get the help he or she needed for trouble with constipation?
- + How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?

#### Getting Hospice Care Training (Composed of 5 items)

- + Did the hospice team give you enough training about what side effects to watch for from pain medicine?
- + Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
- + Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
- + Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
- + Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

#### Global Rating Measures:

In addition to the multi-item measures, there are two “global” ratings measures. These single-item measures provide families and patients looking for care with overall evaluations of the care provided by the hospice. The items are rating of hospice care and willingness to recommend the hospice.

- + Rating of Hospice Care: Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member’s hospice care?
- + Willingness to Recommend Hospice: Would you recommend this hospice to your friends and family?

The CAHPS Hospice Survey is part of the CAHPS family of experience of care surveys. English and other translations of the survey are available at <http://www.hospicecahpsurvey.org/en/survey-instruments/> . CMS initiated national implementation of the CAHPS Hospice Survey in 2015. Hospices meeting CMS eligibility criteria were required to administer the survey for a “dry run” for at least one month of sample from the first quarter of 2015. Beginning with the second quarter of 2015, hospices are required to participate on an ongoing monthly basis in order to receive their full Annual Payment Update from CMS. Information regarding survey content and national implementation requirements, including the latest versions of the survey instrument and standardized protocols for data collection and submission, are available at: <http://www.hospicecahpsurvey.org/>. Public reporting of the survey-based measures on Hospice Compare started in February 2018 ([www.medicare.gov](http://www.medicare.gov) Choose find hospice care)

A list of the CAHPS Hospice Survey measures, including the components of the multi-item measures can be found in Appendix A

## 1.7 Measure Type

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Patient-reported Outcome Performance Measure (PRO-PM)

## 1.8 Level of Analysis

Facility

## 1.9 Care Setting

Other

## 1.14 Numerator

CMS calculates CAHPS Hospice Survey measure scores using top-, middle- and bottom- box scoring. The top-box score refers to the percentage of caregiver respondents that give the most positive response(s). The bottom box score refers to the percentage of caregiver respondents that give the least positive response(s). The middle box is the proportion remaining after the top and bottom boxes have been calculated; see below for details. Details regarding the definition of most and least positive response(s) are noted in Section S.5 below.

## 1.15 Denominator

CAHPS® Hospice Survey measure scores are calculated only for hospices that had at least 30 completed questionnaires over the most recent eight quarters of data collection. The target population for the survey are the adult primary caregivers of hospice decedents. Respondent eligibility and exclusions are defined in detail in the sections that follow. A survey is defined as completed when at least 50 percent of the questions applicable to all decedents/caregivers are answered (Questions 1 - 4, 6 - 13, 15, 17, 21, 24, 26, 28, 30 - 32, and 35 - 47). The survey uses screener questions to identify respondents eligible to respond to subsequent items. Therefore, denominators vary by survey item (and corresponding multi-item measures, if applicable) according to the eligibility of respondents for each item. In addition, for the Getting Hospice Care Training measure, scores are calculated only among those respondents who indicate that their family member received hospice care at home or in an assisted living facility.

## 6.1.2 Current or Planned Use(s)

Payment Program, Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## 6.1.3 Current Use(s)

Payment Program, Public Reporting

## Exclusions

The eight measures included here are calculated only for hospices that have at least 30 completed surveys over eight quarters of data collection.

The exclusions noted in here are those who are ineligible to participate in the survey. The one exception is caregivers who report on the survey that they “never” oversaw or took part in the decedent’s care; these respondents are instructed to complete the “About You” and “About Your Family Member” sections of the survey only.

Cases are excluded from the survey target population if:

- The hospice patient is still alive
- The decedent's age at death was less than 18
- The decedent died within 48 hours of his/her last admission to hospice care
- The decedent had no caregiver of record
- The decedent had a caregiver of record, but the caregiver does not have a U.S. or U.S. Territory home address
- The decedent had no caregiver other than a nonfamilial legal guardian
- The decedent or caregiver requested that they not be contacted (i.e., by signing a no publicity request while under the care of hospice or otherwise directly requesting not to be contacted)
- The caregiver is institutionalized, has mental/physical incapacity, has a language barrier, or is deceased
- The caregiver reports on the survey that he or she "never" oversaw or took part in decedent's hospice care

### **Planned Use**

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

### **Risk Adjustment**

Statistical risk model

### **Use In Federal Program**

Hospice Quality Reporting Program

### **The measure developer is different from the measure steward**

No

### **Steward Organization**

Centers for Medicare & Medicaid Services

### **Steward POC email**

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