

Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey

NQF # 2548

Appendix

Center of Excellence for Pediatric Quality Measurement

Division of General Pediatrics

Boston Children's Hospital

January 2019

Table of Contents

Appendix A: Detailed Measure Specifications.....	1
Appendix B: Determining Whether a Survey is Complete.....	21
Appendix C: Child and Respondent Descriptive Characteristics.....	23
Appendix D: Administrative Items	24
Appendix E: Rationale for Recommended Number of Completed Surveys	25
Appendix F: Child HCAHPS Mail Survey Materials – English.....	27
Appendix G: Child HCAHPS Mail Survey Materials – Spanish.....	34
Appendix H: Child HCAHPS Telephone Survey Materials	42
Appendix I: Survey Items in Domain-Level Composite and Single-Item Measures	85
Appendix J: Decision Rules and Coding Guidelines	89
Appendix K: Case-Mix Adjustment Methodology	91
Appendix L: Child HCAHPS Disparities Analysis	92
Appendix M: Evidence Table	96
Appendix N: Child HCAHPS Factor Analysis	120
Appendix O: Hospital Performance –Above, Below, or Not Significantly Different From the Mean	122
Appendix P: Measure Harmonization	123

ACKNOWLEDGMENTS

The following people participated in the development and maintenance of the Child HCAHPS survey:

The Core Team:

Mark N. Elliott, PhD
Mark A. Schuster, MD, PhD (Measure Co-Leader)
Sara L. Toomey, MD, MPhil, MPH, MSc (Measure Co-Leader)
Alan M. Zaslavsky, PhD

The Development Team:

Julie A. Brown, BA
Paul D. Cleary, PhD
Marc N. Elliott, PhD
Floyd J. Fowler, Jr. PhD
Patricia M. Gallagher, PhD
Ron D. Hays, PhD
David E. Kanouse, PhD
Lise Rybowski, MBA
Mark A. Schuster, MD, PhD (Measure Co-Leader)
Dale Shaller, MPA
Sara L. Toomey, MD, MPhil, MPH, MSc (Measure Co-Leader)
Alan M. Zaslavsky, PhD
Carla L. Zema, PhD

Support Staff:

Shanshan Liu, MS, MPH
Paul Holden, BA
Antonia Chan, AB

Staff of the Center of Excellence for Pediatric Quality Measurement (CEPQM) at Boston Children's Hospital

Members of CEPQM's National Advisory Board

We thank the participants in our focus groups, cognitive interviews, and field tests and all the others who contributed to the development and testing of the Child HCAHPS survey.

Funding

Child HCAHPS development was supported by grant number U18HS020513 from the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services. *Principal Investigator:* Mark A. Schuster, MD, PhD. Ongoing Child HCAHPS work is supported by grant number U18HS025299 from the Agency for Healthcare Research and Quality and the Centers for Medicare and Medicaid Services. *Principal Investigator:* Sara L. Toomey, MD, MPhil, MPH, MSc. The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding agencies.

Fielding the CAHPS Hospital Survey– Child Version (Child HCAHPS®)

Sampling Guidelines and Protocols

Introduction

Overview of Child HCAHPS Development

Sampling Guidelines

- Defining the Sample Frame: Eligibility Guidelines
- Exclusions from Child HCAHPS
- De-Duplication
- Sample Frame Creation
- Preparing Sample Files for Data Collection
- Sampling Procedure
- Calculating the Sample Size

Data Collection Modes

- Recommended Modes

Data Collection Protocols

- Mail Protocol
- Telephone Protocol
- Mixed-Method Protocols
- Survey Timing

Tracking Returned Surveys

Calculating the Response Rate

Data Cleaning Protocols

Production of Hospital Scores

- Global Measures
- Domain-Level Composites
- Domain-Level Single Items
- Case-Mix Adjustment

Fielding the CAHPS Hospital Survey– Child Version (Child HCAHPS®)

Sampling Guidelines and Protocols

Introduction

This document explains how to field the Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) Survey and gather the data needed for analysis and reporting. You will find instructions and recommendations related to the following topics:

- Overview of Child HCAHPS development
- Constructing the sampling frame and choosing the sample
- Collecting the data
- Tracking returned surveys
- Cleaning the data
- Calculating the response rate
- Producing hospital scores

Table 1: Summary of Key Requirements for Administering Child HCAHPS

Data Collection	
Administration	To generate the standardized data necessary for valid comparisons, it is recommended that the survey be conducted by a third-party survey vendor according to the CAHPS guidelines specified in this document.
Collection mode	Mail-only, telephone-only, or mixed mode (mail and telephone, email and mail, and email and telephone) protocols are recommended.
Sample size	To produce statistically valid comparisons, the sample needs to be large enough to yield 300 completed surveys per hospital.
Completion criteria	A survey is complete if it has responses for 50% or more of the key items; see <i>Determining Whether a Survey Is Complete (Appendix B)</i> for more information.
Data Analysis	
Case-mix	Scores are recommended to be adjusted for child age and global health status, and respondent age, relationship to child, education, and preferred language.

Overview of Child HCAHPS Development

We have developed the Child HCAHPS survey to measure parent or caregiver (henceforth referred to as parent) experiences of their child's inpatient care. Our development process has included an extensive review of the literature and other quality measures, expert interviews, parent and adolescent focus groups, cognitive testing, pilot testing of the draft survey, a national field test of the survey, psychometric analysis and composite development, and end-user testing of the final survey. We have followed CAHPS design principles throughout.

We began by reviewing over 1,300 abstracts and articles related to inpatient experience of care

and by talking with experts in the field. The Agency for Healthcare Research and Quality (AHRQ) submitted a Federal Register Notice (FRN) to solicit public comments for us on potential items and domains for the measure. Based on our findings from the literature review, expert interviews, and public comments from the FRN, we developed protocols for parent and adolescent focus groups to ask about experiences with pediatric inpatient care. We conducted focus groups in Boston, Los Angeles, and St. Louis in English and Spanish with parents of recently hospitalized children and with recently hospitalized adolescents.

From this formative work, we drafted an initial survey. We conducted 109 in-depth cognitive interviews in Boston, Los Angeles, Miami, and St. Louis in English and Spanish throughout the development process. Our aim was to test whether the survey items were consistently understood and to identify confusing or problematic wording. Based on the cognitive interviews, we revised the survey and then conducted a pilot test of the draft survey by mail in English and Spanish in 8 hospitals across the country. We received 2,092 surveys and examined item non-response, inter-item correlation, and response variation. We administered 60 surveys by phone and then performed behavioral coding and analyzed audio recordings to identify problematic items. After further survey revisions and additional cognitive interviews, we conducted a national field test of our survey. We fielded our survey in both English and Spanish and either by mail or phone and received a total of 17,727 returned surveys; see ***Child and Respondent Descriptive Characteristics (Appendix C)***. We used the national field test data for psychometric testing, composite development, case-mix adjustment, and non-response analysis. We conducted end-user testing of our composites to ensure understandability of composite groupings and labels.

Sampling Guidelines

Defining the Sample Frame: Eligibility Guidelines

Child HCAHPS is broadly intended for pediatric patients with all payer types who meet the following criteria:

- Child under 18 years old
- Admission includes at least one overnight stay in the hospital
 - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient would be considered to have had an overnight stay if he or she was admitted at 11:00 PM on Day 1 and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients admitted for a short period of time solely for observation; patients admitted for same-day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

A two-step process is used for determining whether a discharged patient can be included in the Child HCAHPS sample frame. The first stage is to determine whether the discharged patient meets the Child HCAHPS eligibility criteria, listed above. If the patient meets the eligibility criteria, then a second set of criteria, Exclusions from Child HCAHPS, is applied.

Exclusions from Child HCAHPS

Patients who meet the eligible population criteria outlined above are generally included in the Child HCAHPS sample frame. However, a few categories of otherwise eligible patients are excluded from the sample frame. These are:

- “No-publicity” patients – Patients who request that they not be contacted
- Court/law enforcement patients (i.e., prisoners); this category does not include patients residing in halfway houses
- Patients with a foreign home address (the U.S. territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (hospice-home or hospice-medical facility)
- Patients who are excluded because of state regulations
- Patients who are wards of the state
- Healthy newborns
- Maternity-stay patients
- Observation patients
- Patients discharged to skilled nursing facilities
- Patients who are emancipated minors

“No-publicity” patients are defined as those who voluntarily sign a “no-publicity” request while hospitalized or who directly request a hospital or survey vendor to not contact them (“Do Not Call List”).

Court/law enforcement patients (i.e., prisoners) are excluded because of the logistical difficulties in administering the survey in a timely manner and regulations governing surveys of this population. These individuals can be identified by the admission source (UB-04 field location 15) “8 – Court/law enforcement” or patient discharge status code (UB-04 field location 17) “21 – Discharged/transferred to court/law enforcement.” This exclusion does not include patients residing in halfway houses.

Patients with a *foreign home address* are excluded because of the logistical difficulty and added expense of calling or mailing outside of the United States. (The U.S. territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands—are not considered foreign addresses and are not excluded.)

Patients *discharged to hospice care* are excluded because of the greater likelihood that they will die before the survey process can be completed. Patients with a discharge status code (UB-04 field location 17) of “50 – Hospice – home” or “51 – Hospice – medical facility” should not be included in the sample frame.

Some *state regulations* place further restrictions on which patients may be contacted after discharge. It is the responsibility of the hospital/survey vendor to identify any applicable laws or regulations and to exclude those patients as required in the state in which the hospital operates.

Patients who are *wards of the state* are excluded because they do not have parents to assess their experiences in the hospital.

Healthy newborns are excluded because their care may be closely associated with a mother’s obstetric care and thus may not reflect a pediatric hospital’s quality of care. Healthy newborns are identified based on administrative billing codes; see ***Codes to Identify Healthy***

Newborns for Exclusion in the ***Data Dictionary Code Table***.

Maternity-stay patients are excluded because care related to pregnancy does not generally fall within the purview of pediatric providers.

Observation patients are excluded because their hospital stay is generally short and does not meet the criteria for an inpatient stay.

Patients *discharged to skilled nursing facilities* are excluded because of concerns that parents would not be able to adequately distinguish the care received at the two facilities and also might be more difficult to locate. Patients with a discharge status code (UB-04 field location 17) of “03 – Skilled Nursing Facility,” “61 – SNF Swing bed within Hospital,” or “64 – Certified Medicaid Nursing Facility” should not be included in the sample frame.

Patients who are emancipated minors are excluded because they do not have parents/guardians to assess their experiences in the hospital.

*Note: Patients should be included in the Child HCAHPS sample frame unless the hospital/survey vendor has positive evidence that they are ineligible or fall within an excluded category. If information is missing on **any** variable that affects survey eligibility when the sample frame is constructed, the patient should not be excluded in the sample frame because of that variable.*

De-Duplication

To reduce respondent burden, the hospital/survey vendor should de-duplicate eligible patients based on household and multiple discharges within the same calendar month. De-duplication should be performed within each calendar month, using address information (or the telephone number for Telephone-Only mode) and the patient’s medical record number (or other unique identifier). The de-duplication process covers the following two areas:

- De-duplication by household:
 - Only one child member per household should be included in the Child HCAHPS sample frame for a given month.
 - For de-duplication purposes, halfway houses and health care facilities are not considered to be a household and thus should not be used for de-duplication. Examples of health care facilities include long-term care facilities, assisted living facilities, and group homes.
 - Only one member per household should be sent a survey for a given month. Institutions that are conducting multiple surveys should have processes in place to ensure that only one survey is sent to a household for a given month.
- De-duplication for multiple discharges:
 - While patients are eligible to be included in the Child HCAHPS sample in consecutive months, if a patient is discharged more than once within a given calendar month, only one discharge date is included in the sample frame. The method used for de-duplicating depends on whether sampling is conducted continuously throughout the month or is conducted only at the end of the month.
 - If continuous daily sampling is used, include only the first discharge date identified in the sample frame. Because the sampling frame is created daily, subsequent discharges cannot be known at the time the daily sample is drawn. Each daily discharge list should be compared to the previous discharge lists for the month in order to exclude additional discharges for a particular patient.
 - If weekly sampling is used, the first discharge encountered should be

included in the sample frame, and discharges encountered in subsequent weeks should be excluded. In the event a patient is listed with two discharges in the same week (provided the patient had not been included in the sample frame in an earlier week within the same month), then include only the last discharge date during the week in the sample frame. Each weekly discharge list should be compared to the previous discharge lists received in the month in order to exclude additional discharges for a particular patient.

- If end-of-the-month sampling is used, include only the last discharge date of the month in the sample frame.

Timeframe

The following timeframe should be used when generating your sampling frame:

- Generate sample frames for each month. The sample frame for a particular month must include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between the 1st and 31st).
- Include only children who had been hospitalized in the past 6 weeks.
- Initiate surveying of eligible patients between 48 hours and 6 weeks (42 calendar days) after discharge. Do not distribute surveys to parents/guardians of patients before they are discharged.
- If a hospital is conducting sampling at the end of each month, it is important to create the sample frame in a timely manner in order to initiate contact for all sampled patients within 42 days of discharge.

Sample Frame Creation

Hospitals/survey vendors participating in Child HCAHPS are responsible for generating complete, accurate, and valid sample frame data files for each month that contain all administrative information on all patients who meet the eligible population criteria. See ***Administrative Items (Appendix D)***.

- It is recommended that hospitals contracting with a CAHPS-approved survey vendor submit the hospital's entire patient discharge list to the vendor, excluding no-publicity patients and patients excluded because of state regulations.
- If a hospital excludes any patients from the discharge list provided to the hospital's survey vendor, the hospital should also submit to the vendor a count of total ineligible and excluded patients and a count of patients by each exclusion category.

Hospitals/survey vendors use the information derived from the sample frame to administer the survey. **Prior to generating the Child HCAHPS sample frame, hospitals/survey vendors should apply eligibility criteria, remove exclusions, and perform de-duplication.** The following guidelines should be followed when creating the sample frame:

- Patients whose eligibility status is uncertain should be included in the sample frame.
- The sample frame for a particular month should include all eligible hospital discharges between the first and last days of the month (e.g., for January, any qualifying discharges between and including the 1st and 31st).
- The patient address included in the sample frame is the address in the medical record.
- Patients with missing or incomplete addresses and/or telephone numbers should not be removed from the sample frame. Instead, every attempt should be made to find the correct address and/or telephone number. If the necessary contact information is not found, the "Final Survey Status" should be coded as "9 – Bad address" or as "10 –

Bad/no telephone number”.

The parent who spent the most time with the patient should be the one receiving the survey. This may not be the parent who is listed in the hospital system (e.g., the child may reside in more than one household).

After applying the above steps, the data elements in Table 2 below should be included in the sample frame that a hospital provides to the survey vendor.

Table 2: Sample Frame Elements

Data Elements Essential for Survey Administration
Unique patient ID
Name of child (first and last in separate fields)
Date of birth of child
Parent/guardian's name (first and last names in separate fields)
Gender of parent/guardian
Complete address of parent/guardian (includes street address, city, state, and Zip Code each in a separate field)
Parent/guardian's telephone number with area code (if available)
Parent/guardian's email address (if available)
Preferred language of parent/guardian (if known)
Name and unique ID of hospital
Admission source
Admission date
Discharge date
Discharge status
Principal diagnosis (ICD-9/ICD-10)
Diagnosis-related group (MS-DRG code)

Preparing Sample Files for Data Collection

Once the sample has been selected, the hospital/survey vendor assigns a unique identification (ID) number to each sampled person. This unique ID number should **not** be based on an existing identifier, such as a Social Security Number or a patient ID number. This number will be used **only** to track the respondents during data collection.

The data elements that are most critical to the success of data collection are accurate and complete patient, parent, and hospital names and contact information appropriate for the mode of administration (i.e., addresses for mail surveys and telephone numbers for telephone administration). When address information is incomplete or there is reason to believe it may be inaccurate, sponsors and/or survey vendors may be able to use other sources, such as CD-ROM directories, Internet sources, or directory assistance, to clean the sample file.

Sampling Procedure

The basic sampling procedure for Child HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated for the entire month. If the hospital/survey vendor chooses to sample continuously, each sample should be drawn using the same sampling ratio (for instance, 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. For details on random sampling methods, see ***Methods of Sampling*** below.

Three hundred completed surveys per 12-month reporting period are required to achieve the desired statistical precision of survey results. See ***Rationale for Recommended Number of Completed Surveys (Appendix E)***. This number was determined using a reliability criterion. Hospital-level unit reliability reflects item or composite variation **between** or among hospitals relative to random variation in the mean response **within** hospitals. The minimum of 300 responses per hospital was calculated based on a goal that most composite and single-item measures have a reliability $\geq .7$, which is a standard target reliability, taking into account the rate at which each item was completed. In addition, 300 responses per hospital is the minimum number that CMS requires for publicly reporting and comparing Adult HCAHPS results based on the hospital-level unit reliabilities of the Adult HCAHPS composites. For additional information on the unit reliabilities for composites and single items, see ***Measure Testing Form 2a2: Reliability Testing***.

Consistent Monthly Sampling

For ease of sampling, hospitals/survey vendors should sample an approximately equal number of discharges each month unless adjustments are required. For example, if there is quarterly reporting, changes can be made only at the start of the quarter, not during the quarter. Hospitals/survey vendors have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total eligible discharges over the four rolling quarters (12-month reporting period).

Final Survey Sample

The final sample drawn each month should reflect a **random** sample of patients from the survey sample frame. Some small hospitals may not be able to obtain at least 300 completed

surveys in a 12-month reporting period. In such cases, hospitals should sample **all** eligible discharges (that is, conduct a census) and attempt to obtain as many completed surveys as possible.

Methods of Sampling

Sampling for Child HCAHPS is based on the eligible discharges (Child HCAHPS sample frame) for a calendar **month**. If every eligible discharge for a given month has the same probability of being sampled, this constitutes an **equiprobable** approach.

There are three options for sampling patients for Child HCAHPS: Simple Random Sampling (SRS), Proportionate Stratified Random Sampling (PSRS), and Disproportionate Stratified Random Sampling (DSRS). In stratified sampling, eligible discharges are divided into non-overlapping subgroups, referred to as **strata**, before sampling.

- **Simple Random Sampling (SRS)** is the most basic sampling approach; patients are randomly selected from all eligible discharges for a month. Strata are not used, and each patient has equal opportunity of being selected into the sample, making SRS equiprobable.
- **Proportionate Stratified Random Sampling (PSRS)** uses strata definitions and random sample selection from all strata at equal rates. Since the sampling rates of the strata are equal (sample sizes from each stratum are proportionate to the stratum's size), PSRS is also considered equiprobable.
- **Disproportionate Stratified Random Sampling (DSRS)** involves sampling within strata at different rates; DSRS therefore requires information about the strata and must be weighted appropriately. By definition, DSRS is not an equiprobable approach as it allows for differing sampling rates across strata.

Below we present additional detail on these three options.

Simple Random Sampling (SRS)

SRS is the most basic sampling technique. Here, a group of patients (a sample) is randomly selected from a larger group of eligible patients. Each patient is chosen entirely by chance, and each eligible patient has an equal chance of being included in the sample, making SRS equiprobable. For Child HCAHPS, a census sample is also considered to be a simple random sample.

Stratified Random Sampling, Proportionate or Disproportionate (PSRS or DSRS)

In stratified random sampling, the entire population is divided into non-overlapping subgroups, or strata, prior to a random sample being drawn. Commonly used definitions for strata include time period (daily, weekly, or bi-weekly), hospital unit, or hospital campus (for multiple hospital locations sharing a CMS Certification Number [CCN]). It is required that all eligible monthly discharges be contained in exactly one of the chosen strata. That is, there should not be any eligible discharges in multiple strata. For Child HCAHPS, there are two methods for stratified random sampling:

- **PSRS** – Each subgroup (stratum) has the same sampling ratio. That is, the percentage of eligible discharges sampled is the same across all strata.
 - In PSRS, as in SRS, each eligible patient has the same probability of being selected for inclusion in the monthly sample, making PSRS equiprobable.
- **DSRS** – Sampling ratios differ for at least two subgroups (strata). With DSRS,

the percentage of eligible discharges sampled is not the same across all strata.

- In contrast with SRS and PSRS, in DSRS all eligible discharges do not have an equal chance of being selected for inclusion in the monthly sample; DSRS is therefore not equiprobable. The use of DSRS requires weights for valid inference, so use of DSRS is recommended only for hospitals that are able to calculate the appropriate sampling weights.

Recommendations for PSRS

In order for sampling to be proportionate, the same sampling ratio (or proportion or percentage) should be applied regardless of the number of eligible discharges in each defined stratum. In

addition, the same strata names and definitions should be used for each month throughout the quarter.

The following are examples of situations that warrant the use of PSRS:

- The monthly sample is drawn at different scheduled times (e.g., each week) throughout the month. The same percentage of discharges is sampled each week.
- Distinct units within a hospital (wards, floors, etc.) are sampled separately. The same percentage of discharges is sampled in each unit.
- Multiple hospitals share the same CCN, and the random sample is drawn separately from each hospital before all of the hospitals' data are combined. (Note that hospitals that share a CCN should obtain a combined total of at least 300 completes per reporting period.) The same percentage of patients is drawn for each hospital per month.

Recommendations for DSRS

DSRS occurs when dissimilar sampling ratios are used to draw samples from different strata. If the hospital/survey vendor elects to use DSRS, weights are required for valid inference, so use

of DSRS is recommended only for hospitals that are able to calculate the appropriate sampling weights. One reason a hospital might use DSRS would be if a hospital decided to oversample a subgroup of patients.

Whether using SRS or stratified random sampling (PSRS or DSRS), caution should be exercised. For example, if strata (PSRS or DSRS) are defined as time periods, the sampling process should account for months that begin or end in the middle of a week.

Calculating the Sample Size

The sample size goal for the survey should account for several factors:

- The anticipated response rate
- The accuracy of contact information
- The mode or modes of data collection
- Any prior surveys of the same or similar populations
- The number of individuals who may be identified as ineligible

Sample Size Calculation: Hospitals

As discussed previously, to have a sufficient number of responses for analysis and reporting, enough surveys should be administered to obtain at least 300 completed surveys per hospital.

Because response rates will vary among hospitals and cannot be predicted with complete certainty, a conservative approach of aiming for slightly more than 300 completed surveys is recommended. The example in Table 3 below shows the sample size calculation for a goal of 325 surveys for a hospital that has a response rate of 30 percent.

Table 3: Calculation of Estimated Sample Size Needed to Assess Hospitals

Goal	325 completed surveys annually
Target response rate	30 percent (= 0.30)
Minimum annual sample size	$(325/0.30) = 1085$ per hospital
Minimum monthly sample size	$1085/12 = 91$ per month

Data Collection Modes

Recommended Modes

Based on field test results, the CAHPS Consortium recommends the following modes:

- Mail-Only
- Telephone-Only
- Mixed (mail and telephone, email and mail, or email and telephone)

Results from CAHPS field tests, as well as the experiences of organizations that have fielded CAHPS surveys, indicate that the mail with telephone follow-up method is most effective: results from survey research literature indicate that follow-up by telephone often adds 10 to 15 percentage points to the response rate.

Data Collection Protocols

The survey can be administered using one of three protocols: mail-only, telephone-only, or mixed mode (mail and telephone, email and mail, or email and telephone). Mail and telephone protocols are described below. Each protocol can be implemented alone. Alternatively, the mail and telephone mixed-mode protocol combines the mail and telephone protocols: the survey is first provided by mail, but if the parent does not respond within 21 calendar days, the telephone protocol can then be initiated.

The mixed email protocol is also described below. An email-only protocol is not recommended at this time. Regardless of the response rate achieved through email alone, the email protocol must be followed by a full mail or telephone protocol for non-respondents to ensure that all patients in the sample have an equal chance of completing the survey and that the respondents are representative of the patient population. For the same reason, the sample should not consist of only those with an email address.

Mail Protocol

This section lists the basic steps for administering the survey by mail and offers advice for making this process as effective as possible. **Set up a toll-free number and include it in all correspondence with prospective respondents.** Assign a trained project staff member to respond to questions on the line. Maintain a log of these calls and review them periodically.

- **Mail the survey to prospective respondents with a cover letter and a postage-**

paid envelope. A well-written, persuasive letter authored by a recognizable organization will increase the likelihood that the recipient will complete and return the survey by the stated deadline. The cover letter should include instructions for completing and returning the survey. For an example, see *Child HCAHPS Mail Survey Materials – English (Appendix F)* and *Child HCAHPS Mail Survey Materials – Spanish (Appendix G)*.

- **Tips for the cover letter:**
 - Tailor the letter to include language that explains the purpose of the survey, the voluntary nature of participation, and the confidentiality of responses.
 - Note that a refusal to participate will not affect an individual's health care.
 - Personalize the letter with the name and address of the intended recipient.
 - Have the letter signed by a representative of the sponsoring organization.
 - Spend some time on the letter, checking it for brevity and clarity and ensuring that there are no grammatical or typographical errors.
- **Tips for the outside envelope:**
 - Make the envelope look “official” but not too bureaucratic; it should not look like junk mail.
 - Place a **recognizable** sponsor's name—such as the name of a government agency, where applicable—above the return address.
 - Mark the envelopes “change service requested” in order to update records for respondents who have moved and to increase the likelihood that the survey packet will reach the intended respondent.
- **Send a second survey with a reminder letter and a postage-paid envelope to those who have not responded by three weeks after the first mailing. For an example, see *Child HCAHPS Mail Survey Materials – English (Appendix F)* and *Child HCAHPS Mail Survey Materials – Spanish (Appendix G)*.**

Telephone Protocol

Child HCAHPS must be modified for telephone administration. See the *Child HCAHPS Telephone Survey Materials (Appendix H)* for an example.

When administering the survey by telephone, a hospital/survey vendor can use either a computer-assisted telephone interviewing (CATI) script or a paper-and-pencil method.

Tips for collecting data via telephone:

- **Check telephone numbers.** Check the telephone numbers of sample respondents for partial or unlikely telephone numbers. All survey vendors should have standard automated procedures for checking and updating telephone numbers before beginning data collection. After extensive tracking, some prospective respondents may remain for whom a working telephone number is not available or for whom only an address is available. Delivery of a package containing the survey by an overnight service, such as a Priority Mail or Federal Express, can be an effective method of drawing attention to the need to complete the survey.
- **Train the interviewers before they begin interviewing.** The interviewer should be trained to avoid biasing survey responses or otherwise affecting the survey results.
- **Begin contacting non-respondents.** If following up on a mailed questionnaire, initiate

telephone contact with nonrespondents 3 weeks after sending the second questionnaire. You may want to send a letter to respondents in advance to let them know that you will be contacting them by telephone.

- **Attempt to contact each prospective respondent at least five times.** The survey vendor should make at least five attempts to reach prospective respondents unless they explicitly refuse to complete the survey. These attempts should be on different days of the week (both weekdays and weekends), at different times of the day, and in different weeks.

Email Protocol

This section reviews the basic steps for contacting respondents via email to invite them to take an online survey and offers some advice for making this process as effective as possible. The CAHPS team does not recommend an email-only protocol at this time. Regardless of the response rate achieved through email alone, the email protocol must be followed by a full mail or telephone protocol for nonrespondents to ensure that all patients in the sample have an equal chance of completing the survey and that the respondents are representative of the patient population. For the same reason, the sample should not consist of only those patients for which you have an email address.

Note: This email protocol is also applicable when administering the survey through a patient portal

- **Set up an email address or toll-free telephone number** that respondents can contact with questions and publish it in all correspondence. Assign a trained project staff member to respond to questions that are submitted. It is useful to maintain a log of these emails/calls and review them periodically.
- **Send the respondent an email with a link to the online survey.** A wellwritten, persuasive message authored by a recognizable organization will increase the likelihood that the recipient of the survey invitation will complete it. The email should be personalized and contain an individualized ID and password to access the survey as well as an individualized direct link. The email invitation should include instructions for completing the survey and explain whom to contact if recipients have questions. Sample Notification Letters and Emails for the CAHPS Child Hospital Survey includes examples of email content that can be adapted.

Tips for the email:

- Tailor the email message, including language that explains the purpose of your survey, the voluntary nature of participation, and the confidentiality of responses.
 - Note that a refusal to participate will not affect an individual's health care. Personalize the email message with the name of the intended recipient.
 - Have the email electronically signed or sent by a representative of the sponsoring organization(s).
 - Spend some time on the email message, checking it for brevity and clarity, and ensuring that there are no grammatical or typographical errors.
 - To increase the likelihood that participants will respond to the email, it is helpful to have corresponded with the participant previously via email so that they recognize the email sender.
- **Send an email reminder to nonrespondents after sending the initial email invitation.** The email reminder serves as a thank you to those who have completed their survey and as a reminder to those who have not.
 - **Send a second email reminder** to those still not responding after the initial email

invitation.

- **Followup with nonrespondents by mail or telephone.** It is critical to initiate contact by either mail or telephone with everyone who has not completed the survey online. Since not all patients have access to or use email regularly, survey sponsors must follow the email protocol with either the full mail or telephone protocol for all nonrespondents to ensure that the final survey responses represent the patient population that was sampled. The CAHPS team does not recommend including a link to a Web-based online survey in a mailed letter; previous research and experience have shown this to be ineffective.

Survey Timing

Sampled patients should be surveyed between 48 hours and six weeks (42 calendar days) after discharge, regardless of the mode of survey administration. Distributing surveys to patients before they are discharged is not recommended. Data collection for sampled patients should be concluded no later than six weeks (42 calendar days) after the date the first survey is mailed (Mail-Only and Mixed modes) or six weeks (42 calendar days) after the first telephone attempt (Telephone-Only).

Mail-Only Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the Mail-Only mode of survey administration are summarized below.

- Send first survey with initial cover letter to one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Send second survey with follow-up cover letter to non-respondents approximately 21 calendar days after the first survey mailing.
- Complete data collection within six weeks (42 calendar days) of the first survey mailing.

Telephone-Only Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the Telephone-Only mode of survey administration are summarized below.

- Initiate systematic telephone contact with one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Complete telephone sequence so that a total of five telephone calls are attempted at different times of the day, on different days of the week, and in different weeks within the six weeks (42 calendar days) after initiation of the survey (initial contact). The five telephone call attempts should span more than one week (eight or more days) to account for parents who are temporarily unavailable. If it is known that the parents may be available in the latter part of the 42-calendar-day data collection time period (e.g., parent is on vacation during the first two or three weeks of the 42-calendar-day data collection time period but could be reached closer to the end of the data collection time period), then hospitals/survey vendors should use the entire data collection time period to attempt telephone calls.

Mixed-Mode Survey Administration

The basic tasks and timing for conducting Child HCAHPS using the mail-telephone mixed mode of survey administration are summarized below.

- Send mail survey with cover letter to one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Initiate systematic telephone contact for all non-respondents approximately 21 calendar days after mailing the survey.

- Over the next 21 calendar days, five telephone calls should be attempted at different times of the day, on different days of the week, and in different weeks. The five telephone call attempts should span more than one week (eight or more days) to account for parents who are temporarily unavailable. If it is known that the parent may be available in the latter part of the 21-calendar-day telephone component data collection time period (e.g., the parent is on vacation during the first two weeks of the 21- calendar-day data telephone component collection time period but could be reached closer to the end of the data collection time period), then hospitals/survey vendors should use the entire data collection time period to attempt telephone calls.

The basic tasks and timing for conducting Child HCAHPS using the email-mail or email-telephone modes of survey administration are summarized below.

- Send e-mail survey with cover letter to one parent of each sampled patient between 48 hours and six weeks (42 calendar days) after discharge.
- Send an email reminder to nonrespondents 7-10 days after sending the initial email invitation.
- Send a second email reminder to those still not responding 2-3 weeks after the initial email invitation.
- Followup with nonrespondents by mail or telephone

Tracking Returned Surveys

Most survey vendors have established methods for tracking the sample. A system should also be set up to track returned surveys by the unique ID number that is assigned to each prospective respondent in the sample. This ID number should be placed on every survey that is mailed and/or on the call record of each telephone case.

To maintain respondent confidentiality, the response tracking system should not contain any of the survey responses. The survey responses should be entered in a separate data file linked to the sample file by the unique ID number. (This system will generate the weekly progress reports that hospitals and survey vendors should review closely.)

Each prospective respondent in the response tracking system should be assigned a survey result code that indicates whether he or she completed and returned the survey, completed the telephone interview, responded to the online survey, was ineligible to participate in the study, could not be located, is deceased, or refused to respond. See **Survey Status Codes** for additional information on survey status codes and the **Survey Codebook** and **Administrative Data Codebook** for additional information on creating data files in the **Data Dictionary Code Table**.

The codes should also indicate whether the questionnaire was complete, partially complete, or incomplete.

- **Complete questionnaire:** A questionnaire is considered complete if responses are available for at least half of the key survey items and at least one reportable item.
- **Partially completed questionnaire:** A questionnaire is considered partially complete if responses are available for at least one reportable item, but less than half of the key items. It is important to keep track of partially completed questionnaires because they should be included for analysis and reporting.
- **Incomplete questionnaire:** A questionnaire is incomplete if the individual did not

answer at least on reportable item.

The tracking system should also include the date the survey was returned (for mail surveys) or answered (for telephone and online surveys). Typically, survey status codes are either interim (indicating the status of each respondent during the data collection period) or final (indicating the final outcome for each respondent at the end of data collection). These result codes are used to calculate response rates as shown in the next section.

Calculating the Response Rate

In its simplest form, the response rate is the total number of completed surveys divided by the total number of individuals sampled. For Child HCAHPS analyses and reports, this rate is adjusted as shown in the following formula:

$$\frac{\text{Number of completed returned surveys}}{\text{Total number of surveys fielded} - \text{Total number of ineligible surveys}}$$

The response rate calculation should include survey recipients who refused to participate, those who could not be reached because of bad addresses or telephone numbers, those who could not complete the survey because of language barriers, those who were ineligible because they were institutionalized, or those who were ineligible because they had a developmental or cognitive disability. Listed below is an explanation of the categories included and excluded in the response rate calculation:

Numerator Inclusions

- **Completed surveys.** A survey is considered complete if responses are available for half of the key survey items. For more information about the key items in Child HCAHPS, see **Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I)**.

Denominator Inclusions

The total number in the denominator should include the following:

- **Respondents.** The parent or guardian of the sampled child returned a questionnaire, whether complete, incomplete, or partially complete.
- **Refusals.** The individual refused in writing or by phone to participate.
- **Non-response.** The individual is presumed to be eligible but did not complete the survey for some reason (never responded, was unavailable at the time of the survey, was ill or incapable, had a language barrier, and so on).
- **Bad addresses/telephone numbers.** The individual is presumed to be eligible but was never located.

Denominator Exclusions

- **Deceased.** In some cases, a household or family member may indicate that the sampled patient has died.
- **Ineligible.** The patient did not have an inpatient stay at the participating hospital in the last 6 weeks or the patient met criteria for exclusion (see **Exclusions from Child HCAHPS**).

For a detailed explanation of the numerator and denominator inclusion and exclusion criteria, see **Section I: Basic Measure Information**.

Data Cleaning Protocols

Basic data cleaning procedures that include identifying out-of-range values, replacing numeric missing values with missing codes, and checking for high missing rates are recommended. In addition, “forward cleaning” of items that could be legitimately skipped also is recommended: if an item was supposed to be skipped due to the response to a gateway question but was not, then replace the response with a missing value. The value of a gateway response should not be changed because a response was present for an item that should have been legitimately skipped. For a more detailed description of the data cleaning approach, see ***Decision Rules and Coding Guidelines (Appendix J)***.

Production of Hospital Scores

The Child HCAHPS survey includes three types of measures: global measures, domain-level composites, and domain-level single items. The production of unadjusted hospital scores for each part and use of adjustments to better ensure the comparability of scores across hospitals are discussed below.

Assign Appropriate Sampling Weight to Each Case

Prior to calculating any of the measures, it may be necessary to calculate sampling weights that are applicable to all of the measures. Some hospitals will sample a constant proportion of patients for each month. In such a case, sampling weights are not needed. In contrast, some hospitals will sample a fixed number of discharges each month to reach the annual target of 300

completed surveys. However, the monthly population of discharges from which these fixed-sized samples are drawn will vary throughout the year because there are more total discharges

in some months than others in most hospitals. In such a case, sampling rates will vary from month to month. To make the combined monthly samples representative of the full population of discharges for the year, it is necessary to adjust for the different monthly sampling rates. Appropriate sampling weights can be assigned to each case to make the combined monthly samples representative of the total population of annual discharges. This is done using the following approach:

Calculate the expansion weight for each month (E_m):

$$E_m = (\text{Population size for the month}) / (\text{Sample size for the month})$$

Calculate the mean expansion weight (E) for the number of months covered by the score (e.g., 12 months):

$$E = (\sum_m E_m) / (\text{number of months})$$

Calculate the relative weight for each month (W_m) as the expansion weight for the month divided by the mean expansion weight:

$$W_m = E_m / E$$

Assign a sampling weight to each case (W_i) based on the month in which the

person was discharged and the corresponding value of W_m .

Global Measures

The global measures consist of an overall rating of the hospital and an item about willingness to recommend the hospital. The basic approach for producing scores for these items is below.

Overall Rating of the Hospital.

For this item, respondents are asked, "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?" The scoring on this item represents the proportion of respondents who gave ratings of 0-6, 7-8, or 9-10. The top-box score is the proportion of respondents who gave ratings of 9-10.

The steps to calculate a hospital's score, including the top-box score are as follows:

Step 1 – Identify relevant cases

Include only cases with non-missing values on the overall rating question.

Step 2 – Calculate the proportion of cases in each response category

(1) Proportion of respondents who gave the hospital an overall rating of 0-6:

The numerator is the number of respondents for whom the overall rating (X_i) is 0-6. Each case is weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.

The proportion can be defined as follows:

Let $X1_i = 1$ when X_i is 0-6
= 0 otherwise

$$P1 = (\sum_i W_i X1_i) / \sum_i W_i$$

(2) Proportion of respondents who gave the hospital an overall rating of 9 or 10:

The numerator is the number of respondents for whom the overall rating (X_i) is 9 or 10. Each case is weighted by the appropriate sampling weight for the discharge month.

The denominator is the total number of respondents, each weighted by the appropriate sampling weight for the discharge month.

The proportion can be defined as follows:

Let $X3_i = 1$ when X_i is 9 or 10
= 0 otherwise

$$P3 = (\sum_i W_i X_{3i}) / \sum_i W_i$$

(3) Proportion of respondents who gave the hospital an overall rating of 7 or

8: The proportion can be defined as follows:

$$P2 = 1 - P1 - P3$$

A hospital's top-box score on the overall rating item is equal to P3, the proportion of respondents who gave ratings of 9-10 to the hospital. The proportion of cases in the other categories can be informative for hospitals' quality improvement efforts.

Willingness to Recommend the Hospital

For this item, respondents are asked, "Would you recommend this hospital to your friends and family?" Response options are "definitely no," "probably no," "probably yes," or "definitely yes." A hospital's score is the proportion of cases in each response category. The hospital's top-box score is the proportion of cases in which the response is "definitely yes." Production of a hospital's score on this item follows the same steps discussed above.

Domain-Level Composites

There are 10 domain-level composites included in Child HCAHPS; see ***Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I)***. Composite scores are generated by calculating top-box proportions—the proportion of responses in the most positive category. Production of composite scores is described below.

Composite example: Communication between you and your child's doctors

This composite is produced by combining responses to three questions:

- "During this hospital stay, how often did your child's doctors listen carefully to you?"
- "During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?"
- "During this hospital stay, how often did your child's doctors treat you with courtesy and respect?"

Response options for each question are "never," "sometimes," "usually," or "always." The basic steps to calculate a hospital's composite score are as follows:

Step 1 – Calculate the proportion of cases in the "always" response category for each question:

- P11 = Proportion of respondents who said "always" to the first question
- P12 = Proportion of respondents who said "always" to the second question
- P13 = Proportion of respondents who said "always" to the third question

Step 2 – Combine responses from the three questions to form the top-box proportion for the composite:

- PC1 = Composite proportion who said "always" = (P11 + P12 + P13) / 3

The most positive response categories for all composites are shown in Table 4 below:

Table 4: Composites with Most Positive Response Categories

Composite	Most positive response category
Nurse-parent communication	Always
Doctor-parent communication	Always
Communication about medicines	Yes, definitely
Informed about child's care	Always
Preparing to leave hospital	Yes, definitely
Nurse-child communication	Always
Doctor-child communication	Always
Involving teens in care	Always/Yes, definitely
Mistakes and concerns	Always/Yes, definitely
Child comfort	Always/Yes, definitely

Production of a hospital's scores on these composites follows the same steps discussed above; see ***Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I)*** for the list of items that comprise each composite.

Domain-Level Single Items

There are 8 domain-level single items included in Child HCAHPS; see ***Survey Items in Domain-Level Composite and Single-Item Measures (Appendix I)***. Scores are generated by calculating top-box proportions. Production of item scores is described below.

Example of domain-level single item: "During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?"

Response options are "never," "sometimes," "usually," or "always". To determine a hospital's score, calculate the proportion of cases in the "always" response category for this question.

The most positive response categories for all single items are shown in Table 5 below:

Table 5: Single Items with Most Positive Response Categories

Item	Most positive response category
Privacy with providers	Always
Informed in Emergency Room	Always
Call button	Always
Child pain	Always
Cleanliness	Always
Quietness	Always

Production of a hospital's scores on these items follows the same approach described above.

The discussion above describes the basic steps in producing unadjusted hospital-level scores. Adjusted scores are used when comparing hospitals.

Case-Mix Adjustment

When comparing hospitals, it is necessary to adjust appropriately for case-mix differences. Case-mix refers to patient characteristics, such as demographic characteristics and health status, that are not under the control of the hospital and may affect scores on performance measures. Systematic effects of this sort create the potential for a hospital's rating to be higher or lower because of characteristics of its patient population rather than the quality of care it provides. Comparisons of unadjusted scores may therefore be misleading. The basic goal of adjusting for case mix is to estimate how different hospitals would score if they all provided care to comparable groups of patients.

Analyses of the Child HCAHPS pilot data were conducted to examine the effects of patients' characteristics on parent report of hospital care. Child HCAHPS includes adjustment of hospital scores for patient characteristics that are associated with Child HCAHPS measures and are differentially distributed across hospitals. The case-mix data are obtained from items in the "About You" section of the survey and from hospital administrative records. Based on findings from the pilot data analyses and consistent with previous studies of case-mix adjustment in CAHPS and other hospital patient surveys, Child HCAHPS uses the following categorical variables in the case-mix adjustment model:

- Child age
- Child global health status
- Respondent age
- Respondent education
- Respondent relationship to child
- Language preference

The case-mix adjustment uses a regression methodology that is also referred to as covariance adjustment; see ***Case-Mix Adjustment Methodology (Appendix K)*** for details on this methodology.

For additional information on measure specifications or fielding Child HCAHPS, please see the measure description page maintained by the Agency for Healthcare Research and Quality: https://www.ahrq.gov/cahps/surveys-guidance/hospital/about/child_hp_survey.html

Methods

To assess the proportion of total variance in Child HCAHPS scores explained by hospital-level effects, we calculated intraclass correlation coefficients (ICC) using the ratio of between-hospital variance to the sum of between-hospital and within-hospital variance components. ICC calculation was based on variance in top-box score for each item as generated by the SAS program on the CEPQM website. EM algorithm was used to get statistically efficient maximum likelihood estimation of the between-hospital variance component. For each item, hospitals with small number of respondents (under 15) were excluded. In addition, number of item responses required to achieve an acceptable reliability of 0.75 was calculated, as well as number of unit responses required adjusted for non-response rate.

Results

Table 1 shows ICC for each item, along with the between-hospital variance, within-hospital variance, sample size and response rate. Intraclass correlation coefficients ranges from 0.9% "Communication Between You and Your Child's Doctors/Nurses" to 4.3% for "Willingness to Recommend the Hospital", resulting in required number of unit responses from 69 to 339.

Table 6. Intraclass correlation for Child HCAHPS items

	n used	n eligible*	response rate	Variance components		ICC**	N of item responses required***	N of unit responses required***
				between	within			
Communication with parent								
Communication Between You and Your Child's Doctors	17,414	17,727	98%	0.0009	0.1009	0.9%	331	337
Communication Between You and Your Child's Nurses	17,427	17,727	98%	0.0009	0.1020	0.9%	333	339
Communication About Your Child's Medicines	17,000	17,727	96%	0.0013	0.0874	1.5%	194	203
Keeping You Informed About Your Child's Care	17,415	17,727	98%	0.0018	0.1530	1.2%	254	259
Privacy When Talking with Doctors, Nurses, and Other Providers	17,337	17,727	98%	0.0024	0.1424	1.6%	181	185
Preparing You and Your Child to Leave the Hospital	17,390	17,727	98%	0.0018	0.0811	2.1%	137	140
Keeping You Informed About Your Child's Care in the ER	8,692	10,082	86%	0.0014	0.1358	1.0%	291	338
Communication with child								
How Well Doctors Communicate with Your Child	8,393	8,965	94%	0.0024	0.1474	1.6%	183	196
How Well Nurses Communicate with Your Child	8,421	8,965	94%	0.0021	0.1214	1.7%	177	188
Involving Teens in Their Care	3,534	3,632	97%	0.0031	0.1202	2.5%	116	119
Attention to Safety and Comfort								
Preventing Mistakes and Helping You Report Concerns	17,293	17,727	98%	0.0030	0.0946	3.1%	95	98
Responsiveness to the Call Button	11,511	12,076	95%	0.0040	0.2312	1.7%	175	184
Helping Your Child Feel Comfortable	17,481	17,727	99%	0.0031	0.1006	3.0%	97	99
Paying Attention to Your Child's Pain	11,039	11,727	94%	0.0021	0.1827	1.1%	265	282
Hospital environment								
Cleanliness of Hospital Room	17,120	17,727	97%	0.0031	0.2107	1.5%	203	210
Quietness of Hospital Room	17,041	17,727	96%	0.0064	0.2221	2.8%	104	108
Global rating								
Overall Rating of Hospital	17,333	17,727	98%	0.0049	0.1687	2.8%	102	105
Willingness to Recommend the Hospital	17,284	17,727	98%	0.0056	0.1244	4.3%	67	69

* excluding explicit no to screener questions. **ICC: intraclass correlation coefficient. ***n required is based on reliability standard being 0.75.

Appendix B: Determining Whether a Survey Is Complete

A survey can be considered “complete” for Child HCAHPS purposes even if a parent did not answer all items. Assign a parent’s survey a “Final Survey Status” code of “1– Completed survey” if at least 50% of the questions applicable to all patients (questions 1, 13-23, 25, 27, 29, 30, 32-37, 40-43, 47, 48, 56) have been answered by the parent. Appropriately skipped questions and the following questions are not included in the calculation of percentage complete: questions 2-12, 24, 26, 28, 31, 38, 39, 44-46, 49-55, 57.

Determine whether a survey should be considered complete using the following steps:

Step 1 – Sum the number of questions applicable to all patients (questions 1, 13-23, 25, 27, 29, 30, 32-37, 40-43, 47, 48, 56) that have been answered by the parent:

$R = \text{total number of questions answered}$

Step 2 – Divide the total number of answered questions from Step 1 by 29, which is the total number of questions applicable to all patients, and then multiply by 100:

$\text{Percentage Complete} = (R/29) \times 100$

Step 3 – If the Percentage Complete is at least 50%, then assign the survey a “Final Survey Status” code of “1 – Completed survey.”

The following examples illustrate how to determine whether a survey should receive a status of “completed.”

Determining Whether a Survey is Complete: Example A

A mail survey is returned to the hospital/survey vendor, or a telephone survey is conducted. Of the questions that are applicable to all patients, the parent answered the following: 1, 13, 14, 15, 16, 17, 18, 19, 20, 25, 29, 30, 32, 33, 40. The remaining items applicable to all patients were left blank or were coded as “M – Missing/Don’t know.”

Step 1:

$R = \text{total number of questions answered} = 15$

Step 2:

$\text{Percentage Complete} = (15/29) \times 100 = 52\%$

Step 3:

Percentage Complete = 52%, which meets the criterion for a completed survey ($\geq 50\%$). Assign a “Final Survey Status” code of “1 – Completed survey” to this survey.

Determining Whether a Survey is Complete: Example B

A mail survey is returned to the hospital/survey vendor, or a telephone survey is conducted. Of the questions that are applicable to all patients, the parent answered the following: 1, 13, 15, 16, 19, 20, 29. The remaining items applicable to all patients were left blank or were coded as “M – Missing/Don’t know.”

Step 1:

R = total number of questions answered = 7

Step 2:

Percentage Complete = $(7/29) \times 100 = 24\%$

Step 3:

Percentage Complete = 24%, which does not meet the criterion for a completed survey ($\geq 50\%$). Assign a "Final Survey Status" code of "6 – Non-response: Break off" to this survey.

Appendix C: Child and Respondent Descriptive Characteristics

Variable	%	Variable	%
Child Age (N=17,727)		Respondent Age (N=17,261)	
0	20.9	< 25	8.3
1 to 4	25.9	25 to 34	33.7
5 to 8	16.0	35 to 44	37.0
9 to 12	14.7	45+	21.0
13 to 17	22.5		
Child Gender (N=17,725)		Respondent Education (N=16,857)	
Female	45.9	8th grade or less	3.0
Male	54.1	Some high school	4.8
Child Race/Ethnicity (N=17,168)		High school graduate or GED	17.9
American Indian or Alaskan Native	0.5	Some college or 2-year degree	32.1
Asian/Pacific Islander	3.6	4-year college graduate	22.6
Black/Non-Hispanic	10.4	More than 4-year college degree	19.6
Hispanic	17.8	Respondent Relationship to Child (N=17,128)	
Multiracial	3.9	Father	11.0
White/Non-Hispanic	63.8	Mother	85.1
Child Global Health Status (N=17,253)		Other	3.9
Excellent	40.7	Respondent Language Preference (N=16,915)	
Very Good	32.4	English	91.7
Good	18.2	Spanish	7.0
Fair	7.2	Other/Missing	1.3
Poor	1.5		

Appendix D: Administrative Items

Administrative item	Purpose
HEADER RECORD	
Unique hospital ID	Identify the hospital for which data were collected.
Hospital name	Identify the hospital for which data were collected.
Facility state	Identify the state in which the hospital is located.
Population size	For use with sample size to calculate the sampling rate for the month. Sampling rates are used to appropriately weight each month's data in the creation of the 12-month estimates.
Sample size	For use with population size to calculate the sampling rate for the month. Sampling rates are used to appropriately weight each month's data in the creation of the 12-month estimates. Also for use in quality control to check the number of person-level records that should be in the file for each month.
Sample type	Indicates method of sampling used by the hospital to determine the hospital's sampling frame.
PERSON-LEVEL RECORDS	
Patient ID	For use in tracking the survey results.
Discharge status	For use in determining the sampling frame.
Admit source	For use in determining survey eligibility.
Survey mode	For use in analyzing survey results.
Survey status	For use in identifying eligible respondents to calculate Child HCAHPS response rates. Also for use in tracking patterns of non-response for survey monitoring.
Family preferred language	For use in the case-mix adjustment model.
Patient date of birth	For use in the case-mix adjustment model.
Patient sex	For use in analyzing data.
Patient name	For use in administering Child HCAHPS.
Parent name	For use in administering Child HCAHPS.
Parent address	For use in administering Child HCAHPS.
Parent telephone number	For use in administering Child HCAHPS.
Admission date	For use in identifying eligible patients for sampling.
Discharge date	For use in identifying eligible patients for sampling.

Appendix E: Rationale for Recommended Number of Completed Surveys

Three hundred completed surveys per 12-month reporting period are required to achieve the desired statistical precision of survey results. This number was determined using a reliability criterion. Hospital-level unit reliability reflects item or composite variation **between** or among hospitals relative to random variation in the mean response **within** hospitals. For example, if no true differences existed among hospitals, all of the variation in a measure would reflect random variation in the responses of patients who happened to answer the survey, and the hospital-level unit reliability would be 0. Conversely, if all of the variation in scores were due to differences among hospitals (i.e., hospitals received different scores, but all of the patients within a given hospital gave the same score), the hospital-level unit reliability would be 1.0. Achieving adequate reliability makes it reasonably likely that differences in hospital-level means of top-box scores represent true underlying differences rather than being due to chance.

The minimum of 300 responses per hospital was calculated based on a goal that most composites and single item measures have a reliability $\geq .7$, a standard target reliability, taking into account both the mean score and the rate at which each item was completed (see Table 1). In addition, 300 responses per hospital is the minimum number that CMS requires for publicly reporting and comparing Adult HCAHPS results based on the hospital-level unit reliabilities of the Adult HCAHPS composites. All but one composite have an adequate reliability (defined as $\geq .7$) at a sample size of 300. Half of the measures have good reliability (defined as $\geq .8$) at a sample size of 300.

Table E1: Hospital-Level Reliability at a Sample Size of 300 Completed Surveys

Composite/Single Item	Mean Top Box Score	Proportion Responded*	Reliability at N=300 Completed Surveys
Nurse-parent communication	.81	.98	.73
Doctor-parent communication	.83	.98	.73
Communication about medicines	.79	.96	.86
Informed about child's care	.72	.98	.78
Privacy with providers	.82	.98	.83
Preparing to leave hospital	.80	.98	.87
Informed in Emergency Room	.84	.49	.71
Nurse-child communication	.70	.47	.75
Doctor-child communication	.67	.47	.78
Involving teens in care	.72	.20	.62
Mistakes and concerns	.56	.98	.90
Call button	.59	.65	.77
Child comfort	.67	.98	.90
Child pain	.74	.62	.73
Cleanliness	.69	.97	.86
Quietness	.63	.96	.89
Overall rating	.75	.98	.90
Recommend hospital	.82	.97	.93

* Proportion responded refers to the proportion of surveys for which there was a response to a single item or items in the composite.

The table below demonstrates how the ability to distinguish hospital performance, as measured by reliability, is related to sample size. Table 2 provides estimated hospital-level sample sizes needed to achieve varying reliabilities for each of the Child HCAHPS composites and single items.

Table E2: Required Sample Sizes for Varying Hospital-Level Unit Reliability Estimates of Composites and Single Items

Composite/Single Item	Unit Response* for Reliability of			
	0.6	0.7	0.8	0.9
Nurse-parent communication	169	262	450	1012
Doctor-parent communication	168	261	448	1008
Communication about medicines	71	111	190	428
Informed about child's care	129	201	345	776
Privacy with providers	93	144	247	556
Preparing to leave hospital	69	108	185	416
Informed in Emergency Room	185	288	494	1111
Nurse-child communication	154	240	411	924
Doctor-child communication	125	194	333	749
Involving teens in care	281	437	749	1686
Mistakes and concerns	49	76	130	293
Call button	134	209	358	805
Child comfort	50	77	133	299
Child pain	170	264	452	1017
Cleanliness	76	118	203	456
Quietness	54	83	143	322
Overall rating	52	81	139	312
Recommend hospital	32	51	87	195

* Unit response refers to a hospital's number of completed surveys.

Appendix F: Child HCAHPS Mail Survey Materials – English

Child HCAHPS Cover Letter – English

Parent or Guardian of [name of child]

[Address]

[City, State, Zip]

Dear Parent or Guardian of [name of child]:

Our records show that your child was recently a patient at [name of hospital] and discharged on [date of discharge]. Because your child had a recent hospital stay, we are asking for your help. Enclosed you will find a survey about your family's experience during the hospital stay listed above. The results from this survey will help hospitals improve the care they provide.

The parent or guardian who spent the most time with your child in the hospital should fill out this survey. Participation is voluntary and will not affect your child's health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you complete the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for the purpose of improving quality. Your name and your child's name will not be identified.

If you have any questions about the survey, please call [name of vendor] toll-free at [vendor contact number]. If you have any questions about your child's care, please call [name of hospital contact] at [hospital contact number]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR HOSPITAL
NAME

Child HCAHPS Follow-Up Cover Letter – English

Parent or Guardian of [name of child]

[Address]

[City, State, Zip]

Dear Parent or Guardian of [name of child]:

Our records show that your child was recently a patient at [name of hospital] and discharged on [date of discharge]. About three weeks ago we sent you a survey about your child's hospital stay. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

Because your child had a recent hospital stay, we are asking for your help. Enclosed you will find a survey about your family's experience during the hospital stay listed above. The results from this survey will help hospitals improve the care they provide.

The parent or guardian who spent the most time with your child in the hospital should fill out this survey. Participation is voluntary and will not affect your child's health benefits.

Please take a few minutes and complete the enclosed survey. After you complete the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for the purpose of improving quality. Your name and your child's name will not be identified.

If you have any questions about the survey, please call [name of vendor] toll-free at [vendor contact number]. If you have any questions about your child's care, please call [name of hospital contact] at [hospital contact number]. Thank you for helping to improve health care quality for children.

Sincerely,

HOSPITAL ADMINISTRATOR HOSPITAL NAME

CAHPS Hospital Survey – Child Version (Child HCAHPS)

Please answer the questions in this survey about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

If possible, the parent or guardian who spent the most time with the child in the hospital should fill out this survey.

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1**

☐ No → **If No, go to #2**

You may notice a number on this survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

WHEN YOUR CHILD WAS ADMITTED TO THIS HOSPITAL

1. Was your child born during this hospital stay?
☐ Yes → **If Yes, go to #13**
☐ No → **If No, go to #2**
2. For this hospital stay, was your child admitted through **this hospital's** Emergency Room?
☐ Yes → **If Yes, go to #3**
☐ No → **If No, go to #4**
3. While your child was in the Emergency Room, were you kept informed about what was being done for your child?
☐ I was not at the hospital when my child was in the Emergency Room
☐ Yes, definitely
☐ Yes, somewhat
☐ No
4. During the first day of this hospital stay, were you asked to list or review all of the **prescription medicines** your child was taking at home?
☐ Yes, definitely
☐ Yes, somewhat
☐ No
5. During the first day of this hospital stay, were you asked to list or review all of the **vitamins, herbal medicines, and over-the-counter medicines** your child was taking at home?
☐ Yes, definitely
☐ Yes, somewhat
☐ No

The rest of the questions are about your child's care after being admitted to this hospital. If your child was admitted through the Emergency Room, do not include what happened in the Emergency Room as you answer the rest of the questions.

6. Is your child able to talk with nurses and doctors about his or her health care?
☐ Yes → **If Yes, go to #7**
☐ No → **If No, go to #13**

YOUR CHILD'S EXPERIENCE WITH NURSES

The next questions ask about your child's experience during this hospital stay. You will be asked about your own experience during this hospital stay in later questions.

7. During this hospital stay, how often did your child's **nurses** listen carefully to **your child**?
☐ Never
☐ Sometimes
☐ Usually
☐ Always
8. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?
☐ Never
☐ Sometimes
☐ Usually
☐ Always

9. During this hospital stay, how often did your child's nurses encourage your child to ask questions?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

YOUR CHILD'S EXPERIENCE WITH DOCTORS

10. During this hospital stay, how often did your child's **doctors** listen carefully to **your child**?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
11. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
12. During this hospital stay, how often did your child's doctors encourage your child to ask questions?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

YOUR EXPERIENCE WITH NURSES

13. During this hospital stay, how often did your child's **nurses** listen carefully to **you**?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
14. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

15. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

YOUR EXPERIENCE WITH DOCTORS

16. During this hospital stay, how often did your child's **doctors** listen carefully to **you**?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
17. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
18. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

YOUR EXPERIENCE WITH PROVIDERS

19. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
20. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

21. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
22. During this hospital stay, how often did providers keep you informed about what was being done for your child?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
23. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?
- ☐ Yes → **If Yes, go to #24**
 - ☐ No → **If No, go to #25**
24. How often did providers give you as much information as you wanted about the results of these tests?
- ☐ Never
 - ☐ Sometimes
 - ☐ Always

YOUR CHILD'S CARE IN THIS HOSPITAL

25. During this hospital stay, did you or your child ever press the call button?
- ☐ Yes → **If Yes, go to #26**
 - ☐ No → **If No, go to #27**
26. After pressing the call button, how often was help given as soon as you or your child wanted it?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
27. During this hospital stay, was your child given any medicine?
- ☐ Yes → **If Yes, go to #28**
 - ☐ No → **If No, go to #29**

28. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
29. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
30. During this hospital stay, did your child have pain that needed medicine or other treatment?
- ☐ Yes → **If Yes, go to #31**
 - ☐ No → **If No, go to #32**
31. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

THE HOSPITAL ENVIRONMENT

32. During this hospital stay, how often were your child's room and bathroom kept clean?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
33. During this hospital stay, how often was the area around your child's room quiet at night?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
34. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

WHEN YOUR CHILD LEFT THE HOSPITAL

35. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
36. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
37. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?
- ☐ Yes → **If Yes, go to #38**
 - ☐ No → **If No, go to #40**
38. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?
- ☐ Yes, somewhat
 - ☐ No
40. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

41. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
42. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

TEENS IN THIS HOSPITAL

43. During this hospital stay, was your child 13 years old or older?
- ☐ Yes → **If Yes, go to #44**
 - ☐ No → **If No, go to #47**
44. During this hospital stay, how often did providers involve your child in discussions about his or her health care?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
45. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No
46. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?
- ☐ Yes, definitely
 - ☐ Yes, somewhat
 - ☐ No

OVERALL RATING OF THIS HOSPITAL

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do not include any other hospital stays in your answers.

- 47.** Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?
- ☐ 0 Worst hospital possible
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7
 - ☐ 8
 - ☐ 9
 - ☐ 10 Best hospital possible
- 48.** Would you recommend this hospital to your friends and family?
- ☐ Definitely no
 - ☐ Probably no
 - ☐ Probably yes
 - ☐ Definitely yes

ABOUT YOUR CHILD

- 49.** In general, how would you rate your child's overall health?
- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
- 50.** Is your child of Hispanic, Latino, or Spanish origin? Mark one or more.
- ☐ No, not of Hispanic, Latino, or Spanish origin
 - ☐ Yes, Mexican, Mexican American, Chicano
 - ☐ Yes, Puerto Rican
 - ☐ Yes, Cuban
 - ☐ Yes, another Hispanic, Latino, or Spanish origin
- 51.** How would you describe your child's race? Mark one or more.
- ☐ White
 - ☐ Black or African American
 - ☐ Asian
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ American Indian or Alaska Native

ABOUT YOU

- 52.** How are you related to the child?
- ☐ Mother
 - ☐ Father
 - ☐ Grandmother
 - ☐ Grandfather
 - ☐ Other relative or legal guardian
 - ☐ Someone else → Please print: _____
- 53.** What is your age?
- ☐ Under 18
 - ☐ 18-24
 - ☐ 25-34

 - ☐ 45-54
 - ☐ 55-64
 - ☐ 65-74
 - ☐ 75 and older
- 54.** What is the highest grade or level of school that you have **completed**?
- ☐ 8th grade or less
 - ☐ Some high school, but did not graduate
 - ☐ High school graduate or GED
 - ☐ Some college or 2-year degree
 - ☐ 4-year college graduate
 - ☐ More than 4-year college degree
- 55.** What is your preferred language?
- ☐ English
 - ☐ Spanish
 - ☐ Chinese
 - ☐ Vietnamese
 - ☐ Korean
 - ☐ Russian
 - ☐ Other language → Please print: _____
- 56.** During your child's hospital stay, how much of the time were you at the hospital?
- ☐ None of the time
 - ☐ A little of the time
 - ☐ Some of the time
 - ☐ Most of the time
 - ☐ All or nearly all of the time
- 57.** Is there anything else you would like to say about the care your child received during this hospital stay?
- _____
- _____
- _____

THANK YOU

Appendix G: Child HCAHPS Mail Survey Materials – Spanish Child HCAHPS

Cover Letter – Spanish

Padre o tutor de [name of child]

[Address]

[City, State, Zip]

Estimado padre o tutor de [name of child]:

Nuestros registros indican que hace poco su niño fue paciente del [hospital name] y lo dieron de alta [date of discharge]. Como su hijo estuvo hospitalizado recientemente, queremos pedirle su colaboración. Adjunta encontrará una encuesta sobre la experiencia de su familia durante la estancia hospitalaria mencionada anteriormente. Los resultados de esta encuesta ayudarán a que los hospitales mejoren la atención que proveen.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La participación es voluntaria y no afectará los beneficios médicos de su niño.

Valoramos mucho su participación y esperamos que tome el tiempo para llenar la encuesta. Después de completar la encuesta, envíenosla de regreso en el sobre adjunto, con porte pre- pagado. Es posible que le comuniquemos sus respuestas al hospital con el propósito de mejorar su calidad, pero no se revelarán ni su nombre ni el de su niño.

Si tiene cualquier duda acerca de la encuesta, comuníquese al [vendor contact number], número de teléfono sin costo de la [vendor name]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL HOSPITAL
NAME

Child HCAHPS Follow-Up Cover Letter – Spanish

Padre o tutor de [name of child]

[Address]

[City, State, Zip]

Estimado padre o tutor de [name of child]:

Nuestros registros indican que recientemente su niño fue paciente del [hospital name] y lo dieron de alta [date of discharge]. Hace aproximadamente tres semanas, le enviamos una encuesta sobre esta vez que su niño estuvo en el hospital. Si ya nos envió la encuesta, no tome en cuenta esta carta. Sin embargo, si aún no lo ha hecho, dedíquele uno minutos y llénela ahora; se lo agradeceremos.

Le estamos pidiendo su colaboración porque su niño estuvo hospitalizado hace poco. Adjunta encontrará una encuesta sobre la experiencia de su familia durante la estancia en el hospital mencionada anteriormente. Los resultados de esta encuesta ayudarán a los hospitales a mejorar la atención que proveen.

Deberá ser el padre, la madre o el tutor que más tiempo pasó con su niño en el hospital quien llene esta encuesta. La participación es voluntaria y no afectará los beneficios médicos de su niño.

Por favor dedique unos minutos a contestar la encuesta adjunta. Después de completar la encuesta, envíenosla de regreso en el sobre adjunto, con porte pre-pagado. Es posible que le comuniquemos sus respuestas al hospital con el propósito de mejorar su calidad, pero no se revelarán ni su nombre ni el de su niño.

Si tiene cualquier duda acerca de la encuesta, comuníquese al [vendor contact number], número de teléfono sin costo de la [vendor name]. Si tiene alguna pregunta sobre la atención médica de su niño, llame a [name of hospital contact] al [hospital contact number]. Gracias por ayudar a mejorar la calidad de la atención médica de los niños.

Atentamente,

ADMINISTRADOR DEL HOSPITAL
HOSPITAL NAME

Encuesta CAHPS® sobre Atención Pediátrica Hospitalaria

Por favor, conteste las preguntas de esta encuesta sobre el niño y el hospital indicados en la carta de presentación. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

Si es posible, deberá ser el padre, la madre o el tutor que pasó la mayor parte del tiempo con el niño en el hospital quien conteste esta encuesta.

Conteste todas las preguntas marcando el círculo que aparece a la izquierda de la respuesta que usted elija.

A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará la siguiente pregunta a la que tiene que pasar. Por ejemplo:

 Sí → Si contestó “Sí”, pase al #1

☐ No → Si contestó “No”, pase al #2

Verá que esta encuesta tiene un número. Este número se usa para saber si usted devolvió la encuesta y no tener que enviarle recordatorios.

ADMISIÓN DE SU NIÑO EN ESTE HOSPITAL

1. ¿Nació su niño durante esta vez que estuvo en el hospital?
☐ Sí → Si contestó “Sí”, pase al #13
☐ No → Si contestó “No”, pase al #2
2. Esta vez que estuvo en el hospital, ¿admitieron a su niño a través de la Sala de Emergencias de **este** hospital?
☐ Sí → Si contestó “Sí”, pase al #3
☐ No → Si contestó “No”, pase al #4
3. Mientras su niño estaba en la Sala de Emergencias, ¿le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño?
☐ Yo no estaba en el hospital cuando mi niño estuvo en la Sala de Emergencias
☐ Sí, definitivamente
☐ Sí, algo
☐ No
4. Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas **las medicinas recetadas** que su niño estaba tomando en casa?
☐ Sí, definitivamente
☐ Sí, algo
☐ No
5. Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas **las vitaminas, medicinas a base de plantas medicinales y medicinas de venta sin receta** que su niño estaba tomando en casa?
☐ Sí, definitivamente
☐ Sí, algo
☐ No

El resto de las preguntas son sobre la atención de su niño después de que lo admitieron en este hospital. Si a su niño lo admitieron a través de la Sala de Emergencias, no incluya nada de lo que pasó en la Sala de Emergencias al contestar el resto de las preguntas.

6. ¿Su niño puede hablar con las enfermeras y los doctores sobre la atención médica que recibe?
☐ Sí → Si contestó “Sí”, pase al #7
☐ No → Si contestó “No”, pase al #13

LA EXPERIENCIA QUE TUVO SU NIÑO CON LAS ENFERMERAS

Las siguientes preguntas son sobre la experiencia de su niño durante esta vez que estuvo en el hospital. Le preguntaremos a usted por sus propias experiencias durante esta vez que estuvo en el hospital en otras preguntas más adelante.

7. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **las enfermeras** de su niño escuchaban a **su niño** con atención?
☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a su niño las cosas de una manera fácil de entender?
☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

9. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño animaban a su niño a que hiciera preguntas?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

LA EXPERIENCIA QUE TUVO SU NIÑO CON LOS DOCTORES

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **los doctores** de su niño escuchaban a **su niño** con atención?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
11. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a su niño las cosas de una manera fácil de entender?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
12. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño animaban a su niño a que hiciera preguntas?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

LA EXPERIENCIA QUE TUVO USTED CON LAS ENFERMERAS

13. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **las enfermeras** de su niño le escuchaban **a usted** con atención?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
14. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a usted las cosas de una manera fácil de entender?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

15. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le trataban a usted con cortesía y respeto?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

LA EXPERIENCIA QUE TUVO USTED CON LOS DOCTORES

16. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia **los doctores** de su niño le escuchaban **a usted** con atención?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
17. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a usted las cosas de una manera fácil de entender?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
18. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le trataban a usted con cortesía y respeto?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

SU EXPERIENCIA CON LOS PROVEEDORES DE SALUD

19. Un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista, o un asistente médico. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le dieron toda la privacidad que usted quería cuando hablaba sobre la atención o el tratamiento de su niño con los proveedores de salud?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

20. Las cosas que la familia puede saber mejor sobre un niño incluyen la manera en que actúa normalmente, qué le hace sentirse a gusto y cómo calmar sus miedos. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud le preguntaron a usted sobre este tipo de cosas?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
21. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud hablaban con su niño y lo trataban de una manera adecuada para su edad?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
22. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
23. Entre las pruebas que se hacen en el hospital se pueden incluir pruebas de sangre y rayos X. Durante esta vez que estuvo en el hospital, ¿le hicieron alguna prueba a su niño?
- ☐ Sí → **Si contestó “Sí”, pase al #24**
 - ☐ No → **Si contestó “No”, pase al #25**
24. ¿Con qué frecuencia los proveedores de salud le daban a usted toda la información que usted quería sobre los resultados de estas pruebas?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre

LA ATENCIÓN DE SU NIÑO EN ESTE HOSPITAL

25. Durante esta vez que estuvo en el hospital, ¿usted o su niño usó alguna vez el botón para llamar a la enfermera?
- ☐ Sí → **Si contestó “Sí”, pase al #26**
 - ☐ No → **Si contestó “No”, pase al #27**

26. Después de usar el botón para llamar a la enfermera, ¿con qué frecuencia los atendían tan pronto como usted o su niño quería?
- ☐ Nunca
 - ☐ A veces
 - ☐ Siempre
27. Durante esta vez que estuvo en el hospital, ¿le dieron a su niño alguna medicina?
- ☐ Sí → **Si contestó “Sí”, pase al #28**
 - ☐ No → **Si contestó “No”, pase al #29**
28. Antes de darle a su niño cualquier medicina, ¿con qué frecuencia los proveedores de salud u otros miembros del personal del hospital le revisaban la pulsera de identificación o confirmaban su identidad de alguna otra manera?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
29. Entre los errores que pueden suceder en la atención médica de su niño se pueden incluir darle la medicina incorrecta o hacerle la cirugía equivocada. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital le dijeron a usted cómo reportar cualquier duda que tuviera acerca de errores en la atención médica de su niño?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
30. Durante esta vez que estuvo en el hospital, ¿tuvo su niño algún dolor que necesitara medicinas u otro tratamiento?
- ☐ Sí → **Si contestó “Sí”, pase al #31**
 - ☐ No → **Si contestó “No”, pase al #32**
31. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital preguntaron por el dolor que sentía su niño tan seguido como su niño necesitaba?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No

EL AMBIENTE EN ESTE HOSPITAL

32. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían limpios el cuarto y el baño de su niño?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
33. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor del cuarto de su niño por la noche?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
34. Los hospitales pueden tener cosas como juguetes, libros, móviles y juegos para niños desde recién nacidos hasta adolescentes. Durante esta vez que estuvo en el hospital, ¿tenía el hospital cosas disponibles para su niño que fueran adecuadas para su edad?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No

CUANDO SU NIÑO SALIÓ DE ESTE HOSPITAL

35. Recuerde que un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó si tenía usted dudas sobre si su niño estaba en condiciones de irse?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
36. Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con usted tanto como usted quería sobre cómo debía cuidar de la salud de su niño después de que se fuera del hospital?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No

37. Antes de que su niño saliera del hospital, ¿un proveedor de salud le dijo a usted que su niño tenía que tomar alguna medicina nueva que no estaba tomando cuando empezó esta estancia en el hospital?
- ☐ Sí → **Si contestó “Sí”, pase al #38**
 - ☐ No → **Si contestó “No”, pase al #40**
38. Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender cómo su hijo debía tomar estas nuevas medicinas después de salir del hospital?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
39. Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender los efectos secundarios posibles de estas nuevas medicinas?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
40. Entre las actividades normales de un niño se pueden incluir el comer, bañarse, ir a la escuela o hacer deportes. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender cuándo podría su niño volver a sus actividades normales?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
41. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
42. Antes de que su niño saliera del hospital, ¿recibió usted información por escrito sobre los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No

LOS ADOLESCENTES EN ESTE HOSPITAL

43. Durante esta vez que estuvo en el hospital, ¿tenía su niño 13 años o más?
- ☐ Sí → Si contestó “Sí”, pase al #44
 - ☐ No → Si contestó “No”, pase al #47
44. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud dejaron participar a su niño en las conversaciones sobre su atención médica?
- ☐ Nunca
 - ☐ A veces
 - ☐ La mayoría de las veces
 - ☐ Siempre
45. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó a su niño si tenía dudas sobre si estaba en condiciones de irse?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No
46. Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con su niño sobre cómo cuidar de su salud después de salir del hospital?
- ☐ Sí, definitivamente
 - ☐ Sí, algo
 - ☐ No

CALIFICACIÓN GENERAL DE ESTE HOSPITAL

Le recordamos que conteste las siguientes preguntas sobre el niño y el hospital indicados en la carta de presentación de esta encuesta. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

47. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría usted para calificar este hospital durante esta vez en que su niño estuvo en el hospital?
- ☐ 0 El peor hospital posible
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7
 - ☐ 8
 - ☐ 9
 - ☐ 10 El mejor hospital posible

48. ¿Les recomendaría este hospital a sus amigos y familiares?
- ☐ Definitivamente no
 - ☐ Probablemente no
 - ☐ Probablemente sí
 - ☐ Definitivamente sí

ACERCA DE SU NIÑO

49. En general, ¿cómo calificaría toda la salud de su niño?
- ☐ Excelente
 - ☐ Muy buena
 - ☐ Buena
 - ☐ Regular
 - ☐ Mala
50. ¿Es su niño de origen hispano, latino o español? Marque todas las opciones que correspondan.
- ☐ No, ni de origen hispano, ni latino, ni español
 - ☐ Sí, de origen mexicano, mexicano-americano, chicano
 - ☐ Sí, de origen puertorriqueño
 - ☐ Sí, de origen cubano
 - ☐ Sí, de otro origen hispano, latino o español
51. ¿Cómo describiría la raza de su niño? Marque todas las opciones que correspondan.
- ☐ Negra o afroamericana
 - ☐ Asiática
 - ☐ Nativa de Hawai o de otras islas del Pacífico
 - ☐ Indígena americana o nativa de Alaska

ACERCA DE USTED

52. ¿Cuál es su parentesco con el niño?
- ☐ Madre
 - ☐ Padre
 - ☐ Abuela
 - ☐ Abuelo
 - ☐ Otro familiar o tutor legal
 - ☐ Otra persona → *Escriba en letras de molde:*

53. ¿Qué edad tiene usted?
- ☐ Menos de 18 años
 - ☐ Entre 18 y 24 años
 - ☐ Entre 25 y 34 años
 - ☐ Entre 35 y 44 años
 - ☐ Entre 45 y 54 años
 - ☐ Entre 55 y 64 años
 - ☐ Entre 65 y 74 años
 - ☐ 75 o más

54. ¿Cuál es el grado o nivel escolar más alto que ha **completado**?

- ☐ 8 años de escuela o menos
- ☐ Unos años de secundaria, pero sin graduarse
- ☐ Graduado de la escuela secundaria, diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ☐ Algunos cursos universitarios o un título de un programa universitario de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

55. ¿En qué idioma prefiere hablar?

- ☐ Inglés
- ☐ Español
- ☐ Chino
- ☐ Vietnamita
- ☐ Coreano
- ☐ Ruso
- ☐ Otro idioma → *Escriba en letras de molde:*

56. Durante esta vez que su niño estuvo en el hospital, ¿cuánto tiempo pasó usted en el hospital?

- ☐ Ningún tiempo
- ☐ Poco tiempo
- ☐ Algún tiempo
- ☐ La mayor parte del tiempo
- ☐ Todo o casi todo el tiempo

57. ¿Le gustaría agregar algo más acerca de la atención que su niño recibió durante esta vez que estuvo en el hospital?

MUCHAS GRACIAS

Appendix H: Child HCAHPS Telephone Survey Materials

Child HCAHPS Telephone Script – English

Initiating Contact

START Hello, may I please speak to a parent or guardian of [SAMPLED CHILD NAME]?

<1> YES [GO TO **INTRO**]

<2> NO [GO TO **REFUSAL**]

<3> NO, NOT AVAILABLE RIGHT NOW [GO TO **SET CALLBACK**]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling on behalf of [HOSPITAL NAME] from [DATA COLLECTION CONTRACTOR]. We are conducting a survey about health care. Is a parent or guardian of [SAMPLED CHILD NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS A PROXY FOR NAMED PARENT OR GUARDIAN:

For this survey, we would like to speak with the person who knows the most about the health care of [NAME OF SAMPLED CHILD]. This can be any parent or guardian of [CHILD NAME]. Is a parent or guardian of [SAMPLED CHILD NAME] available?

SET CALLBACK

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] IS NOT AVAILABLE:

What would be a convenient time for me to call back to speak with (him/her)?

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

REFUSAL Thank you for your time. Have a good (day/evening).

Speaking with Parent or Guardian of Sampled Patient INTRO

Hi, this is [INTERVIEWER NAME] calling on behalf of [HOSPITAL NAME].

[HOSPITAL NAME] is participating in a survey about the care children and their families receive in the hospital. This survey is part of a national effort to measure the quality of care in hospitals. Your anonymous answers may also be shared with the hospital for purposes of quality improvement.

Participation in the survey is completely voluntary and will not affect your or your family's health care or benefits. It should take about [~15 MINUTES] to answer.

This call may be monitored [recorded] for quality improvement purposes.

I'd like to begin the survey now, is this a good time for us to continue?

S1 Our records show that [NAME OF SAMPLED CHILD] was discharged from [HOSPITAL NAME] on or about [DISCHARGE DATE]. Is that right?
READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES [GO TO Q1_INTRO]
<2> NO [GO TO INTEL1]
<3> DON'T KNOW [GO TO INTEL1]
<4> REFUSAL [GO TO INTEL1]

Confirming Ineligible Patients INTEL1:

Was [NAME OF SAMPLED CHILD] ever at this hospital?

<1> YES [GO TO INTEL2]
<0> NO [GO TO INTEL_END]

INTEL2: Was [NAME OF SAMPLED CHILD] a patient at this hospital in the last year?

<1> YES [GO TO INTEL3]
<0> NO [GO TO INTEL_END]

INTEL3: When was this?

IF [ANY DATE] WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO Q1_INTRO; OTHERWISE, GO TO INTEL_END.

INTEL_END: Thank you for your time. It looks like we made a mistake. Have a good (day/evening).

Begin Child HCAHPS Questions

Q1_INTRO Please answer the questions in this survey about the child and hospital I just named.

When thinking about your answers, do not include any other hospital stays. The first questions are about when your child was admitted to this hospital.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 Was your child born during this hospital stay?
READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES [GO TO Q13]
<0> NO

<97> DON'T KNOW
<98> MISSING

Q2 For this hospital stay, was your child admitted through this hospital's Emergency Room?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q4**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q2= "99- NOT APPLICABLE"]

Q3 While your child was in the Emergency Room, were you kept informed about what was being done for your child? Would you say...

<9> I was not at the hospital when my child was in the Emergency Room,

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "0- NO" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "97- DON'T KNOW" THEN Q3= "98- MISSING" OR IF Q2= "98- MISSING" THEN Q3= "98- MISSING "]

Q4 During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q4= "99- NOT APPLICABLE"]

- Q5** During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home? Would you say...
- <3> Yes, definitely,
 - <2> Yes, somewhat, or
 - <1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q5= "99- NOT APPLICABLE"]

- Q6_INTRO** The rest of the questions are about your child's care after being admitted to this hospital. If your child was admitted through the Emergency Room, do not include what happened in the Emergency Room as you answer the rest of the questions.

If child is 2-years-old or younger based on administrative data, then Q6= No (0) and go to Q13.

- Q6** Is your child able to talk with nurses and doctors about his or her health care?
READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**
- <1> YES
 - <0> NO [GO TO **Q13**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q6= "99- NOT APPLICABLE"]

- Q7_INTRO** The next questions ask about your child's experience during this hospital stay. You will be asked about your own experience during this hospital stay in later questions. The first questions are about your child's experiences with nurses.

- Q7** During this hospital stay, how often did your child's nurses listen carefully to your child? Would you say...
- <1> Never,
 - <2> Sometimes,
 - <3> Usually, or
 - <4> Always?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q7= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q7= "98- MISSING"]

- Q8** During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand? Would you say...
- <1> Never,
 - <2> Sometimes,
 - <3> Usually, or
 - <4> Always?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q8= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q8= "98- MISSING"]

- Q9** During this hospital stay, how often did your child's nurses encourage your child to ask questions? Would you say...
- <1> Never,
 - <2> Sometimes,
 - <3> Usually, or
 - <4> Always?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q9= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q9= "98- MISSING"]

Q10_INTRO The next questions are about your child's experiences with doctors.

Q10 During this hospital stay, how often did your child's doctors listen carefully to your child?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q10= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q10= "98- MISSING"]

Q11 During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q11= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q11= "98- MISSING"]

Q12 During this hospital stay, how often did your child's doctors encourage your child to ask questions?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "0- NO"
THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q12= "98- MISSING" OR IF
Q6= "98- MISSING" THEN Q12= "98- MISSING"]

Q13_INTRO The next questions are about your experiences with nurses.

Q13 During this hospital stay, how often did your child's nurses listen carefully to you? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q14 During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q15 During this hospital stay, how often did your child's nurses treat you with courtesy and respect? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q16_INTRO The next questions are about your experiences with doctors.

Q16 During this hospital stay, how often did your child's doctors listen carefully to you?

Would you say...

- <1> Never,
- <2> Sometimes,

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q17 During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q18 During this hospital stay, how often did your child's doctors treat you with courtesy and respect? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q19_INTRO The next questions are about your experience with providers.

Q19 A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant.

During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q20 Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<97> DON'T KNOW

<98> MISSING

Q21 During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q22 During this hospital stay, how often did providers keep you informed about what was being done for your child? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

Q23 Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO Q25]

<97> DON'T KNOW

<98> MISSING

Q24 How often did providers give you as much information as you wanted about the results of these tests? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q23= "0- NO" THEN Q24= "99- NOT APPLICABLE" OR IF Q23= "97- DON'T KNOW" THEN Q24= "98- MISSING" OR IF Q23= "98- MISSING" THEN Q24= "98- MISSING"]

Q25_INTRO The next questions are about your child's care in this hospital.

Q25 During this hospital stay, did you or your child ever press the call button?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q27**]

<97> DON'T KNOW

<98> MISSING

Q26 After pressing the call button, how often was help given as soon as you or your child wanted it? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q25= "0- NO" THEN Q26= "99- NOT APPLICABLE" OR IF Q25= "97- DON'T KNOW" THEN Q26= "98- MISSING" OR IF Q25= "98- MISSING" THEN Q26= "98- MISSING"]

Q27 During this hospital stay, was your child given any medicine?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q29**]

<97> DON'T KNOW

<98> MISSING

Q28 Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way? Would you say...

<1> Never,

<2> Sometimes,
<3> Usually, or
<4> Always?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q27= "0- NO" THEN Q28= "99- NOT APPLICABLE" OR IF Q27= "97- DON'T KNOW" THEN Q28= "98- MISSING" OR IF Q27= "98- MISSING" THEN Q28= "98- MISSING"]

Q29 Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?

Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

<97> DON'T KNOW
<98> MISSING

Q30 During this hospital stay, did your child have pain that needed medicine or other treatment?
READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES
<0> NO [GO TO **Q32**]

<97> DON'T KNOW
<98> MISSING

Q31 During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed? Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q30= "0- NO" THEN Q31= "99- NOT APPLICABLE" OR IF Q30= "97- DON'T KNOW" THEN Q31= "98- MISSING" OR IF Q30= "98- MISSING" THEN Q31= "98- MISSING"]

Q32_INTRO The next questions are about the hospital environment.

Q32 During this hospital stay, how often were your child's room and bathroom kept clean?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q33 During this hospital stay, how often was the area around your child's room quiet at night?

Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<97> DON'T KNOW

<98> MISSING

Q34 Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age? Would you say...

- <3> Yes, definitely,
- <2> Yes, somewhat, or
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q35_INTRO The next questions are about when your child left the hospital.

Q35 As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave? Would you say...

- <3> Yes, definitely,

<1> No?

<97> DON'T KNOW

<98> MISSING

Q36 Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

<97> DON'T KNOW

<98> MISSING

Q37 Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began? READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> YES

<0> NO [GO TO **Q40**]

<97> DON'T KNOW

<98> MISSING

Q38 Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q38= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q38= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q38= "98- MISSING"]

Q39 Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines? Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q39= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q39= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q39= "98- MISSING"]

Q40 A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities? Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

Q41 Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital? Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

<97> DON'T KNOW
<98> MISSING

Q42 Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital? Would you say...

<3> Yes, definitely,
<2> Yes, somewhat, or
<1> No?

<97> DON'T KNOW
<98> MISSING

If child is 12-years-old or younger based on administrative data, then Q43= No (0) and go to Q47.

Q43_INTRO The next questions are about teens in the hospital.

Q43 During this hospital stay, was your child 13 years old or older? READ YES/NO

RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES

<0> NO [GO TO **Q47**]

<97> DON'T KNOW

<98> MISSING

Q44 During this hospital stay, how often did providers involve your child in discussions about his or her health care? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q44= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q44= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q44= "98- MISSING"]

Q45 Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave? Would you say...

<3> Yes, definitely,

<2> Yes, somewhat, or

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q45= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q45= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q45= "98- MISSING"]

Q46 Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital? Would you say...

- <3> Yes, definitely,
- <2> Yes, somewhat, or
- <1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q46= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q46= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q46= "98- MISSING"]

Q47_INTRO The next questions are about your overall rating of this hospital. As a reminder, please answer the questions about the child and hospital named at the beginning of this interview. Do not include any other hospital stays in your answers.

Q47 Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?

- <0> 0
- <1> 1
- <2> 1
- <3> 3
- <4> 4
- <5> 5
- <6> 6
- <7> 7
- <8> 8
- <9> 9
- <10> 10

<97> DON'T KNOW

<98> MISSING

Q48 Would you recommend this hospital to your friends and family? Would you say...

- <1> Definitely no,
- <2> Probably no,
- <3> Probably yes, or
- <4> Definitely yes?

<97> DON'T KNOW

<98> MISSING

Q49_INTRO The next questions are about your child.

Q49 In general, how would you rate your child's overall health? Would you say that it is...

- <5> Excellent,
- <4> Very Good,
- <3> Good,
- <2> Fair, or
- <1> Poor?

<97> DON'T KNOW

<98> MISSING

[FOR TELEPHONE INTERVIEWING, QUESTION 50 IS BROKEN INTO PARTS A-E].

READ ALL ETHNICITY CATEGORIES PAUSING AT EACH ETHNICITY CATEGORY TO ALLOW PATIENT TO REPLY TO EACH ETHNICITY CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S ETHNICITY?"

We ask about your child's ethnicity for demographic purposes. We want to be sure that the people we survey accurately represent the ethnic diversity in this country.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S ETHNICITY."

I understand, however the survey requires me to ask about all ethnicities so results can include people who are multi-ethnic. If the ethnicity does not apply to your child please answer no. Thanks for your patience.

Q50 Is your child of Hispanic, Latino, or Spanish origin?

<1> YES/OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q50B_INTRO**]

<0> NO/NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51_INTRO**]

<97> DON'T KNOW

<98> MISSING

Q50B_INTRO I am now going to ask you more about your child's Hispanic, Latino, or Spanish origin. I will read you a list of choices. You may choose one or more. Please answer "yes" or "no" for each.

Q50B Is your child Mexican, Mexican American, or Chicano?

<1> YES/MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO **Q50C**]

<0> NO/NOT MEXICAN, MEXICAN AMERICAN, OR CHICANO [GO TO **Q50C**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50B= "99- NOT APPLICABLE"]

Q50C Is your child Puerto Rican?

<1> YES/PUERTO RICAN [GO TO **Q50D**]

<0> NO/NOT PUERTO RICAN [GO TO **Q50D**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50C= "99- NOT APPLICABLE"]

Q50D Is your child Cuban?

<1> YES/CUBAN [GO TO **Q50E**]

<0> NO/NOT CUBAN [GO TO **Q50E**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50D= "99- NOT APPLICABLE"]

Q50E Is your child of another Hispanic, Latino, or Spanish ethnicity?

<1> YES/ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51**]

<0> NO/NOT ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN [GO TO **Q51**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50E= "99- NOT APPLICABLE"]

[FOR TELEPHONE INTERVIEWING, QUESTION 51 IS BROKEN INTO PARTS A-E].

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S RACE?"

We ask about your child's race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to your child please answer no.
Thanks for your patience.

Q51_INTRO I am now going to ask you about how you would describe your child's race. I will read you a list of choices. You may choose one or more. Please answer "yes" or "no" for each.

Q51A Would you describe your child's race as White?

<1> YES/WHITE

<0> NO/NOT WHITE

<97> DON'T KNOW

<98> MISSING

Q51B Would you describe your child's race as Black or African American?

<1> YES/BLACK OR AFRICAN AMERICAN

<0> NO/NOT BLACK OR AFRICAN AMERICAN

<97> DON'T KNOW

<98> MISSING

Q51C Would you describe your child's race as Asian?

<1> YES/ASIAN

<0> NO/NOT ASIAN

<97> DON'T KNOW

<98> MISSING

Q51D Would you describe your child's race as Native Hawaiian or other Pacific Islander?

<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<97> DON'T KNOW
<98> MISSING

Q51E Would you describe your child's race as American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<97> DON'T KNOW
<98> MISSING

Q52_INTRO The last set of questions is about you.

Q52 How are you related to the child?

READ ANSWER CHOICES 1-6 ONLY ***IF NECESSARY***

<1> MOTHER, [GO TO **Q53**]
<2> FATHER, [GO TO **Q53**]
<3> GRANDMOTER, [GO TO **Q53**]
<4> GRANDFATHER, [GO TO **Q53**]
<5> OTHER RELATIVE OR LEGAL GUARDIAN, or [GO TO **Q53**]

<97> DON'T KNOW
<98> MISSING

Q52B How are you related to the child?

[NOTE: PLEASE DOCUMENT RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q53 What is your age?

READ ANSWER CHOICES 1-8 ONLY ***IF NECESSARY***

<1> Under 18,
<2> 18-24,
<3> 25-34,
<4> 35-44,
<5> 45-54,

- <6> 55-64,
- <7> 65-74, or
- <8> 75 or Older?
- <97> DON'T KNOW
- <98> MISSING

Q54 What is the highest grade or level of school that you have completed? Did you...

- <1> Complete the 8th Grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than 4-year college degree?

- <97> DON'T KNOW
- <98> MISSING

Q55 What is your preferred language? Would you say you prefer to speak...

- <1> English, [GO TO Q56]
- <2> Spanish, [GO TO Q56]
- <3> Chinese, [GO TO Q56]
- <4> Vietnamese, [GO TO Q56]
- <5> Korean, [GO TO Q56]
- <6> Russian, or [GO TO Q56]
- <7> Some Other Language? [GO TO Q55B]

- <97> DON'T KNOW
- <98> MISSING

Q55B What other language is your preferred language?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q56 During your child's hospital stay, how much of the time were you at the hospital?

Would you say...

- <1> None of the time,
- <2> A little of the time,
- <3> Some of the time,
- <4> Most of the time, or
- <5> All or nearly all of the time?

- <97> DON'T KNOW

<98> MISSING

Q57 Is there anything else you would like to say about the care your child received during this hospital stay?

[NOTE: PLEASE DOCUMENT ANY COMMENTS AND MAINTAIN IN YOUR INTERNAL RECORDS].

END: Those are all the questions I have. Thank you for your time. Have a good (day/evening).

Child HCAHPS Telephone Script – Spanish

Initiating Contact

START Buenos días / Buenas tardes (noches), ¿podría hablar con uno de los padres o el tutor de [SAMPLED CHILD NAME]?

<1> YES [GO TO **INTRO**]

<2> NO [GO TO **REFUSAL**]

<3> NO, NOT AVAILABLE RIGHT NOW [GO TO **SET CALLBACK**]

IF ASKED WHO IS CALLING:

Le habla [INTERVIEWER NAME] y llamo de [DATA COLLECTION CONTRACTOR] de parte de [HOSPITAL NAME]. Estamos llevando a cabo una encuesta sobre la atención médica. ¿Puedo hablar con uno de los padres o el tutor de [SAMPLED CHILD NAME]?

IF ASKED WHETHER PERSON CAN SERVE AS A PROXY FOR NAMED PARENT OR GUARDIAN:

Para esta encuesta, nos gustaría hablar con la persona que sabe más sobre la atención médica de [NAME OF SAMPLED CHILD]. Esta persona puede ser cualquiera de los padres o el tutor de [CHILD NAME]. ¿Está disponible alguno de los padres o el tutor de [SAMPLED CHILD NAME]?

SET CALLBACK

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] IS NOT AVAILABLE:

¿A qué hora sería conveniente volver a llamar para hablar con él/ella?

IF A PARENT OR GUARDIAN OF [SAMPLED CHILD NAME] SAYS THIS IS NOT A GOOD TIME:

Si usted no tiene tiempo ahora, ¿a qué hora sería conveniente que volviera a llamarlo(a)?

REFUSAL Gracias por su tiempo. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Speaking with Parent or Guardian of Sampled Patient

INTRO Buenos días / Buenas tardes (noches), le habla [INTERVIEWER NAME] y llamo de parte de [HOSPITAL NAME]. [HOSPITAL NAME] está participando en una encuesta sobre la atención que los niños y sus familias reciben en el hospital. Esta encuesta es parte de un esfuerzo nacional para evaluar la calidad de la atención médica en los hospitales. Es posible que para propósitos de control de calidad, compartamos sus respuestas, que serán anónimas, con el hospital. La participación en esta encuesta es absolutamente voluntaria y no afectará en ningún modo la atención médica o beneficios de usted o su familia. Debería tardar unos [~15 MINUTOS] en contestarla.

Esta llamada podría ser monitoreada o grabada con fines de mejorar la calidad.

Ahora me gustaría empezar la encuesta, ¿le parece un buen momento para que continuemos?

S1 Nuestros registros indican que a [NAME OF SAMPLED CHILD] lo/la dieron de alta del [HOSPITAL NAME] más o menos el [DISCHARGE DATE]. ¿Es correcto?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> YES [GO TO **Q1_INTRO**]

<2> NO [GO TO **INTEL1**]

<3> DON'T KNOW [GO TO **INTEL1**]

<4> REFUSAL [GO TO **INTEL1**]

Confirming Ineligible Patients

INTEL1: ¿Estuvo [NAME OF SAMPLED CHILD] alguna vez en este hospital?

<1> YES [GO TO **INTEL2**]

<0> NO [GO TO **INTEL_END**]

INTEL2: ¿Estuvo [NAME OF SAMPLED CHILD] internado(a) en este hospital en el último año?

<1> YES [GO TO **INTEL3**]

<0> NO [GO TO **INTEL_END**]

INTEL3: ¿Cuándo fue esto?

IF [ANY DATE] WAS WITHIN TWO WEEKS OF [DISCHARGE DATE], GO TO **Q1_INTRO**; OTHERWISE, GO TO **INTEL_END**.

INTEL_END: Gracias por su tiempo. Al parecer ha habido un error. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Begin Child HCAHPS Questions

Q1_INTRO Por favor conteste las preguntas de esta encuesta respecto al niño y al hospital que acabamos de mencionar. Cuando piense en sus respuestas, no incluya ninguna otra vez que haya estado en un hospital. Las primeras preguntas son sobre cuando su niño/a fue admitido(a) en el hospital.

BE PREPARED TO PROBE IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

Q1 ¿Nació su niño durante esta vez que estuvo en el hospital?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> SÍ [GO TO **Q13**]

<0> NO

<97> DON'T KNOW

<98> MISSING

Q2 Esta vez que estuvo en el hospital, ¿admitieron a su niño a través de la Sala de Emergencias de este hospital?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Sí

<0> NO [GO TO **Q4**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q2= "99- NOT APPLICABLE"]

Q3 Mientras su niño estaba en la Sala de Emergencias, ¿le mantuvieron a usted informado(a) sobre lo que se estaba haciendo por su niño? ¿Diría usted que...

<9> Yo no estaba en el hospital cuando mi niño estuvo en la Sala de Emergencias,

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q3= "99- NOT APPLICABLE" OR IF Q2= "0- NO" THEN Q3="99- NOT APPLICABLE" OR IF Q2= "97- DON'T KNOW" THEN Q3= "98- MISSING" OR IF Q2= "98- MISSING" THEN Q3= "98- MISSING "]

Q4 Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas las medicinas recetadas que su niño estaba tomando en casa? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

Q5 Durante el primer día de esta vez que su niño estuvo en el hospital, ¿le pidieron a usted que listara o revisara todas las vitaminas, medicinas a base de plantas medicinales y medicinas de venta sin receta que su niño estaba tomando en casa? ¿Diría usted que...

<3> Sí, definitivamente,
<2> Sí, algo o
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q5= "99- NOT APPLICABLE"]

Q6_INTRO El resto de las preguntas son sobre la atención de su niño después de que lo admitieron en este hospital. Si a su niño lo admitieron a través de la Sala de Emergencias, no incluya nada de lo que pasó en la Sala de Emergencias al contestar el resto de las preguntas.

If child is 2-years-old or younger based on administrative data, then Q6= No (0) and go to Q13.

Q6 ¿Su niño puede hablar con las enfermeras y los doctores sobre la atención médica que recibe?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí
<0> NO [GO TO **Q13**]

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q6= "99- NOT APPLICABLE"]

Q7_INTRO Las siguientes preguntas son sobre la experiencia de su niño/a durante esta vez que estuvo en el hospital. Le preguntaremos a usted por sus propias experiencias durante esta vez que estuvo en el hospital en otras preguntas más adelante. Las siguientes preguntas son sobre la experiencia que tuvo su niño con las enfermeras.

Q7 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño escuchaban a su niño con atención? ¿Diría usted que...

<1> Nunca,
<2> A veces,
<3> La mayoría de las veces, o
<4> Siempre?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q7= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q7= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q7= "98- MISSING"]

Q8 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a su niño las cosas de una manera fácil de entender? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q8= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q8= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q8= "98- MISSING"]

Q9 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño animaban a su niño a que hiciera preguntas? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q9= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q9= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q9= "98- MISSING"]

Q10_INTRO Las preguntas siguientes son acerca de la experiencia que tuvo su niño con los doctores.

Q10 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño escuchaban a su niño con atención? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q10= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q10= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q10= "98- MISSING"]

Q11 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a su niño las cosas de una manera fácil de entender? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q11= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q11= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q11= "98- MISSING"]

Q12 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño animaban a su niño a que hiciera preguntas? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q1= "1- YES" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "0- NO" THEN Q12= "99- NOT APPLICABLE" OR IF Q6= "97- DON'T KNOW" THEN Q12= "98- MISSING" OR IF Q6= "98- MISSING" THEN Q12= "98- MISSING"]

Q13_INTRO Las siguientes preguntas son acerca de la experiencia que tuvo usted con las enfermeras.

Q13 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le escuchaban a usted con atención? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q14 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le explicaban a usted las cosas de una manera fácil de entender? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q15 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia las enfermeras de su niño le trataban a usted con cortesía y respeto? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q16_INTRO Las preguntas siguientes son acerca de la experiencia que tuvo usted con los doctores.

Q16 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le escuchaban a usted con atención? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

Q17 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le explicaban a usted las cosas de una manera fácil de entender? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q18 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los doctores de su niño le trataban a usted con cortesía y respeto? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q19_INTRO Las siguientes preguntas son sobre su experiencia con los proveedores de salud

Q19 Un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le dieron toda la privacidad que usted quería cuando hablaba sobre la atención o el tratamiento de su niño con los proveedores de salud? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q20 Las cosas que la familia puede saber mejor sobre un niño incluyen la manera en que actúa normalmente, qué le hace sentirse a gusto y cómo calmar sus miedos. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud le preguntaron a usted sobre este tipo de cosas? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q21 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud hablaban con su niño y lo trataban de una manera adecuada para su edad? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q22 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud le mantuvieron a usted informado sobre lo que se estaba haciendo por su niño? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q23 Entre las pruebas que se hacen en el hospital se pueden incluir pruebas de sangre y rayos X. Durante esta vez que estuvo en el hospital, ¿le hicieron alguna prueba a su niño?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q25**]

<97> DON'T KNOW

<98> MISSING

Q24 ¿Con qué frecuencia los proveedores de salud le daban a usted toda la información que usted quería sobre los resultados de estas pruebas? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q23= "0- NO" THEN Q24= "99- NOT APPLICABLE" OR IF Q23= "97- DON'T KNOW" THEN Q24= "98- MISSING" OR IF Q23= "98- MISSING" THEN Q24= "98- MISSING"]

Q25_INTRO Las siguientes preguntas son acerca de la atención de su niño en este hospital.

Q25 Durante esta vez que estuvo en el hospital, ¿usted o su niño usó alguna vez el botón para llamar a la enfermera?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Sí

<0> NO [GO TO **Q27**]

<97> DON'T KNOW

<98> MISSING

Q26 Después de usar el botón para llamar a la enfermera, ¿con qué frecuencia los atendían tan pronto como usted o su niño quería? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q25= "0- NO" THEN Q26= "99- NOT APPLICABLE" OR IF Q25= "97- DON'T KNOW" THEN Q26= "98- MISSING" OR IF Q25= "98- MISSING" THEN Q26= "98- MISSING"]

Q27 Durante esta vez que estuvo en el hospital, ¿le dieron a su niño alguna medicina?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Sí

<0> NO [GO TO **Q29**]

<97> DON'T KNOW

<98> MISSING

Q28 Antes de darle a su niño cualquier medicina, ¿con qué frecuencia los proveedores de salud u otros miembros del personal del hospital le revisaban la pulsera de identificación o confirmaban su identidad de alguna otra manera? ¿Diría usted que...

<1> Nunca,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q27= "0- NO" THEN Q28= "99- NOT APPLICABLE" OR IF Q27= "97- DON'T KNOW" THEN Q28= "98- MISSING" OR IF Q27= "98- MISSING" THEN Q28= "98- MISSING"]

Q29 Entre los errores que pueden suceder en la atención médica de su niño se pueden incluir darle la medicina incorrecta o hacerle la cirugía equivocada. Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital le dijeron a usted cómo reportar cualquier duda que tuviera acerca de errores en la atención médica de su niño? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q30 Durante esta vez que estuvo en el hospital, ¿tuvo su niño algún dolor que necesitara medicinas u otro tratamiento?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> Sí

<0> NO [GO TO **Q32**]

<97> DON'T KNOW

<98> MISSING

Q31 Durante esta vez que estuvo en el hospital, ¿los proveedores de salud u otros miembros del personal del hospital preguntaron por el dolor que sentía su niño tan seguido como su niño necesitaba? Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q30= "0- NO" THEN Q1= "99- NOT APPLICABLE" OR IF Q30= "97- DON'T KNOW" THEN Q31= "98- MISSING" OR IF Q30= "98- MISSING" THEN Q31= "98- MISSING"]

Q32_INTRO Las preguntas siguientes son acerca del ambiente en este hospital.

Q32 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia mantenían limpios el cuarto y el baño de su niño? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q33 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia estaba silenciosa el área alrededor del cuarto de su niño por la noche? ¿Diría usted que...

- <1> Nunca,
- <2> A veces,
- <3> La mayoría de las veces, o
- <4> Siempre?

<97> DON'T KNOW

<98> MISSING

Q34 Los hospitales pueden tener cosas como juguetes, libros, móviles y juegos para niños desde recién nacidos hasta adolescentes. Durante esta vez que estuvo en el hospital, ¿tenía el hospital cosas disponibles para su niño que fueran adecuadas para su edad? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o
- <1> No?

<97> DON'T KNOW

<98> MISSING

Q35_INTRO Las preguntas siguientes son acerca de cuando su niño salió de este hospital.

Q35 Recuerde que un proveedor de salud del hospital puede ser un doctor, una enfermera, una enfermera especialista o un asistente médico. Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó si tenía usted dudas sobre si su niño estaba en condiciones de irse? ¿Diría usted que...

- <3> Sí, definitivamente,
- <2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q36 Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con usted tanto como usted quería sobre cómo debía cuidar de la salud de su niño después de que se fuera del hospital? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

<97> DON'T KNOW

<98> MISSING

Q37 Antes de que su niño saliera del hospital, ¿un proveedor de salud le dijo a usted que su niño tenía que tomar alguna medicina nueva que no estaba tomando cuando empezó esta estancia en el hospital?

READ YES/NO RESPONSE CHOICES ONLY ***IF NECESSARY***

<1> Sí

<0> NO [GO TO **Q40**]

<97> DON'T KNOW

<98> MISSING

Q38 Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender cómo su hijo debía tomar estas nuevas medicinas después de salir del hospital? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q38= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q38= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q38= "98- MISSING"]

Q39 Antes de que su niño saliera del hospital, ¿un proveedor de salud o un farmacéutico del hospital le explicó a usted de una manera fácil de entender los efectos secundarios posibles de estas nuevas medicinas? ¿Diría usted que...

<3> Sí, definitivamente,
<2> Sí, algo o
<1> No?

[<99> NOT APPLICABLE]
<97> DON'T KNOW
<98> MISSING

[NOTE: IF Q37= "0- NO" THEN Q39= "99- NOT APPLICABLE" OR IF Q37= "97- DON'T KNOW" THEN Q39= "98- MISSING" OR IF Q37= "98- MISSING" THEN Q39= "98- MISSING"]

Q40 Entre las actividades normales de un niño se pueden incluir el comer, bañarse, ir a la escuela o hacer deportes. Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender cuándo podría su niño volver a sus actividades normales? ¿Diría usted que...

<3> Sí, definitivamente,
<2> Sí, algo o
<1> No?

<97> DON'T KNOW
<98> MISSING

Q41 Antes de que su niño saliera del hospital, ¿un proveedor de salud le explicó a usted de una manera fácil de entender los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital? ¿Diría usted que...

<3> Sí, definitivamente,
<2> Sí, algo o
<1> No?

<97> DON'T KNOW
<98> MISSING

Q42 Antes de que su niño saliera del hospital, ¿recibió usted información por escrito sobre los síntomas o problemas de salud a los que usted debía poner atención cuando su niño se fuera del hospital? ¿Diría usted que...

<3> Sí, definitivamente,
<2> Sí, algo o
<1> No?

<97> DON'T KNOW
<98> MISSING

If child is 12-years-old or younger based on administrative data, then Q43= No (0) and go to Q47.

Q43_INTRO Las preguntas siguientes son acerca de los adolescentes en este hospital.

Q43 Durante esta vez que estuvo en el hospital, ¿tenía su niño 13 años o más?

READ YES/NO RESPONSE CHOICES ONLY **IF NECESSARY**

<1> Sí

<0> NO [GO TO **Q47**]

<97> DON'T KNOW

<98> MISSING

Q44 Durante esta vez que estuvo en el hospital, ¿con qué frecuencia los proveedores de salud dejaron participar a su niño en las conversaciones sobre su atención médica? ¿Diría usted que...

<1> Nunca,

<2> A veces,

<3> La mayoría de las veces, o

<4> Siempre?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q44= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q44= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q44= "98- MISSING"]

Q45 Antes de que su niño saliera del hospital, ¿un proveedor de salud le preguntó a su niño si tenía dudas sobre si estaba en condiciones de irse? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q45= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q45= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q45= "98- MISSING"]

Q46 Antes de que su niño saliera del hospital, ¿un proveedor de salud habló con su niño sobre cómo cuidar de su salud después de salir del hospital? ¿Diría usted que...

<3> Sí, definitivamente,

<2> Sí, algo o

<1> No?

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q43= "0- NO" THEN Q46= "99- NOT APPLICABLE" OR IF Q43= "97- DON'T KNOW" THEN Q46= "98- MISSING" OR IF Q43= "98- MISSING" THEN Q46= "98- MISSING"]

Q47_INTRO Las siguientes preguntas son sobre la calificación general para este hospital. Le recordamos que conteste las preguntas sobre el niño y el hospital de los que hablamos al principio de esta entrevista. No incluya en sus respuestas ninguna otra estancia en un hospital aparte de ésta.

Q47 Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría usted para calificar este hospital durante esta vez en que su niño estuvo en el hospital?

<0> 0

<1> 1

<2> 1

<3> 3

<4> 4

<5> 5

<6> 6

<7> 7

<8> 8

<9> 9

<10> 10

<97> DON'T KNOW

<98> MISSING

Q48 ¿Les recomendaría este hospital a sus amigos y familiares? ¿Diría usted que...

<1> Definitivamente no,

<2> Probablemente no,

<3> Probablemente sí, o

<4> Definitivamente sí?

<97> DON'T KNOW

<98> MISSING

Q49_INTRO Las preguntas siguientes son acerca de su niño.

Q49 En general, ¿cómo calificaría toda la salud de su niño? ¿Diría usted que es...

- <5> Excelente,
- <4> Muy buena,
- <3> Buena,
- <2> Regular, o
- <1> Mala?

<97> DON'T KNOW

<98> MISSING

[FOR TELEPHONE INTERVIEWING, QUESTION 50 IS BROKEN INTO PARTS A-E].

READ ALL ETHNICITY CATEGORIES PAUSING AT EACH ETHNICITY CATEGORY TO ALLOW PATIENT TO REPLY TO EACH ETHNICITY CATEGORY.

IF PATIENT REPLIES: "WHY ARE YOU ASKING MY CHILD'S ETHNICITY?"

Le preguntamos el origen étnico de su niño para fines demográficos. Queremos estar seguros de que la gente que entrevistamos representa con exactitud la diversidad étnica de este país.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S ETHNICITY."

Sí, sí, claro, pero la encuesta requiere que yo le pregunte sobre todas las etnias para que en los resultados puedan incluirse a las personas que tienen varios orígenes étnicos. Cuando una etnia no corresponda a la de su niño, simplemente conteste "No". Gracias por su paciencia.

Q50 ¿Es su niño de origen hispano, latino, o español?

<1> SÍ/DE ORIGEN HISPANO, LATINO, O ESPAÑOL [GO TO **Q50B_INTRO**]

<0> NO/NI DE ORIGEN HISPANO, NI LATINO, NI ESPAÑOL [GO TO **Q51_INTRO**]

<97> DON'T KNOW

<98> MISSING

Q50B_INTRO Ahora voy a preguntarle más sobre el origen hispano, latino o español de su niño. Voy a leerle una lista de opciones. Puede escoger una o más. Conteste "Sí" o "No" para cada una de ellas.

Q50B ¿Es su niño de origen mexicano, mexicano-americano, o chicano?

<1> SÍ/DE ORIGEN MEXICANO, MEXICANO-AMERICANO, O CHICANO [GO TO **Q50C**]

<0> NO/NI DE ORIGEN MEXICANO, NI MEXICANO-AMERICANO, NI CHICANO [GO TO **Q50C**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50B= "99- NOT APPLICABLE"]

Q50C ¿Es su niño de origen puertorriqueño?

<1> SÍ/DE ORIGEN PUERTORRIQUEÑO [GO TO **Q50D**]

<0> NO/NO DE ORIGEN PUERTORRIQUEÑO [GO TO **Q50D**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50C= "99- NOT APPLICABLE"]

Q50D ¿Es su niño de origen cubano?

<1> SÍ/DE ORIGEN CUBANO [GO TO **Q50E**]

<0> NO/NO DE ORIGEN CUBANO [GO TO **Q50E**]

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50D= "99- NOT APPLICABLE"]

Q50E ¿Es su niño de otro origen hispano, latino, o español?

<1> SÍ/DE OTRO ORIGEN HISPANO, LATINO, O ESPAÑOL

<0> NO/NI DE OTRO ORIGEN HISPANO, NI LATINO, NI ESPAÑOL

[<99> NOT APPLICABLE]

<97> DON'T KNOW

<98> MISSING

[NOTE: IF Q50A= "0- NO" THEN Q50E= "99- NOT APPLICABLE"]

[FOR TELEPHONE INTERVIEWING, QUESTION 51 IS BROKEN INTO PARTS A-E].

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

Le preguntamos la raza de su niño para fines demográficos. Queremos estar seguros de que la gente que entrevistamos representa con exactitud la diversidad racial de este país.

IF THE PATIENT REPLIES: "I HAVE ALREADY TOLD YOU MY CHILD'S RACE."

Sí, sí, claro, pero la encuesta requiere que yo le pregunte sobre todas las razas para que en los resultados puedan incluirse a las personas que tienen varios orígenes raciales. Cuando una raza no corresponda a la de su niño, conteste "No". Gracias por su paciencia.

Q51_INTRO Ahora voy a preguntarle cómo describiría la raza de su niño. Voy a leerle una lista de opciones. Puede escoger una o más. Conteste "Sí" o "No" para cada una de ellas.

Q51A ¿Describiría la raza de su niño como blanca?

<1> SÍ/BLANCA

<0> NO/NO BLANCA

<97> DON'T KNOW

<98> MISSING

Q51B ¿Describiría la raza de su niño como negra o afroamericana?

<1> SÍ/NEGRA O AFROAMERICANA

<0> NO/NO NEGRA NI AFROAMERICANA

<97> DON'T KNOW

<98> MISSING

Q51C ¿Describiría la raza de su niño como asiática?

<1> SÍ/ASIÁTICA

<0> NO/NO ASIÁTICA

<97> DON'T KNOW

<98> MISSING

Q51D ¿Describiría la raza de su niño como Nativa de Hawai o de otras islas del Pacífico?

<1> SÍ/NATIVA DE HAWAI O DE OTRAS ISLAS DEL PACÍFICO

<0> NO/NO NATIVA DE HAWAI NI DE OTRAS ISLAS DEL PACÍFICO

<97> DON'T KNOW

<98> MISSING

Q51E ¿Describiría la raza de su niño como indígena americana o nativa de Alaska?

<1> SÍ/INDÍGENA AMERICANA O NATIVA DE ALASKA

<0> NO/NO INDÍGENA AMERICANA NI NATIVA DE ALASKA

<97> DON'T KNOW

<98> MISSING

Q52_INTRO La última serie de preguntas son acerca de usted.

Q52 ¿Cuál es su parentesco con el niño?

READ ANSWER CHOICES 1-6 ONLY ***IF NECESSARY***

<1> MADRE, [GO TO **Q53**]

<2> PADRE, [GO TO **Q53**]

<3> ABUELA, [GO TO **Q53**]

<4> ABUELO, [GO TO **Q53**]

<5> OTRO FAMILIAR O TUTOR LEGAL, o [GO TO **Q53**]

<6> OTRO PERSONA [GO TO **Q52B**]

<97> DON'T KNOW

<98> MISSING

Q52B ¿Cuál es su parentesco con el niño?

[NOTE: PLEASE DOCUMENT RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q53 ¿Qué edad tiene usted?

READ ANSWER CHOICES 1-8 ONLY ***IF NECESSARY***

<1> Menos de 18 años,

<2> Entre 18 y 24 años,

<3> Entre 25 y 34 años,

<4> Entre 35 y 44 años,

<5> Entre 45 y 54 años,

<6> Entre 55 y 64 años,

<7> Entre 65 y 74 años, o

<8> 75 o más?

<97> DON'T KNOW

<98> MISSING

Q54 ¿Cuál es el grado o nivel escolar más alto que ha completado?

<1> Cursó y terminó 8 años de escuela o menos,

<2> Cursó y terminó unos años de secundaria, pero no se graduó,

<3> Se graduó de secundaria, obtuvo el diploma de bachillerato, preparatoria, o su equivalente (o GED),

- <4> Cursó y terminó algunos cursos universitarios u obtuvo un título de un programa universitario de 2 años,
- <5> Obtuvo un título universitario de 4 años, u
- <6> Obtuvo un título universitario de más de 4 años?

<97> DON'T KNOW

<98> MISSING

Q55 ¿En qué idioma prefiere hablar? ¿Diría usted que prefiere hablar en...

- <1> Inglés, [GO TO **Q56**]
- <2> Español, [GO TO **Q56**]
- <3> Chino, [GO TO **Q56**]
- <4> Vietnamita, [GO TO **Q56**]
- <5> Coreano, [GO TO **Q56**]
- <6> Ruso, o [GO TO **Q56**]
- <7> Otro idioma? [GO TO **55B**]

<97> DON'T KNOW

<98> MISSING

Q55B ¿En qué otro idioma prefiere hablar?

[NOTE: PLEASE DOCUMENT LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS].

Q56 Durante esta vez que su niño estuvo en el hospital, ¿cuánto tiempo pasó usted en el hospital?
¿Diría usted que...

- <1> Ningún tiempo,
- <2> Poco tiempo,
- <3> Algún tiempo,
- <4> La mayor parte del tiempo, o
- <5> Todo o casi todo el tiempo?

<97> DON'T KNOW

<98> MISSING

Q57 ¿Le gustaría agregar algo más acerca de la atención que su niño recibió durante esta vez que estuvo en el hospital?

[NOTE: PLEASE DOCUMENT ANY COMMENTS AND MAINTAIN IN YOUR INTERNAL RECORDS].

END: Éstas son todas las preguntas que tengo para usted. Gracias por su tiempo. Que tenga usted un buen día/muy buena tarde/muy buenas noches.

Appendix I: Survey Items in Domain-Level Composite and Single-Item Measures

Items Grouped by Categories	Purpose of Item
COMMUNICATION WITH PARENT	
1. Communication between you and your child's nurses	
Q13. During this hospital stay, how often did your child's nurses listen carefully to you?	Key item
Q14. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?	Key item
Q15. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?	Key item
2. Communication between you and your child's doctors	
	Key item
Q17. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?	Key item
Q18. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?	Key item
3. Communication about your child's medicines	
Q4. During the first day of this hospital stay, were you asked to list or review all of the prescription medicines your child was taking at home?	Dependent item
Q5. During the first day of this hospital stay, were you asked to list or review all of the vitamins, herbal medicines, and over-the-counter medicines your child was taking at home?	Dependent item
Q38. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?	Dependent item
Q39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?	Dependent item
4. Keeping you informed about your child's care	
Q22. During this hospital stay, how often did providers keep you informed about what was being done for your child?	Key item
Q24. How often did providers give you as much information as you wanted about the results of these tests?	Dependent item
5. Privacy when talking with doctors, nurses, and other providers	
Q19. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?	Key item
6. Preparing you and your child to leave the hospital	
Q35. Before your child left the hospital, did a provider ask if you had any concerns about whether your child was ready to leave?	Key item
Q36. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?	Key item
Q40. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?	Key item

Q41. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after leaving the hospital?	Key item
Q42. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?	Key item
7. Keeping you informed about your child's care in the Emergency Room	
Q3. While your child was in the Emergency Room, were you kept informed about what was being done for your child?	Dependent item
COMMUNICATION WITH CHILD	
8. How well nurses communicate with your child	
Q7. During this hospital stay, how often did your child's nurses listen carefully to your child?	Dependent item
Q8. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?	Dependent item
Q9. During this hospital stay, how often did your child's nurses encourage your child to ask questions?	Dependent item
9. How well doctors communicate with your child	
Q10. During this hospital stay, how often did your child's doctors listen carefully to your child?	Dependent item
Q11. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?	Dependent item
Q12. During this hospital stay, how often did your child's doctors encourage your child to ask questions?	Dependent item
10. Involving teens in their care	
Q44. During this hospital stay, how often did providers involve your child in discussions about his or her health care?	Dependent item
Q45. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?	Dependent item
Q46. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?	Dependent item
ATTENTION TO SAFETY AND COMFORT	
11. Preventing mistakes and helping you report concerns	
Q28. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?	Dependent item
Q29. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?	Key item
12. Responsiveness to the call button	
Q26. After pressing the call button, how often was help given as soon as you or your child wanted it?	Dependent item
13. Helping your child feel comfortable	
Q20. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?	Key item

Q21. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?	Key item
Q34. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?	Key item
14. Paying attention to your child's pain	
Q31. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?	Dependent item
HOSPITAL ENVIRONMENT	
15. Cleanliness of hospital room	
Q32. During this hospital stay, how often were your child's room and bathroom kept clean?	Key item
16. Quietness of hospital room	
Q33. During this hospital stay, how often was the area around your child's room quiet at night?	Key item
GLOBAL RATING	
17. Overall rating	
Q47. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?	Key item
18. Recommend hospital	
Q48. Would you recommend this hospital to your family and friends?	Key item
SCREENERS	
Q1. Was your child born during this hospital stay?	Screeners
Q2. For this hospital stay, was your child admitted through this hospital's Emergency Room?	Screeners, Dependent Item
Q6. Is your child able to talk with nurses and doctors about his or her health care?	Screeners, Dependent Item
Q23. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?	Screeners
Q25. During this hospital stay, did you or your child ever press the call button?	Screeners
Q27. During this hospital stay, was your child given any medicine?	Screeners
Q30. During this hospital stay, did your child have pain that needed medicine or other treatment?	Screeners
Q37. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?	Screeners
Q43. During this hospital stay, was your child 13 years old or older?	Screeners
DEMOGRAPHICS	
Q49. In general, how would you rate your child's overall health?	Case-mix adjustment
Q50. Is your child of Hispanic, Latino, or Spanish origin? Mark one or more.	Case-mix adjustment

Q51. How would you describe your child's race? Mark one or more.	Case-mix adjustment
Q52. How are you related to the child?	Case-mix adjustment
Q53. What is your age?	Case-mix adjustment
Q54. What is the highest grade or level of school that you have completed?	Case-mix adjustment
Q55. What is your preferred language?	Case-mix adjustment
OTHER	
Q56. During your child's hospital stay, how much of the time were you at the hospital?	Key item
Q57. Is there anything else you would like to say about the care your child received during this hospital stay?	Open-ended item

Appendix J: Decision Rules and Coding Guidelines

To ensure accurate collection of all survey data, quality control procedures should be developed, implemented, and documented for all survey administration activities. The Child HCAHPS decision rules and coding guidelines were developed to capture appropriate information for data submission. They provide guidance for addressing situations in which survey responses are ambiguous, missing or incorrectly provided. Adhere to the following decision rules and coding guidelines to ensure valid and consistent coding of such instances.

Ambiguous Responses on Mail Surveys

A common problem in mail surveys is ambiguity of responses on returned surveys. To ensure uniformity in data coding, strictly apply the following guidelines. When scanning or key-entering mail surveys, use the following decision rules for resolving common ambiguous situations.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.
- If a mark falls equidistant between two response options, then code the value as “M – Missing/Don’t Know”.
- If a value is missing, then code the value as “M – Missing/Don’t Know.” A response should not be imputed; in other words, do not try to determine what the parent would have responded for the missing value based on answers to other questions.
- When more than one response option is marked, code the value as “M – Missing/Don’t Know”.

Exception: For Question 51, *“How would you describe your child’s race? Mark one or more,”* enter responses for **all** of the categories that the respondent has selected.

In instances in which there are multiple marks **but** the parent’s intent is clear, code the parent’s **clearly identified** intended response.

Skip Patterns for Mail Surveys

Several items in the Child HCAHPS survey can and should be skipped by certain parents. These items form skip patterns. Nine questions in the Child HCAHPS survey serve as screener questions (Questions 1, 2, 6, 23, 25, 27, 30, 37, 43) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in coding responses to skip pattern questions.

Decision Rules for Screener and Dependent Questions

Decision rules for coding **screener questions** (Questions 1, 2, 6, 23, 25, 27, 30, 37, 43):

- Enter the value provided by the respondent. Do not impute a response based on the parent’s answers to the dependent questions.
- If the screener question is left blank, then code the value as “M – Missing/Don’t Know.” Do not impute a response based on the parent’s answers to the dependent questions.

Decision rules for coding **dependent questions** (Questions 2-12, 24, 26, 28, 31, 38, 39, 44-46):

- If the corresponding screener question is answered “Yes” and the dependent question(s) is left blank, then code the value for the dependent question(s) as “M – Missing/Don’t Know”.
- If the corresponding screener question is answered “Yes” and the dependent question(s) is **not** left blank, then enter the value provided by the parent for the dependent question(s).
- If the corresponding screener question is answered “No” and the dependent question(s) is left blank, then code the value for the dependent question(s) as “8 – Not Applicable”.

- If the corresponding screener question is answered “No” and the dependent question(s) is **not** left blank, then code the value for the dependent question(s) as “8 – Not Applicable”.
- If the corresponding screener question is left blank and the dependent question(s) is left blank, then code the value for both the corresponding screener question and dependent question(s) as “M – Missing/Don’t Know”.
- If the corresponding screener question is left blank and the dependent questions(s) is **not** left blank, then code the value for the corresponding screener question as “M – Missing/Don’t know” and enter the value provided by the parents for the dependent questions(s).

Appendix K: Case-Mix Adjustment Methodology

One of the methodological issues associated with making comparisons across hospitals is the need to adjust appropriately for case-mix differences. Case mix refers to patient characteristics that are not under the control of the hospital that may affect measures of outcomes or processes, such as demographic characteristics and health status. Systematic effects of this sort create the potential for hospital ratings to be higher or lower because of the characteristics of their patient population, rather than because of the quality of care they provide, making comparisons of unadjusted scores misleading. The basic goal of adjusting for case mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

The case-mix adjustment will use a regression methodology also referred to as covariance adjustment. As an example of how this will work, let y_{ipj} represent the response to item i of respondent j from hospital p (after recoding, if any, has been performed). The model for adjustment of a single item i is of the form;

$$y_{ipj} = \beta_i' x_{ipj} + \mu_{ip} + \varepsilon_{ipj}$$

where β_i is a regression coefficient vector, x_{ipj} is a covariate vector consisting of six adjuster covariates, μ_{ip} is an intercept parameter for hospital p , and ε_{ipj} is the error term. The estimates are given by the following equation:

$$\begin{pmatrix} \hat{\beta}_i' & \hat{\mu}_i' \end{pmatrix} = (\mathbf{X}'\mathbf{X})^{-1} \mathbf{X}'\mathbf{y}_i$$

where $\mu_i = (\mu_{i1}, \mu_{i2}, \dots, \mu_{ip})'$ is the vector of intercepts, \mathbf{y}_i is the vector of responses and the covariate matrix is

$$\mathbf{X} = (\mathbf{X}_a \quad u_1 \quad u_2 \quad \dots \quad u_p)$$

where the columns of \mathbf{X}_a are the vectors of values of each of the adjuster covariates, and u_p is a vector of indicators for being discharged from hospital p , $p = 1, 2, \dots, P$, with entries equal to 1 for respondents in hospital p and 0 for others.

Finally, the estimated intercepts are shifted by a constant amount to force their mean to equal the mean of the unadjusted hospital means \bar{y}_{ip} (to make it easier to compare adjusted and unadjusted means), giving adjusted hospital means

$$\hat{a}_{ip} = \hat{\mu}_{ip} + (1/P) \sum_p \bar{y}_{ip} - (1/P) \sum_p \hat{\mu}_{ip}$$

For single-item responses, these adjusted means are reported. For composites, the adjusted hospital means are combined using the mean of the adjusted hospital means for all the relevant items:

$$\hat{a}_p = \sum_i \hat{a}_{ip}$$

Appendix L: Child HCAHPS Disparities Analysis

Analyses of Differences in Inpatient Pediatric Patient Experience Based on Patient Race/Ethnicity

UNADJUSTED ANALYSIS

	AI/AN* (95)	Asian/PI (611)	Black (1,790)	Hispanic (3,048)	White (10,949)	Multi (675)	P-value
Nurse-parent communication	86.3%	72.8%	84.0%	82.5%	80.9%	81.2%	<.001
Doctor-parent communication	83.6%	77.0%	86.7%	84.5%	81.4%	82.4%	<.001
Communication about medicines	79.1%	76.5%	78.8%	79.0%	80.3%	82.4%	.003
Informed about child's care	75.9%	62.6%	78.2%	75.1%	70.6%	72.7%	<.001
Privacy with providers	80.0%	69.6%	82.8%	81.7%	82.7%	82.6%	<.001
Preparing to leave hospital	80.7%	77.0%	81.2%	83.4%	80.3%	82.9%	<.001
Informed in Emergency Room	73.0%	83.0%	86.6%	85.6%	82.0%	84.6%	<.001
Nurse-child communication	75.8%	63.5%	75.0%	71.6%	68.9%	69.4%	<.001
Doctor-child communication	68.0%	65.9%	73.1%	69.6%	64.7%	66.3%	<.001
Involving teens in care	56.7%	68.4%	72.3%	76.5%	70.4%	73.4%	.007
Mistakes and concerns	62.7%	50.4%	59.1%	59.3%	53.3%	57.1%	<.001
Call button	68.8%	52.9%	61.3%	64.8%	57.2%	58.0%	<.001
Child comfort	67.6%	61.7%	68.5%	68.8%	66.7%	69.8%	<.001
Child pain	85.3%	72.6%	76.5%	78.0%	72.4%	76.2%	<.001
Cleanliness	74.7%	60.7%	67.7%	70.4%	67.7%	68.3%	<.001
Quietness	75.8%	53.7%	72.7%	68.3%	56.6%	61.4%	<.001
Overall rating	84.0%	68.0%	75.4%	82.3%	75.1%	75.2%	<.001
Recommend hospital	85.3%	77.5%	82.8%	85.8%	84.6%	84.6%	<.001

*AI/AN: American Indian/Alaskan Native

MULTIVARIATE ANALYSIS*

	AI/AN** (95)	Asian/PI (611)	Black (1,790)	Hispanic (3,048)	White (10,949)	Multi (675)	P-value
Nurse-parent communication	86.5%	73.8%	83.0%	82.4%	80.6%	81.2%	<.001
Doctor-parent communication	83.6%	78.0%	85.6%	84.8%	81.3%	82.3%	<.001
Communication about medicines	79.6%	75.9%	78.5%	80.2%	79.7%	82.2%	.004
Informed about child's care	76.8%	72.9%	82.2%	82.8%	82.4%	82.3%	<.001
Privacy with providers	83.4%	71.3%	81.2%	82.6%	82.0%	80.2%	<.001
Preparing to leave hospital	80.8%	77.1%	81.4%	83.9%	79.8%	82.5%	<.001
Informed in Emergency Room	73.1%	83.7%	86.5%	85.6%	81.3%	84.6%	<.001
Nurse-child communication	75.5%	64.3%	73.9%	72.5%	68.8%	69.2%	<.001
Doctor-child communication	67.2%	66.3%	72.1%	70.3%	64.9%	66.9%	<.001
Involving teens in care	57.5%	68.0%	72.5%	75.1%	70.1%	74.4%	.02

Mistakes and concerns	61.9%	52.6%	58.1%	58.5%	53.7%	57.1%	<.001
Call button	69.1%	54.4%	60.1%	63.4%	56.9%	59.1%	<.001
Child comfort	65.9%	62.2%	69.2%	69.8%	66.5%	69.4%	<.001
Child pain	85.2%	71.8%	76.8%	78.2%	72.3%	76.7%	<.001
Cleanliness	74.7%	61.7%	68.1%	68.7%	67.9%	68.6%	.02
Quietness	73.6%	58.0%	71.0%	67.6%	56.8%	61.5%	<.001
Overall rating	82.9%	69.0%	75.7%	82.5%	74.6%	75.4%	<.001
Recommend hospital	83.8%	78.3%	83.5%	87.0%	84.0%	83.9%	<.001

* Adjusted for: Child Global Health Status, Child Age, Relation to Child, Respondent Age, and Hospital

**AI/AN: American Indian/Alaskan Native

Analyses of Differences in Inpatient Pediatric Patient Experience Based on Respondent Education

UNADJUSTED ANALYSIS

	≤8th Grade or Some HS (1,313)	HS Grad (3,020)	Some College (5,418)	College Grad (3,806)	>College Grad (3,300)	P-Value
Nurse-parent communication	82.3%	83.5%	82.0%	80.6%	78.5%	<.001
Doctor-parent communication	84.8%	85.5%	82.9%	80.6%	79.3%	<.001
Communication about medicines	80.2%	80.4%	80.8%	78.8%	78.4%	.001
Informed about child's care	78.2%	77.4%	73.5%	68.7%	65.9%	<.001
Privacy with providers	81.1%	84.2%	83.7%	80.9%	79.1%	<.001
Preparing to leave hospital	83.1%	82.8%	81.3%	80.2%	78.1%	<.001
Informed in Emergency Room	86.0%	84.0%	83.2%	82.6%	82.1%	.14
Nurse-child communication	73.1%	74.2%	71.2%	68.1%	63.8%	<.001
Doctor-child communication	74.5%	72.2%	67.5%	63.9%	59.0%	<.001
Involving teens in care	76.1%	76.9%	71.3%	69.2%	66.0%	<.001
Mistakes and concerns	64.6%	61.1%	56.4%	50.3%	48.1%	<.001
Call button	65.3%	65.0%	60.0%	54.9%	52.2%	<.001
Child comfort	70.1%	69.8%	68.3%	65.4%	63.6%	<.001
Child pain	81.7%	76.2%	73.6%	72.5%	70.6%	<.001
Cleanliness	73.8%	71.3%	68.7%	66.6%	62.6%	<.001
Quietness	74.6%	69.1%	62.3%	53.9%	50.5%	<.001
Overall rating	84.6%	80.5%	76.8%	72.7%	71.0%	<.001
Recommend hospital	85.1%	85.9%	85.0%	83.7%	82.1%	<.001

MULTIVARIATE ANALYSIS*

	≤8th Grade or Some HS (1,313)	HS Grad (3,020)	Some College (5,418)	College Grad (3,806)	>College Grad (3,300)	P-Value
Nurse-parent communication	82.0%	83.7%	82.4%	80.6%	78.3%	<.001
Doctor-parent communication	84.6%	85.6%	83.2%	80.6%	79.1%	<.001
Communication about medicines	80.5%	80.7%	80.8%	78.4%	78.1%	<.001
Informed about child's care	77.6%	77.4%	74.1%	68.9%	65.9%	<.001

Privacy with providers	81.5%	84.0%	83.2%	80.6%	79.7%	<.001
Preparing to leave hospital	83.3%	83.1%	81.7%	79.9%	77.5%	<.001
Informed in Emergency Room	86.2%	84.6%	83.5%	82.0%	81.5%	.01
Nurse-child communication	72.5%	74.3%	71.7%	68.1%	63.7%	<.001
Doctor-child communication	73.6%	72.6%	68.2%	64.0%	58.8%	<.001
Involving teens in care	75.2%	77.5%	72.3%	69.3%	65.2%	<.001
Mistakes and concerns	63.0%	60.8%	56.7%	51.1%	48.9%	<.001
Call button	64.3%	64.9%	60.9%	55.1%	52.2%	<.001
Child comfort	70.5%	70.2%	68.5%	65.0%	63.2%	<.001
Child pain	81.8%	76.6%	74.0%	72.3%	69.9%	<.001
Cleanliness	72.6%	71.1%	69.6%	67.0%	62.7%	<.001
Quietness	73.0%	68.1%	62.6%	54.8%	52.0%	<.001
Overall rating	84.5%	81.0%	77.3%	72.2%	70.5%	<.001
Recommend hospital	85.9%	86.6%	85.1%	82.8%	81.5%	<.001

*Adjusted for: Child Global Health Status, Child Age, Relation to Child, Respondent Age, and Hospital

Analyses of Differences in Inpatient Pediatric Patient Experience Based on Patient Gender

UNADJUSTED ANALYSIS

	Male (9,584)	Female (8,143)	P-Value
Nurse-parent communication	80.9%	81.5%	.18
Doctor-parent communication	82.2%	82.4%	.69
Communication about medicines	79.4%	80.3%	.05
Informed about child's care	72.2%	71.8%	.55
Privacy with providers	82.2%	81.6%	.37
Preparing to leave hospital	81.1%	80.3%	.06
Informed in Emergency Room	83.3%	83.2%	.92
Nurse-child communication	70.4%	68.9%	.06
Doctor-child communication	66.6%	66.0%	.49
Involving teens in care	72.6%	70.0%	.04
Mistakes and concerns	55.1%	54.8%	.42
Call button	59.3%	57.8%	.11
Child comfort	67.1%	67.1%	.98
Child pain	73.6%	74.2%	.53
Cleanliness	68.2%	67.4%	.25
Quietness	61.3%	59.5%	.02
Overall rating	75.7%	76.4%	.24
Recommend hospital	84.0%	84.5%	.38

MULTIVARIATE ANALYSIS*

	Male (9,584)	Female (8,143)	P-Value
Nurse-parent communication	80.9%	81.6%	.15

Doctor-parent communication	82.1%	82.5%	.49
Communication about medicines	79.3%	80.3%	.02
Informed about child's care	72.1%	71.9%	.80
Privacy with providers	82.1%	81.7%	.41
Preparing to leave hospital	81.0%	80.4%	.20
Informed in Emergency Room	83.1%	83.3%	.82
Nurse-child communication	70.2%	69.1%	.15
Doctor-child communication	66.3%	66.2%	.91
Involving teens in care	71.7%	71.0%	.54
Mistakes and concerns	55.1%	54.8%	.41
Call button	59.3%	57.8%	.10
Child comfort	66.9%	67.2%	.56
Child pain	73.7%	74.1%	.67
Cleanliness	68.2%	67.4%	.28
Quietness	61.2%	59.5%	.02
Overall rating	75.6%	76.5%	.15
Recommend hospital	83.9%	84.6%	.19

*Adjusted for: Child Global Health Status, Child Age, Relation to Child, Respondent Age, and Hospital

Appendix M: Evidence Table

Type of Evidence	Findings	Citations
Patient Experience of Care Domains		
<p>Meta-analysis on: Care Coordination, Communication, Family Involvement, Hospital Environment, Pain Management</p>	<p>Investigators reviewed 55 studies published between 1988 and 1998 that were relevant to parent satisfaction with pediatric or neonatal health care services and identified 11 studies that specifically measured aspects of neonatal health care services.</p> <p>To identify domains that are important to parent satisfaction, studies used a variety of methods including exploratory and focused interviews, survey administration, and content analysis.</p> <p>Aspects of pediatric health care that mattered most to parents included communication, care coordination, pain management, hospital environment, and family involvement in care. For example, family involvement in care and decision-making was felt by 92% of parents of children with special needs to be best accomplished through discussions with parents and physicians.</p>	<p>Conner JM, Nelson EC. Neonatal intensive care: satisfaction measured from a parent's perspective. <i>Pediatrics</i>. 1999;103(1 Suppl E):336–349.</p>
<p>Prospective pre-post intervention study on: Hospital Environment</p>	<p>Investigators conducted an investigation of bothersome noises and noise sources in the hospital environment before and after implementation of an intervention to reduce noise levels throughout the hospital.</p> <p>The study was conducted in 57 patient care units in 2 hospitals affiliated with the Mayo Clinic. 1,479 patients and 3,668 staff were surveyed to identify bothersome noises.</p> <p>Investigators found that noises were the most disruptive during the morning hours and that voices were the most bothersome type of noise. The study concluded that identification of noise sources, standardization of noise measurement methods, and minimization of bothersome noise could greatly improve the hospital environment for both patients and staff.</p>	<p>Dube JAO, Barth MM, Cmiel CA, Cutshall SM, Olson SM, Sulla SJ, Nesbitt JC, Sobczak SC, Holland DE. Environmental noise sources and interventions to minimize them: a tale of 2 hospitals. <i>J Nurs Care Qual</i>. 2008;23(3):216–224; quiz 225–226.</p>

<p>Cross-sectional study on: Communication</p>	<p>This nested study examined the importance of parent-perceived communication with pediatricians in overall parent satisfaction with care.</p> <p>The study population consisted of 570 parents of children aged 6 months to 10 years who were diagnosed with upper respiratory tract infections in outpatient settings. Parents completed a post-visit survey evaluating instances of communication with the pediatrician, referred to as communication “events.” Independent raters also coded the communication events from videotapes.</p> <p>The study found that parents are significantly more satisfied with the quality of care when they report more communication (i.e., 3 communication events) and that their satisfaction ratings are on average 9 points higher than parents who report less communication. In addition, parent and third-party rater reports of communication were nearly uncorrelated, indicating the importance of assessing parents’ perceptions rather than relying solely on other means of evaluating communication.</p>	<p>Beckett MK, Elliott MN, Richardson A, Mangione-Smith R. Outpatient satisfaction: the role of nominal versus perceived communication. <i>Health Serv Res.</i> 2009;44(5 Pt 1):1735–1749.</p>
<p>Cross-sectional study on: Admission, Care Coordination, Communication, Discharge, Family Involvement, Hospital Environment, Overall Rating, Responsiveness</p>	<p>This study evaluated survey responses from the Press Ganey 2002 Pediatric Inpatient National Database to determine the most important priorities from parents’ perspectives for improving pediatric care.</p> <p>The study population consisted of 50,446 parents of pediatric patients hospitalized at 65 hospitals across the U.S. The study tested the validity and reliability of the survey instrument and found it to be a significant predictor of theoretically important outcomes.</p> <p>Survey items predicted 78% of the variance in families’ stated likelihood to recommend the hospital to others. The identified priorities for improving parent experience included (1) improving staff sensitivity to inconveniences faced by families, (2) addressing emotional</p>	<p>Miceli PJ, Clark PA. Your patient--my child: seven priorities for improving pediatric care from the parent’s perspective. <i>J Nurs Care Qual.</i> 2005;20(1):43–53; quiz 54–55.</p>

	and spiritual needs of families, (3) improving staff response to concerns/complaints, (4) including parents in decisions about the child's treatment, (5) improving accommodations and comfort for visitors, (6) assisting families who need special facilities during the child's hospital stay, and (7) making the child's hospital stay as restful as possible.	
Cross-sectional study on: Communication, Hospital Environment, Overall Rating	<p>To develop an intervention to improve patient satisfaction, investigators examined the specific attributes within larger dimensions of hospital care that most influence patient satisfaction.</p> <p>The study used data from 31,471 patients (mean age 61.8 years) collected between January 2007 and June 2008 from 32 hospitals in a large, national private not-for-profit hospital system. Patient satisfaction was measured using the Adult HCAHPS survey. Nursing care, staff care, physician care, and environment and their relationship with overall evaluation of hospital care and intention to recommend the hospital were analyzed.</p> <p>Nursing care had the largest influence on both overall hospital rating and intention to recommend. Furthermore, patients' highest priority was to be treated with courtesy and respect by nurses and physicians.</p>	Otani K, Herrmann PA, Kurz RS. Improving patient satisfaction in hospital care settings. <i>Health Serv Manage Res.</i> 2011;24(4):163–169.
Cross-sectional study on: Safety	<p>This study used a survey to investigate the role of patient safety perceptions in overall patient satisfaction.</p> <p>The study population consisted of 996 randomly selected adult patients from 3 hospitals affiliated with a single Eastern U.S. health system. Patients were eligible to complete the survey if they had had a medical or surgical visit within the previous 90 days. The content for the survey items, including patient safety items, was based on inpatient focus groups and used themes and language of patients.</p> <p>Controlling for age and health status, patient safety perceptions explained significant</p>	Rathert C, May DR, Williams ES. Beyond service quality: the mediating role of patient safety perceptions in the patient experience-satisfaction relationship. <i>Health Care Manage Rev.</i> 2011;36(4):359–368.

	<p>variance in overall satisfaction ($\Delta R^2 = .44, .55,$ and $.49$, respectively, for the 3 hospitals). Patients who reported more positive safety experiences were more satisfied with their care.</p>	
<p>Cross-sectional study on: Communication</p>	<p>Investigators conducted a retrospective study evaluating how domains of patient satisfaction in hospitals predict Adult HCAHPS global rating scores. They used logistic regression analysis of patient-level satisfaction domain scores from a commercially available survey and Adult HCAHPS top-box scores controlling for potential confounding variables such as patient demographics, underlying diagnosis, hospital size, and location..</p> <p>The study population consisted of over 136,000 randomly sampled adult respondents who were inpatients at 1 of 302 U.S. hospitals randomly selected from the Press Ganey 2008 inpatient database.</p> <p>The investigators found that each 1-point increase in the nursing domain score increased the odds of achieving an Adult HCAHPS overall rating top-box score.</p>	<p>Wolosin R, Ayala L, Fulton BR. Nursing care, inpatient satisfaction, and value-based purchasing: vital connections. <i>J Nurs Adm.</i> 2012;42(6):321–325.</p>
<p>Survey study on: Admission, Communication, Discharge, Hospital Environment, Overall Rating, Responsiveness</p>	<p>Investigators sought to develop inpatient and outpatient questionnaires with sufficient validity and reliability to be used to evaluate patient perceptions of quality. Among the domains of patient experience measured were admission, communication (with physicians and nurses), discharge, hospital environment, overall rating, and responsiveness.</p> <p>The study population consisted of over 50,000 adult inpatients, emergency room patients, and ambulatory surgery patients from over 300 hospitals from every U.S. census region.</p> <p>The investigators developed separate “Quality of Care Monitors” questionnaires for inpatients and outpatients and found that the reliability and predictive validity were robust for the domains selected.</p>	<p>Carey RG, Seibert JH. A patient survey system to measure quality improvement: questionnaire reliability and validity. <i>Med Care.</i> 1993;31(9):834–845.</p>

Qualitative study on: Care Coordination, Communication, Child-Centeredness, Family Involvement, Responsiveness	<p>Investigators explored the aspects of physician communication that children with life-limiting illnesses and their parents perceived as most important in pediatric palliative care.</p> <p>The study cohort consisted of 20 parent and child pairs of pediatric oncology and cardiology patients (mean age 14.25 years) from 2 children's hospitals and 1 pediatric hospice in Los Angeles. Individual narratives from children and parents about their perspectives on physician communication were collected and analyzed.</p> <p>The investigators found 5 domains that children and parents considered most salient and influential in quality of care: relationship building, demonstration of effort and competence, information exchange, availability, and appropriate level of child and parent involvement. Coordination of care was an additional aspect that parents considered important.</p>	Hsiao JL, Evan EE, Zeltzer LK. Parent and child perspectives on physician communication in pediatric palliative care. <i>Palliat Support Care</i> . 2007;5(4):355–365.
Qualitative study on: Communication, Family Involvement, Hospital Environment	<p>Investigators conducted a secondary analysis of interview data to explore how parents at risk of delivering very premature infants (22 to 25 weeks gestation) interpreted their interpersonal interactions with health care providers.</p> <p>The study population consisted of 54 parents (40 mothers and 14 fathers) who described and evaluated their expectations and experiences interacting with care providers prenatally.</p> <p>The investigators found that parents had certain expectations about the care they received, including being treated with respect, being involved in decision-making, being supported by health care providers, being informed and given unbiased information about all possibilities of care, and having a therapeutic environment in which to make decisions.</p>	Kavanaugh K, Roscigno CI, Swanson KM, Savage TA, Kimura RE, Kilpatrick SJ. Perinatal palliative care: Parent perceptions of caring in interactions surrounding counseling for risk of delivering an extremely premature infant. <i>Palliat Support Care</i> . 2013:1–11.
Qualitative study on: Care Coordination,	This study explored experiences of care for parents of hospitalized children and	Uhl T, Fisher K, Docherty SL, Brandon DH. Insights

<p>Communication, Discharge, Family Involvement, Hospital Environment, Pain Management, Safety, Overall Rating</p>	<p>identified core concepts important to parents.</p> <p>The study involved 2 phases: Phase 1 included semi-structured focus groups consisting of 9 parents of children with life-threatening illnesses. Phase 2 included an inpatient hospital experience survey distributed to all families of children discharged between March and July 2011 to measure parent experience of care.</p> <p>Parents reported communication and involvement in discussions about treatment as important aspects of their hospital experience. Lack of knowledge about children's treatment plans was an important gap in communication that negatively influenced parents, while being given the opportunity to be involved in their children's care gave them a sense of empowerment. Other important aspects of their experience included care coordination, hospital environment, safety, pain management, and admission and discharge processes. 73% of parents reported that the overall quality of care was excellent.</p>	<p>into patient and family-centered care through the hospital experiences of parents. <i>J Obstet Gynecol Neonatal Nurs JGNN NAACOG</i>. 2013;42(1):121–131.</p>
<p>Qualitative study on: Age-Appropriateness, Communication, Family Involvement, Informed, Pain Management, Teens</p>	<p>Investigators examined the preferences of chronically ill adolescents regarding providers' qualities in outpatient and inpatient settings.</p> <p>The study population consisted of adolescents aged 12 to 19 years with various chronic conditions treated in a university children's hospital. A series of methods were used, including 31 interviews conducted at home, 34 interviews conducted in the hospital by 9 fellow adolescent patients, and a web-based questionnaire for which 990 responses were collected.</p> <p>Adolescents prioritized having physicians whom they trusted and who were informed and technically competent and attended to their needs. They also valued the ability to be involved in their own care and to have physicians listen to and respect them and</p>	<p>Van Staa A, Jedeloo S, van der Stege H, On Your Own Feet Research Group. "What we want": chronically ill adolescents' preferences and priorities for improving health care. <i>Patient Prefer Adherence</i>. 2011;5:291–305.</p>

	<p>answer their questions. Clear communication was also important. Short wait times and attractive outpatient surroundings were low priorities. In addition, in the inpatient setting, adolescents cited the importance of pain management, family involvement, and age-appropriateness. Fifty-two percent of respondents felt that older children should receive more attention.</p>	
Importance of Patient Experience of Care as a Measure of Patient- and Family-Centeredness and Relationship to Other Quality Measures and Outcomes		
Systematic literature review	<p>Investigators performed a systematic literature review to summarize existing evidence on the relationship between patient experience of care and patient safety and clinical effectiveness outcomes.</p> <p>Data were summarized from 55 studies that assessed associations between patient experience and outcomes at the patient level and as an aggregate measure at the organizational level using validated measurement tools. Outcome measures included objective health outcomes, self-reported health, adherence to treatment, preventive care, health care resource use, adverse events, and technical quality of care.</p> <p>Positive associations between patient experience and patient safety and clinical effectiveness outnumbered findings of "no association" (429 measures of positive associations vs. 127 measures of lack of association), and only 1 study found negative associations.</p>	<p>Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. <i>BMJ Open</i>. 2013;3(1).</p>
Prospective cohort study	<p>Investigators assessed the relationship between parents' perceptions of their child's hospital discharge and subsequent unplanned 30-day hospital readmission.</p> <p>Using a survey adapted from the adult care transitions measure survey, 348 parents were surveyed following their child's discharge between March and October 2010. Controlling for clinical, patient, and hospital characteristics, children were less likely to have unplanned hospital readmissions if their parents strongly agreed with the statement,</p>	<p>Berry JG, Ziniel SI, Freeman L, Kaplan W, Antonelli R, Gay J, Coleman EA, Porter S, Goldmann D. Hospital readmission and parent perceptions of their child's hospital discharge. <i>Int J Qual Health Care</i>. 2013;25(5):573–581.</p>

	<p>"I felt that my child was healthy enough to leave the hospital" (adjusted odds ratio [aOR] .2; 95% CI .1 to .6).</p>	
Prospective cohort study	<p>Investigators studied the association between patient satisfaction, health care utilization, expenditures, and mortality.</p> <p>The study cohort consisted of 51,946 adult respondents to the 2000-2007 National Medical Expenditure Panel Survey. Two years of panel data for each patient were used, as well as mortality follow-up data through December 31, 2006 for the 2000-2005 sub-sample of 36,428 people. Year 1 patient satisfaction was assessed using 5 items from the Adult CAHPS Health Plan survey.</p> <p>After adjusting for socio-demographics, insurance status, availability of a usual source of care, chronic disease burden, health status, and year 1 utilization and expenditures, investigators found that respondents in the highest patient satisfaction quartile, relative to those in the lowest patient satisfaction quartile, had lower odds of any emergency department visit (aOR .92; 95% CI .84 to 1.00) and higher odds of any inpatient admission (aOR 1.12; 95% CI 1.02 to 1.23). They had 8.8% greater total expenditures (95% CI 1.6% to 16.6%), 9.1% greater prescription drug expenditures (95% CI 2.3% to 16.4%), and higher mortality (adjusted hazard ratio 1.26; 95% CI 1.05 to 1.53).</p>	<p>Fenton JJ, Jerant AF, Bertakis KD, Franks P. The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. <i>Arch Intern Med</i>. 2012;172(5):405–411.</p>
Prospective cohort study	<p>Investigators examined whether patients' experiences with non-technical aspects of care, such as patient education and discharge planning, are associated with long-term health outcomes.</p> <p>The study cohort consisted of 2,272 acute myocardial infarction patients from 23 New Hampshire hospitals who were discharged between January 1996 and December 1997. Outcomes included self-reported overall health, physical health, mental health, chest pain, shortness of breath, and clinical measures obtained from hospital discharge</p>	<p>Fremont AM, Cleary PD, Hargraves JL, Rowe RM, Jacobson NB, Ayanian JZ. Patient-centered processes of care and long-term outcomes of myocardial infarction. <i>J Gen Intern Med</i>. 2001;16(12):800–808.</p>

	<p>abstracts. Hospital care was assessed using questions adapted from the Picker inpatient questionnaire. Assessments of self-reported health were based on responses to questions adapted from the Medical Outcomes Study questionnaire (functional health status), and modified London School of Hygiene measures (cardiac symptoms).</p> <p>After adjusting for post-discharge health status and other clinical factors, patients with worse patient experience of care had lower ratings of overall health (48.4 vs. 52.5 on a 100-point scale; $p = .02$) and physical health (59.7 vs. 68.4; $p < .001$), and were more likely to have chest pain (OR 1.6; 95% confidence interval 1 to 2.4).</p>	
Prospective cohort study	<p>Investigators examined the association between parent-reported quality of primary care and subsequent health care use for children with special health care needs.</p> <p>The study cohort consisted of 1,591 children ≤ 17 years, who were part of the 2004-2005 and 2005-2006 Medical Expenditure Panel Survey panels. Primary care quality was assessed using measures for family-centered care, timeliness of care, and realized access derived from the Clinician and Group CAHPS (CG CAHPS) survey. Rates of parent-reported emergency department (ED) visits and hospitalizations after survey completion were used as the main outcome measures.</p> <p>Multivariate analysis revealed that poor family-centeredness was associated with higher rates of subsequent non-urgent ED encounters (incidence rate ratio [IRR] 2.24; 95% CI 1.32 to 3.80). For privately insured children, poor family-centeredness (IRR 3.87; 95% CI 1.23 to 12.13) and poor realized access IRR (3.45; 95% CI 1.30 to 9.19) were associated with more hospitalizations.</p>	<p>Raphael JL, Mei M, Brousseau DC, Giordano TP. Associations between quality of primary care and health care use among children with special health care needs. <i>Arch Pediatr Adolesc Med.</i> 2011;165(5):399–404.</p>
Prospective cohort study	<p>Investigators studied the association between patient-centered communication in primary care visits and subsequent health and medical care use.</p>	<p>Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, Jordan J. The impact of patient-centered care on</p>

	<p>The study cohort consisted of 315 patients (≥ 18 years old) of 39 randomly selected family physicians.</p> <p>Office visits were audiotaped and scored for patient-centered communication. Patients were asked for their perceptions of the patient-centeredness of the visit. The study assessed the following outcomes: (1) patients' health assessed by a visual analogue scale on symptom discomfort and concern; (2) self-report of health, using the Medical Outcomes Study Short Form-36; and (3) medical care utilization variables of diagnostic tests, referrals, and visits to the family physician, assessed by chart review.</p> <p>Adjusting for the clustering of patients by physician and controlling for confounding variables, patients who perceived that their visit had been patient-centered experienced lower levels of post-encounter discomfort and received fewer diagnostic tests ($p = .05$) and referrals ($p = .01$) in the subsequent 2 months ($p = .03$).</p>	<p>outcomes. <i>J Fam Pract.</i> 2000;49(9):796–804.</p>
Retrospective cohort study	<p>Investigators used the Kaiser Permanente Georgia (KPG) satisfaction survey to examine the association between patient experience of care in an outpatient setting and enrollment status in a managed care organization.</p> <p>The study cohort consisted of 18,809 unique subscriber units who were eligible for medical benefits with KPG in 2001 or 2002 and who had completed at least 1 post-visit satisfaction survey in 2000, 2001, or 2002. Patients who reported dissatisfaction with care access, practitioner interaction, or overall visit experience had a significantly higher likelihood of voluntary disenrollment from the managed care organization compared with patients who reported a satisfactory visit experience.</p>	<p>Roblin DW, Roberts MH. Patient dissatisfaction as a determinant of voluntary disenrollment in a managed care organization. <i>J Ambulatory Care Manage.</i> 2010;33(2):163–172.</p>
Cross-sectional study	<p>Investigators examined whether hospitals whose patients report higher overall satisfaction with interactions with hospital staff and with the discharge process are more</p>	<p>Boulding W, Glickman SW, Manary MP, Schulman KA, Staelin R. Relationship between patient</p>

	<p>likely to have lower 30-day readmission rates after adjusting for hospital clinical performance.</p> <p>The study population consisted of patients from approximately 2,500 hospitals that had complete information for Adult HCAHPS survey scores; clinical performance measures; 30-day readmission rates for acute myocardial infarction (AMI), heart failure, and pneumonia; and American Heart Association hospital structural characteristics. Patient satisfaction, clinical process measure, and readmission rate data were obtained from the Hospital Compare database for the period of July 2005 to June 2008.</p> <p>Higher hospital-level patient satisfaction scores (overall and for discharge planning) were independently associated with lower 30-day readmission rates for AMI (OR .97; 95% CI .94 to .99), heart failure (OR .96; 95% CI .95 to .97), and pneumonia (OR .97; 95% CI .96 to .99).</p>	<p>satisfaction with inpatient care and hospital readmission within 30 days. <i>Am J Manag Care.</i> 2011;17(1):41–48.</p>
Cross-sectional study	<p>Investigators examined the link between patient satisfaction and adherence to highly active antiretroviral therapy (HAART).</p> <p>The study population consisted of adult patients (≥ 18 years old) receiving HIV primary care at 2 health centers in Houston, Texas. Overall patient satisfaction was determined using 2 validated items, 1 adapted from the CAHPS surveys (“Would you recommend this clinic to other patients with HIV?”) and the other adapted from the Delighted-Terrible Scale (“Overall, how do you feel about the care you got at this clinic in the last 12 months?”). Responses were converted to a 10-point scale. A validated single-item measure was used to assess adherence to HAART over the prior 4 weeks.</p> <p>Individuals who reported “excellent” adherence were significantly more satisfied with their HIV care than those who did not (median patient satisfaction score 10 vs. 8.61, respectively; $p < .001$).</p>	<p>Dang BN, Westbrook RA, Black WC, Rodriguez-Barradas MC, Giordano TP. Examining the Link between Patient Satisfaction and Adherence to HIV Care: A Structural Equation Model. <i>PLoS ONE.</i> 2013;8(1):e54729.</p>

<p>Cross-sectional study</p>	<p>Investigators compared experience of care reports from 402,593 Medicare Advantage enrollees who died within 1 year of completing the Medicare Advantage CAHPS (MCAHPS) survey to those who did not. 2008 and 2009 MCAHPS survey data were used to assess ratings of 5 areas of care (plan, prescription drug plan, doctor, specialists, overall care) and 5 composite measures of patient experience (getting care quickly, getting needed care, doctor communication, getting drugs, and getting drug information).</p> <p>Investigators used a propensity score-weighted linear regression model that included race and ethnicity, education, an indicator for dual eligibility for Medicaid, 10-level CMS regions, sex, age, chronic conditions, year, proxy help and survey answers by proxy, and self-reported physical and mental health as predictors of death.</p> <p>Using a 100-point scale for experience of care, enrollees in the near-end-of-life group gave higher ratings for their plans (+.6 points; $p = .2$), prescription drug plan (+1.1; $p < .001$), and getting care quickly (+1.5; $p < .001$). There were no measures for which the near-end-of-life group reported significantly worse experiences than those who did not die during the study period.</p>	<p>Elliott MN, Haviland AM, Cleary PD, Zaslavsky AM, Farley DO, Klein DJ, Edwards CA, Beckett MK, Orr N, Saliba D. Care experiences of managed care Medicare enrollees near the end of life. <i>J Am Geriatr Soc</i>. 2013;61(3):407–412. doi:10.1111/jgs.12121.</p>
<p>Cross-sectional study</p>	<p>Investigators examined (1) whether patient satisfaction is associated with quality of cardiac care as measured by adherence to practice guideline recommendations, (2) whether patient satisfaction is an independent predictor of a hospital's inpatient AMI mortality rate, and 3) which aspects of a patient's interaction with staff and experience with hospital facilities are the most important determinants of overall satisfaction.</p> <p>A total of 205 quarterly observations from 25 U.S. hospitals were included in the study. Clinical care and patient characteristic information were obtained from the Can Rapid Risk Stratification of Unstable Angina</p>	<p>Glickman SW, Boulding W, Manary M, Staelin R, Roe MT, Wolosin RJ, Ohman EM, Peterson ED, Schulman KA. Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. <i>Circ Cardiovasc Qual Outcomes</i>. 2010;3(2):188–195.</p>

	<p>Patients Suppress Adverse Outcomes With Early Implementation of the ACC/AHA Guidelines (CRUSADE) quality improvement registry for the years 2001 to 2006. Patient satisfaction data were obtained from Press Ganey patient satisfaction surveys for cardiac admissions during this same time period.</p> <p>Hospital-level overall patient satisfaction was significantly positively correlated with 4 of 14 clinical process measures ($p = .005$ to $.04$). Controlling for a hospital's overall guideline adherence score, higher patient satisfaction scores were associated with lower risk-adjusted inpatient mortality ($p = .02$). One-quartile changes in both patient satisfaction and guideline adherence scores produced similar changes in predicted survival. Satisfaction with nursing care was the most important determinant of overall patient satisfaction ($p < .001$).</p>	
Cross-sectional study	<p>This study examined patients' perception of pain control in U.S. hospitals.</p> <p>Investigators evaluated responses to the Adult HCAHPS survey from patients who were ≥ 18 years old, spent at least one night in the hospital between July 2006 and June 2007, were admitted with a non-psychiatric diagnosis, and were alive at the time of discharge. Data were provided by 2,429 hospitals, of which $>75\%$ had ≥ 300 patients who responded to the survey. Patients answered a series of questions about their experiences with pain management.</p> <p>The investigators found that 63% of patients gave a high rating of global satisfaction with their care. Patient satisfaction with pain control was highly correlated with global satisfaction with care ($r > .84$). In addition, patients' relationship with health care staff was highly correlated with pain relief ($r > .85$). Patients' perception of their pain care and their reported level of pain relief varied significantly based on hospital characteristics, including hospital ownership and hospital care acuity, with critical access hospitals and</p>	<p>Gupta A, Daigle S, Mojica J, Hurley RW. Patient perception of pain care in hospitals in the United States. <i>J Pain Res.</i> 2009;2:157–164.</p>

	government-owned hospitals receiving the highest ratings for pain relief and satisfaction with pain care.	
Cross-sectional study	<p>Investigators examined the correlation between stroke patients' experiences of hospital care and the quality of services as assessed in a national audit.</p> <p>The study population consisted of 670 patients from 51 English NHS trusts admitted with a primary diagnosis of stroke between April and June 2004. Data were obtained from a patient experience questionnaire and the National Sentinel Stroke Audit 2004.</p> <p>Patient experience scores were positively correlated with audit assessments of the organizational quality of stroke care (Spearman coefficient .32; 95% CI .07 to .53). Better-organized stroke care was associated with more positive patient experiences.</p>	<p>Howell E, Graham C, Hoffman A, Lowe D, McKeivitt C, Reeves R, Rudd AG. Comparison of patients' assessments of the quality of stroke care with audit findings. <i>Qual Saf Health Care</i>. 2007;16(6):450–455.</p>
Cross-sectional study	<p>Investigators examined the association between Adult HCAHPS scores for experience of care, medical and surgical process measures, and the prevalence of complications of care.</p> <p>Eligible patients were ≥18 years old. Data on patient experience, process measures, and complication prevalence were obtained from year 2007 Adult HCAHPS scores pertaining to care delivered in 2006, the Hospital Quality Alliance (year 2006), and the Agency for Healthcare Research and Quality Patient Safety Indicators (year 2006), respectively.</p> <p>The overall hospital rating and willingness to recommend the hospital were strongly correlated with better technical performance for all medical conditions and surgical services evaluated (correlation coefficient [R] range .15 to .63; $p < .05$). In medical patients, decubitis ulcer rates were negatively correlated with each of the Adult HCAHPS composite measures ($R = -.17$ to $-.35$; $p = .005$ to $p < .001$).</p>	<p>Isaac T, Zaslavsky AM, Cleary PD, Landon BE. The relationship between patients' perception of care and measures of hospital quality and safety. <i>Health Serv Res</i>. 2010;45(4):1024–1040.</p>
Cross-sectional study	Investigators examined hospital-level correlations between severity-adjusted	<p>Jaipaul CK, Rosenthal GE. Do Hospitals With Lower</p>

	<p>mortality rates and patient satisfaction with 6 dimensions of medical care (physician care, nursing care, information provided, discharge instructions, coordination of care, and overall quality).</p> <p>Eligible patients had 1 of 6 medical conditions (AMI, congestive heart failure, obstructive airway disease, gastrointestinal hemorrhage, pneumonia, or stroke) and were discharged from 29 Ohio hospitals during the period of 1993-1997. Patient satisfaction was assessed using the Patient Judgment System, a validated survey administered to all eligible patients ≥ 18 years old with a medical diagnosis.</p> <p>There were statistically significant correlations between hospital mortality and mean patient satisfaction scores for 3 of the 6 measures: coordination of care (Spearman coefficient: $-.40$; $p = .03$), discharge instructions (Spearman coefficient: $-.39$; $p = .04$), and overall quality (Spearman coefficient: $-.38$; $p = .04$). Hospitals with higher patient satisfaction tended to have lower severity-adjusted mortality rates.</p>	<p>Mortality Have Higher Patient Satisfaction? A Regional Analysis of Patients With Medical Diagnoses. <i>Am J Med Qual.</i> 2003;18(2):59–65.</p>
Cross-sectional study	<p>Investigators assessed whether key hospital characteristics that are thought to enhance patients' experiences are associated with a better experience for patients. They also investigated whether a hospital's performance on the Adult HCAHPS survey was related to its performance on indicators of quality of clinical care.</p> <p>Investigators analyzed Adult HCAHPS data from July 2006 through June 2007. Investigators linked the HCAHPS data to the annual survey of the American Hospital Association, which collects information from hospitals that includes nurse-staffing levels (ratio of nurses to patient-days), profit status, membership in the Council of Teaching Hospitals and Health Systems, number of beds, census region, location, percentage of patients receiving Medicaid, and presence or absence of a medical intensive care unit.</p>	<p>Jha AK, Orav EJ, Zheng J, Epstein AM. Patients' perception of hospital care in the United States. <i>N Engl J Med.</i> 2008;359(18):1921–1931.</p>

	<p>Compared with hospitals in the bottom quartile of nurse-staffing levels, those in the top quartile performed better on the Adult HCAHPS survey (e.g., 63.5% vs. 70.2% of patients responded that they “would definitely recommend” the hospital; $p<.001$).</p>	
Cross-sectional study	<p>Investigators examined the influence of patient-centered care and technical quality of care outcomes for patients with AMI.</p> <p>The study population was a national sample of 1,858 veterans hospitalized for an initial AMI in a Department of Veterans Affairs medical center during the fiscal years 2003 and 2004.</p> <p>Patient perception of patient-centered care was assessed using the inpatient Survey of Healthcare Experiences of Patients. Clinical quality data were obtained from the Veterans Administration External Peer Review Program.</p> <p>After controlling for patient characteristics and technical quality of care, better patient-centered care was associated with a significantly, but modestly, lower hazard of death over the 1-year study period (hazard ratio .992; 95% CI .986 to .998).</p>	<p>Meterko M, Wright S, Lin H, Lowy E, Cleary PD. Mortality among patients with acute myocardial infarction: the influences of patient-centered care and evidence-based medicine. <i>Health Serv Res.</i> 2010;45(5 Pt 1):1188–1204.</p>
Cross-sectional study	<p>Investigators examined the association between clinical measures of quality and measures of patient experience.</p> <p>Data were analyzed from a statewide cohort of 373 practice sites and a cohort of 118 individual physicians who were part of a large physician organization in Massachusetts. Practice site data were obtained through Massachusetts Health Quality Partners, and individual physician data were obtained from Harvard Vanguard Medical Associates. Patient experience data were obtained from the Ambulatory Care Experiences Survey fielded in 2005.</p> <p>Investigators created 3 composite measures of clinical quality (2 process measure composites and 1 outcome composite) and 7</p>	<p>Sequist TD, Schneider EC, Anastario M, Odigie EG, Marshall R, Rogers WH, Safran DG. Quality monitoring of physicians: linking patients’ experiences of care to clinical quality and outcomes. <i>J Gen Intern Med.</i> 2008;23(11):1784–1790.</p>

	<p>composite measures of patient experience. Of 28 possible correlations between patient experience and clinical processes of care, 8 were significant and positive, and 2 were significant and negative. The magnitude of positive correlations ranged from .13 to .19 at the site level and from .28 to .51 at the physician level. There were no significant correlations between patient experiences and the clinical outcome composite.</p>	
Cross-sectional study	<p>Investigators examined the association between measures of clinical performance and measures of patient-centered care for patients with chronic conditions.</p> <p>The study population consisted of 51,129 adult patients with a chronic disease. Composite measures of clinical quality, stratified by process and outcome measures, were created using data from administrative and medical records from 89 California medical groups that participated in a statewide performance initiative in 2007. Patient experiences of care were assessed using the CG CAHPS survey. Composite measures of patient experience included quality of clinical interactions, integration of care, office staff, and organizational access.</p> <p>Three of the 10 correlations between patient experience and clinical performance composites were statistically significant. The integration of care patient experience composite had a significant positive correlation with the clinical processes of care and clinical outcomes of care composites. The quality of clinical interactions composite had a significant positive correlation with the clinical processes of care composite.</p>	<p>Sequist TD, Glahn TV, Li A, Rogers WH, Safran DG. Measuring chronic care delivery: patient experiences and clinical performance. <i>Int J Qual Health Care</i>. 2012;24(3):206–213.</p>
Cross-sectional study	<p>Investigators examined the association between patients' perceptions of the quality of care they receive and transplant center outcomes.</p> <p>The study population included 188 transplant centers, representing 15,710 kidney transplants and 95% of the total U.S. kidney transplant population in 2011. Children's</p>	<p>Srinivas R, Chavin KD, Baliga PK, Srinivas T, Taber DJ. Association Between Patient Satisfaction and Outcomes in Kidney Transplant. <i>Am J Med Qual</i>. 2014; Epub ahead of print.</p>

	<p>hospitals, military and Veterans Administration hospitals, and those missing Adult HCAHPS data were excluded from the study. Data were obtained from the Hospital Compare website and the Scientific Registry of Transplant Recipients (SRTR) website for 2011. HCAHPS results were used to measure patients' experiences of care, while SRTR-reported 1-month and 1-year observed-to-expected event rates for graft, and patient survival were used to evaluate transplant outcomes.</p> <p>Investigators found that overall, better patient experience was associated with better SRTR outcomes. For instance, hospitals that were above the median in SRTR performance at both 1 month and 1 year, compared with hospitals that were below the median, had higher average HCAHPS scores for overall hospital rating (1 month: 66% vs. 48%, $p = .02$; 1 year: 64% vs. 49%, $p = .38$).</p>	
Cross-sectional study	<p>Investigators studied whether a correlation exists between inpatient experience of care and hospital-acquired injurious fall rates.</p> <p>Patients were from 478 hospitals in California, New York, and Florida. All data were from fiscal year 2007. Patient experience of hospital care was assessed using 7 inpatient Adult HCAHPS measures: communication with nurses, communication with physicians, responsiveness of hospital staff, pain management, communication about medications, cleanliness of the hospital environment, and quietness of the hospital environment.</p> <p>Pearson (r) and Spearman (ρ) correlation analysis showed that higher inpatient satisfaction with cleanliness ($\rho = -.09$) and quietness (r/ρ coefficients ranged from $-.10$ to $-.19$) was correlated with lower injurious fall rates.</p>	<p>Tzeng H-M, Hu HM, Yin C-Y, Johnson D. Link Between Patients' Perceptions of Their Acute Care Hospital Experience and Institutions' Injurious Fall Rates. <i>J Nurs Care Qual April</i>. 2011;26(2):151–160.</p>
Commentary	<p>This review article discusses the general importance of patient experience and its relationship to health outcomes.</p>	<p>Manary MP, Boulding W, Staelin R, Glickman SW. The patient experience and health outcomes. <i>N</i></p>

	<p>The authors observe that increased patient engagement has been found to lead to lower resource use and greater patient satisfaction. Results for patient experience surveys that focus on a specific hospital visit are consistently correlated with accepted outcome measures, such as mortality and readmission rates, suggesting that patient experience surveys are a valid measure of quality. The authors conclude that when patient-experience surveys address a specific event or visit, focus on provider-patient interactions for all providers, and are assessed in a timely manner, they seem to capture an important and otherwise unmeasured dimension of care quality.</p>	<p><i>Engl J Med.</i> 2013;368(3):201–203.</p>
Need for Pediatric-Specific Measures of Patient Experience		
Systematic literature review	<p>Investigators performed a systematic literature review to determine what instruments exist for measuring patient and family experience of pediatric health care and which should be included in the core measurement set for assessing Medicaid and the Children’s Health Insurance Program (CHIP). They also identified gaps in measure development.</p> <p>Investigators reviewed quality measure databases, including the AHRQ National Quality Measures Clearinghouse, the National Quality Forum endorsed measures, and the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set. Measures designed only for research purposes, and those designed for use outside of the United States were excluded. The Ovid search engine was used to identify additional instruments.</p> <p>The lack of a publicly accessible inpatient patient experience of care instrument, such as a pediatric version of the Adult CAHPS Hospital Survey, was noted to be a gap in measure development.</p>	<p>Co JPT, Sternberg SB, Homer CJ. Measuring patient and family experiences of health care for children. <i>Acad Pediatr.</i> 2011;11(3 Suppl):S59–67</p>
Cross-sectional study	<p>Investigators examined differences in reports and ratings of care delivered to adults and children and whether they vary by site.</p>	<p>Chen AY, Elliott MN, Spritzer KL, Brown JA, Skootsky SA, Rowley C,</p>

	<p>Investigators compared adult and child experiences of care at a large West Coast medical center and affiliated clinics and a large midwestern health plan in 2008 and 2009 using the CG CAHPS 12-month survey.</p> <p>The study population included responses from 15,051 adults and 2,323 parents or caregivers of children from the West Coast site and 7,823 adults and 668 parents or caregivers of children from the midwestern site.</p> <p>Investigators found significant differences in the perception of care for children versus adults. Care provided to children tended to be perceived more positively. Differences were also found between regions.</p>	<p>Hays RD. Differences in CAHPS reports and ratings of health care provided to adults and children. <i>Med Care</i>. 2012;50 Suppl:S35–39.</p>
Cross-sectional study	<p>Investigators compared children’s ratings of patient satisfaction with outpatient care to ratings given by parents using the “Satisfaction with Child Healthcare Survey”.</p> <p>The study population consisted of 116 children and adolescents who received care at two metropolitan pediatric subspecialty clinics and 115 parents.</p> <p>There was moderate significant correlation between child-teen and parent scores.</p> <p>Parents rated care significantly higher than did their children. Children and teens provide valuable perceptions about care that can help inform clinical improvement processes.</p>	<p>Chesney M, Lindeke L, Johnson L, Jukkala A, Lynch S. Comparison of child and parent satisfaction ratings of ambulatory pediatric subspecialty care. <i>J Pediatr Heal Care Off Publ Natl Assoc Pediatr Nurse Assoc Pr</i>. 2005;19(4):221–229.</p>
Patient Experience as Target for Quality Improvement		
Randomized controlled trial	<p>Investigators examined the effect of a tailored education-coaching (TEC) intervention on patients’ ability to effectively discuss pain-related questions, concerns, and preferences with physicians.</p> <p>The study consisted of 148 cancer patients (18 to 80 years old) and 24 physicians in 3 California health systems and 1 private practice. All of the patients had reported pain levels ≥ 4 on a scale of 0 to 10 or pain in the past 2 weeks which interfered at least moderately with normal daily activities.</p>	<p>Street RL Jr, Slee C, Kalauokalani DK, Dean DE, Tancredi DJ, Kravitz RL. Improving physician-patient communication about cancer pain with a tailored education-coaching intervention. <i>Patient Educ Couns</i>. 2010;80(1):42–47. doi:10.1016/j.pec.2009.10.009.</p>

	<p>The investigators found that patients in the TEC group discussed their pain concerns with physicians more than did patients in the control group, suggesting that the TEC intervention enhanced patient communication on pain-related issues. Ratings of physician information about pain management were also higher when patients discussed their pain concerns more.</p>	
Longitudinal cross-sectional study	<p>Investigators conducted a national assessment of changes in patients' experiences with inpatient care since the implementation of public reporting of Adult HCAHPS survey results.</p> <p>Data were gathered from Adult HCAHPS surveys reported in March 2008 and March 2009. Overall, 2,774 hospitals collected data permitting public reporting in both March 2008 and March 2009.</p> <p>After adjusting for survey mode and patient characteristics, hospital-level top-box proportions were calculated for the 6 composite measures and 3 individual items from the survey.</p> <p>Eight of the 9 survey measures showed significant improvement from 2008 to 2009 ($p < .01$). Improvement was greatest for discharge information, staff responsiveness, and quietness.</p>	<p>Elliott MN, Lehrman WG, Goldstein EH, Giordano LA, Beckett MK, Cohea CW, Cleary PD. Hospital survey shows improvements in patient experience. <i>Heal Aff Proj Hope</i>. 2010;29(11):2061–2067.</p>
Cross-sectional study	<p>Investigators conducted a retrospective analysis to determine whether aspects of patient experience that contribute to overall hospital ratings on the Adult HCAHPS survey vary by hospitalization type (HT). Twenty-four HTs were defined using a combination of major diagnostic category and service line (e.g., nervous system, respiratory system, digestive system, infectious disease, injury/poisoning, circulatory, etc., and medical, surgical, or obstetrical service).</p> <p>The study population included 19,720 English- or Spanish-speaking adults with non-psychiatric primary diagnoses. They were discharged between December 2002 and</p>	<p>Elliott MN, Kanouse DE, Edwards CA, Hilborne LH. Components of care vary in importance for overall patient-reported experience by type of hospitalization. <i>Med Care</i>. 2009;47(8):842–849.</p>

	<p>January 2003 after at least one overnight inpatient stay in any of 132 general acute care hospitals in 3 states. Data came from the 2002-2003 Adult HCAHPS 3-state pilot test.</p> <p>Among all of the care components evaluated, communication with nurses had the greatest impact overall on patient hospital ratings across all 24 HTs, with an average correlation with hospital ratings of .34. Communication was also the care component that varied most across HTs in the magnitude of its association with overall hospital ratings. Pain management was found to be quite important overall and varied significantly across HTs. Hospital environment and staff responsiveness were not found to vary across HTs. Discharge information was found to be the least important dimension overall.</p>	
Cross-sectional study	<p>This study examined gender differences in inpatient experiences and how they vary by dimensions of care and other patient characteristics.</p> <p>Investigators analyzed data from the Adult HCAHPS survey for 1,971,632 patients (medical and surgical service lines) discharged from 3,830 hospitals between July 2007 and June 2008.</p> <p>Women generally reported less positive experiences than men, especially for communication about medicines, discharge information, and cleanliness. The gender gap was generally larger for older patients and for patients with worse self-reported health status. Gender disparities were largest in for-profit hospitals. Investigators concluded that targeting the experiences of women may be a promising means of improving overall patient experience scores.</p>	<p>Elliott MN, Lehrman WG, Beckett MK, Goldstein E, Hambarsoomian K, Giordano LA. Gender differences in patients' perceptions of inpatient care. <i>Health Serv Res.</i> 2012;47(4):1482–1501.</p>
Qualitative Study	<p>Investigators sought to determine the elements of care on which patients are able to report and to gain insight into patients' perceptions of missed nursing care.</p> <p>Semi-structured face-to-face interviews were conducted with 38 adult (≥18 years old)</p>	<p>Kalisch BJ, McLaughlin M, Dabney BW. Patient perceptions of missed nursing care. <i>Jt Comm J Qual Patient Saf Jt Comm Resour.</i> 2012;38(4):161–167.</p>

	<p>inpatients in an acute care hospital in the midwestern region of the United States. Interviews were conducted from July to August 2011.</p> <p>Interviews revealed the following three categories of nursing care: (1) fully reportable (e.g., being kept informed), (2) partially reportable (e.g., discharge planning), and (3) not reportable (e.g., IV site care).</p> <p>The elements of nursing care that patients identified as frequently missed were mouth care, ambulation, discharge planning, patient education, listening, and being kept informed. Investigators concluded that patients can offer perspectives on a variety of aspects of care if they are aware of their surroundings and mentally able to do so.</p>	
Institute of Medicine Report	<p>The Institute of Medicine (IOM) Committee on the Quality of Health Care in America identified strategies to improve the quality of U.S. health care. Patient-centered care was identified as 1 of 6 targets for improvement that would allow the health care system to better meet patient needs. Patient-centered care was defined as including care that is respectful of and responsive to individual patient preferences, needs, and values, as well as clinical decision making that is guided by patient values. The other targets for improvement include safe, effective, timely, efficient, and equitable care.</p>	<p>Institute of Medicine Committee on the Quality of Health Care in America. <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i>. Washington, D.C.: National Academy Press; 2001.</p>
Institute of Medicine Report	<p>The IOM identified a set of 8 national priority areas for health care quality improvement and disparities elimination. One of these priorities is patient and family engagement, which includes the improvement of patient experience of care by achieving better quality, access, reliability, and transparency of care, making consumers more confident and informed. The other priorities include population health, safety, care coordination, palliative care, overuse, access, and health systems infrastructure capabilities.</p>	<p>Institute of Medicine Committee on the Quality of Health Care in America. <i>Future Directions for the National Healthcare Quality and Disparities Reports</i>. Washington, D.C.: National Academy Press; 2010.</p>
Report	<p>The authors describe the benefits to health care organizations and patients of implementing 10 key strategies for reducing</p>	<p>Cosgrove DM, Fisher M, Gabow P, Gottlieb G, Halvorson GC, James BC,</p>

	<p>costs and waste while improving outcomes.</p> <p>Hospitals improved patient experience while implementing evidence-based protocols to ensure safe, efficient, and consistent care delivery. They demonstrated that patient-engaged care can be delivered in ways that simultaneously improve quality and reduce costs.</p>	<p>Kaplan GS, Perlin JB, Petzel R, Steele GD, Toussaint JS. Ten strategies to lower costs, improve quality, and engage patients: the view from leading health system CEOs. <i>Heal Aff Proj Hope</i>. 2013;32(2):321–327.</p>
Report	<p>The authors discuss the content of the Adult HCAHPS survey and how it is used for public reporting on the Hospital Compare website. They describe the principles underlying its development, the included domains, and examples of nursing interventions that have been associated with improved Adult HCAHPS scores.</p>	<p>Long L. Impressing patients while improving HCAHPS. <i>Nurs Manag (Harrow)</i>. 2012;43(12):32–37.</p>

Appendix N: Child HCAHPS Factor Analysis (Varimax 8)

		Factor Loadings								#
		1	2	3	4	5	6	7	8	
Q3	Parent kept informed in emergency room	.26	.00	.01	.73 ^c	-.10	-.31	-.13	.12	.21
Q4	Asked about child's prescription medicines	-.09	-.01	.06	.78 ^c	-.21	.13	.03	-.01	.28
Q5	Asked about child's vitamins, herbal medicines, and over-the-counter medicines	.09	.32	.33	.60 ^c	-.24	.14	.25	-.01	.24
Q7	Nurses listened carefully to child	.75 ^c	.36	.17	.02	.20	.10	.00	.05	.21
Q8	Nurses explained to child in easy- to-understand way	.73 ^c	.41	.18	-.17	.23	.13	.07	.04	.15
Q9	Nurses encouraged child to ask questions	.55	.69 ^b	.17	.04	.03	.11	.12	-.05	.17
Q10	Doctors listened carefully to child	.22	.69 ^c	.36	-.04	.11	.14	-.07	.26	.22
Q11	Doctors explained to child in easy-to-understand way	.40	.84 ^c	.14	-.08	.05	-.03	.01	.09	.05
Q12	Doctors encouraged child to ask questions	.38	.81 ^c	.18	.10	.08	.01	.15	.02	.11
Q13	Nurses listened carefully to parent	.70 ^c	.34	.43	-.18	.01	.14	.08	.03	.14
Q14	Nurses explained to parent in easy-to-understand way	.62 ^c	.38	.46	-.25	.01	.13	.11	.11	.15
Q15	Nurses treated parent with courtesy and respect	.66 ^c	.40	.43	-.10	-.06	-.03	.10	.06	.18
Q16	Doctors listened carefully to parent	.35	.54	.60 ^a	-.13	.05	.06	.12	.30	.08
Q17	Doctors explained to parent in easy-to-understand way	.46	.52	.48	.01	.02	.02	.07	.34	.13
Q18	Doctors treated parent with courtesy and respect	.52	.46	.49	-.06	.11	.07	.06	.21	.20
Q19	Privacy with providers when discussing child's care	.49 ^a	.19	.37	.04	-.33	.07	.24	.07	.43
Q20	Providers asked about things a family knows best about child	.41	.37	.57 ^b	.11	.04	.20	.24	.07	.26
Q21	Providers talked and acted age-appropriately	.59 ^b	.43	.44	.21	-.14	.11	-.02	.10	.20
Q22	Providers kept parent informed	.56 ^a	.43	.52	-.23	-.09	.07	.12	.18	.11
Q24	Providers gave parent enough information about test results	.55 ^a	.48	.35	.04	.02	.04	-.03	.13	.34
Q26	Responsiveness to call button	.63 ^c	.11	-.03	.13	-.09	-.02	-.05	.02	.59
Q28	Providers checked child's identity before giving medicines	.45 ^a	.03	.14	.13	-.14	.00	.07	.01	.75
Q29	Providers told parents how to report mistakes	.43	.36	.39	-.45	-.01	.19	.20	.02	.26
Q31	Providers asked about child's pain	.55 [*]	.49	.29	.10	.20	.00	.17	-.05	.28
Q32	Room and bath kept clean	.06	-.06	-.19	.79 ^c	-.15	-.14	-.33	-.11	.13

Q33	Room quiet at night	.21	-.08	-.05	.35	-.63 ^c	-.05	-.02	-.02	.45
Q34	Hospital had things available that were right for child's age	-.01	.03	.09	.75 ^c	.11	.03	.08	-.04	.39
Q35	Provider asked parent about concerns about readiness to leave	.08	.45	.52 ^a	-.32	.34	.30	.16	-.05	.17
Q36	Provider talked with parent about care after discharge	.35	.47	.42	-.02	.50	.16	.06	-.01	.19
Q39	Provider explained side effects of discharge medicines	.48*	.46	.36	-.31	.30	.14	.34	-.03	.08
Q38	Provider explained how to take discharge medicines	.44	.28	.42	-.48 ^a	.26	.14	.33	.05	.12
Q40	Provider explained when child can resume regular activities	.35	.54	.55 ^a	.00	.18	.24	.18	.11	.15
Q41	Provider explained symptoms or problems to look for after discharge	.26	.55*	.45	.02	.29	.28	.07	.06	.23
Q42	Parent given written information about symptoms or problems to look for after discharge	.45	.42	.42	.17	.13	.22	.13	-.08	.33
Q44	Providers involved teen in care	.16	.66 ^c	.28	.03	-.05	.25	.06	-.04	.39
Q45	Provider asked teen questions about readiness to leave	.31	.40	.35	-.07	.16	.35	.07	-.05	.47
Q46	Provider talked with teen about care after discharge	.21	.28	.35	-.07	.04	.35	.04	.13	.61
Q47	Global hospital rating	.30	.22	.84 ^c	.11	.03	.03	.06	0	.07
Q48	Recommend hospital to family and friends	.16	.20	.90 ^c	.08	.08	.12	.04	.07	.08

Probability that largest loading is on this factor: ^a.5 < r ≤ .8, ^b.8 < r ≤ .9, ^c.9 < r ≤ 1.0

‡ Uniqueness indicates the percentage of variation in this variable that is not explained by any of the other factors. In other words, it shows which items do not fit very well within a given factor.

Appendix O: Hospital Performance –Above, Below, or Not Significantly Different From the Mean*

Hospital	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Nurse-parent communication	NS	Below	Below	Below	Below	NS	NS	NS	NS	NS	Above	Above	Above	Above	NS	Above	Above
Doctor-parent communication	Below	Below	Below	NS	NS	Below	NS	Above	NS	NS	Above	Above	NS	Above	Above	NS	Above
Communication about medicines	Below	Below	Below	NS	Below	NS	NS	Above	NS	Above	Above	NS	Below	Above	Above	Above	NS
Informed about child's care	Below	Below	Below	Below	NS	Below	Below	NS	NS	NS	Above	NS	Above	Above	Above	Above	Above
Privacy with providers	Below	Below	Below	NS	NS	Above	Below	Below	Above	Above	Below	NS	Above	Below	Above	Above	Above
Preparing to leave hospital	Below	Below	NS	NS	NS	NS	Above	NS	Below	Above	NS	Above	NS	Above	NS	Above	NS
Informed in ER	Below	NS	NS	NS	Below	NS	NS	NS	NS	NS	NS	Above	NS	NS	Above	Above	Above
Nurse-child communication	NS	Below	NS	Below	NS	Below	NS	NS	NS	NS	NS	NS	Above	Above	NS	Above	Above
Doctor-child communication	Below	NS	Below	Below	NS	Below	NS	Above	NS	NS	Above	NS	NS	Above	NS	NS	Above
Involving teens in care	Below	Below	NS	Below	Above	Below	NS	NS	NS	NS	NS	NS	Above	NS	NS	NS	NS
Mistakes and concerns	Below	Below	NS	Below	Below	NS	NS	NS	Above	NS	NS	Below	Above	NS	Above	NS	Above
Call button	NS	NS	Below	Below	Below	Above	NS	NS	Above	NS	NS	Below	Above	NS	Above	NS	Above
Child comfort	Below	Below	NS	NS	NS	Above	NS	NS	NS	NS	NS	NS	Below	Above	NS	Above	Above
Child pain	NS	Below	Below	NS	NS	NS	NS	NS	NS	NS	NS	Above	NS	NS	NS	NS	NS
Cleanliness	Below	NS	NS	NS	NS	Above	Above	Below	NS	Above	NS	NS	Above	NS	NS	NS	Above
Quietness	Below	Above	Below	NS	NS	Below	Below	Below	Above	Above	Below	NS	Above	Below	Above	Above	Above
Hospital rating	Below	Below	NS	NS	NS	Above	NS	NS	Below	Above	Above	Above	NS	Above	Above	Above	NS
Recommend hospital	Below	Below	NS	NS	NS	Above	NS	NS	Below	Above	Above	Above	Below	Above	Above	Above	NS
# of measures above mean	0	1	0	0	1	6	2	3	4	7	7	7	9	10	10	11	12
# of measures below mean	14	13	9	7	5	6	3	3	3	0	2	2	3	2	0	0	0
# of measures at mean	4	4	9	11	12	6	13	12	11	11	9	9	6	6	8	7	6

*Only hospitals with at least 300 completed surveys were included in the calculations.

Appendix P: Measure Harmonization

Our candidate survey fills a gap in pediatric quality measurement by addressing the current dearth of quality measures that assess inpatient care. Child HCAHPS addresses the need for a pediatric inpatient patient experience of care survey. We have harmonized our survey with the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Adult Version (Adult HCAHPS) (NQF # 0166), which was endorsed by NQF in 2005, and the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey – Child Version (Child CG CAHPS) (NQF # 0005), which was endorsed by NQF in 2007. The Centers for Medicare & Medicaid Services (CMS) uses Adult HCAHPS results to inform consumer choice through public reporting on the Hospital Compare website and to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.[1] Like the Adult HCAHPS survey, Child HCAHPS could be used as a national standard for collecting or publicly reporting information on patients' perspectives of care that would enable valid comparisons to be made across all hospitals.[2] In developing Child HCAHPS, we followed the same rigorous survey development methodology that other CAHPS survey development teams have employed, including, but not limited to, conducting focus groups, cognitive interviews and end-user testing. We also built upon CAHPS patient experience domains and items when developing our survey. Additionally, the CAHPS Consortium collaborated with us on the development of Child HCAHPS.

Child HCAHPS covers the pediatric population, with an age eligibility criterion that is identical to that of Child CG CAHPS (under 18 years old) and complementary to that of the Adult HCAHPS survey (18 years or older). While Child HCAHPS and Child CG CAHPS have the same age eligibility criterion, Child HCAHPS has been developed for inpatient pediatric populations, while Child CG CAHPS is targeted to the outpatient pediatric population. Like the Adult HCAHPS and Child CG CAHPS surveys, Child HCAHPS also uses a statistical model to case-mix adjust scores, but our model was specifically developed for inpatient pediatric patients.

Various aspects of the Child HCAHPS survey, such as item wording and response categories, have been harmonized with the Adult HCAHPS and Child CG CAHPS surveys. The Child HCAHPS survey assesses many of the same domains as the Adult HCAHPS survey, and where appropriate, also addresses similar domains to those found in the Child CG CAHPS survey, such as communication with providers. Additional domains shared by the Adult and Child HCAHPS surveys include experiences with nurses, experiences with doctors, pain management, the hospital environment, discharge planning from the hospital, and overall hospital rating. Furthermore, the Child HCAHPS survey assesses aspects of care that are particularly relevant to children. For example, Child HCAHPS assesses whether providers talk and interact with the child in a way that is age-appropriate. Child HCAHPS also gathers information from parents on their teenagers who have experienced a hospitalization. These items are not included in the Adult HCAHPS survey but are valuable to the Child HCAHPS survey because they assess the unique experiences of adolescents, an important population that previously has not been heavily targeted for quality improvement initiatives.[3,4] Lastly, the Child HCAHPS survey assesses new domains not mentioned above that are not found in the other CAHPS surveys include communication in the emergency room, family involvement, privacy, and safety.

The Child HCAHPS survey is a parent-reported survey, a notable difference from the self-reported Adult HCAHPS survey. While most items are of the parent's experience of their child's care, similar to Child CG CAHPS, Child HCAHPS also assesses the experiences of the child for a subset of items by relying on a parent's assessment of the child's experience of care. In pediatrics, parents' assessment of their child's care is commonly accepted for a variety of methodological and logistical reasons.[5] We do not

anticipate that differences between the Child HCAHPS survey and the Adult HCAHPS or Child CG CAHPS survey would affect the interpretability or data collection burden of Child HCAHPS.

REFERENCES

1. Centers for Medicare & Medicaid. HospitalHCAHPS. 2013. Available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>. Accessed November 29, 2013.
2. HCAHPS - Hospital Survey. Available at: <http://www.hcahpsonline.org/home.aspx>. Accessed February 12, 2014.
3. Van Staa A, Jedeloo S, van der Stege H, On Your Own Feet Research Group. "What we want": chronically ill adolescents' preferences and priorities for improving health care. *Patient Prefer Adherence*. 2011;5:291-305. doi:10.2147/PPA.S17184.
4. Chesney M, Lindeke L, Johnson L, Jukkala A, Lynch S. Comparison of child and parent satisfaction ratings of ambulatory pediatric subspecialty care. *J Pediatr Health Care Off Publ Natl Assoc Pediatr Nurse Assoc Pract*. 2005;19(4):221-229. doi:10.1016/j.pedhc.2005.02.003.
5. Shaul JA, Fowler FJ Jr, Zaslavsky AM, Homer CJ, Gallagher PM, Cleary PD. The impact of having parents report about both their own and their children's experiences with health insurance plans. *Med Care*. 1999;37(3 Suppl):MS59-68.