

Report Interpretation Guide
HH-CAHPS
Satisfaction Snapshot
Overview

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Introduction

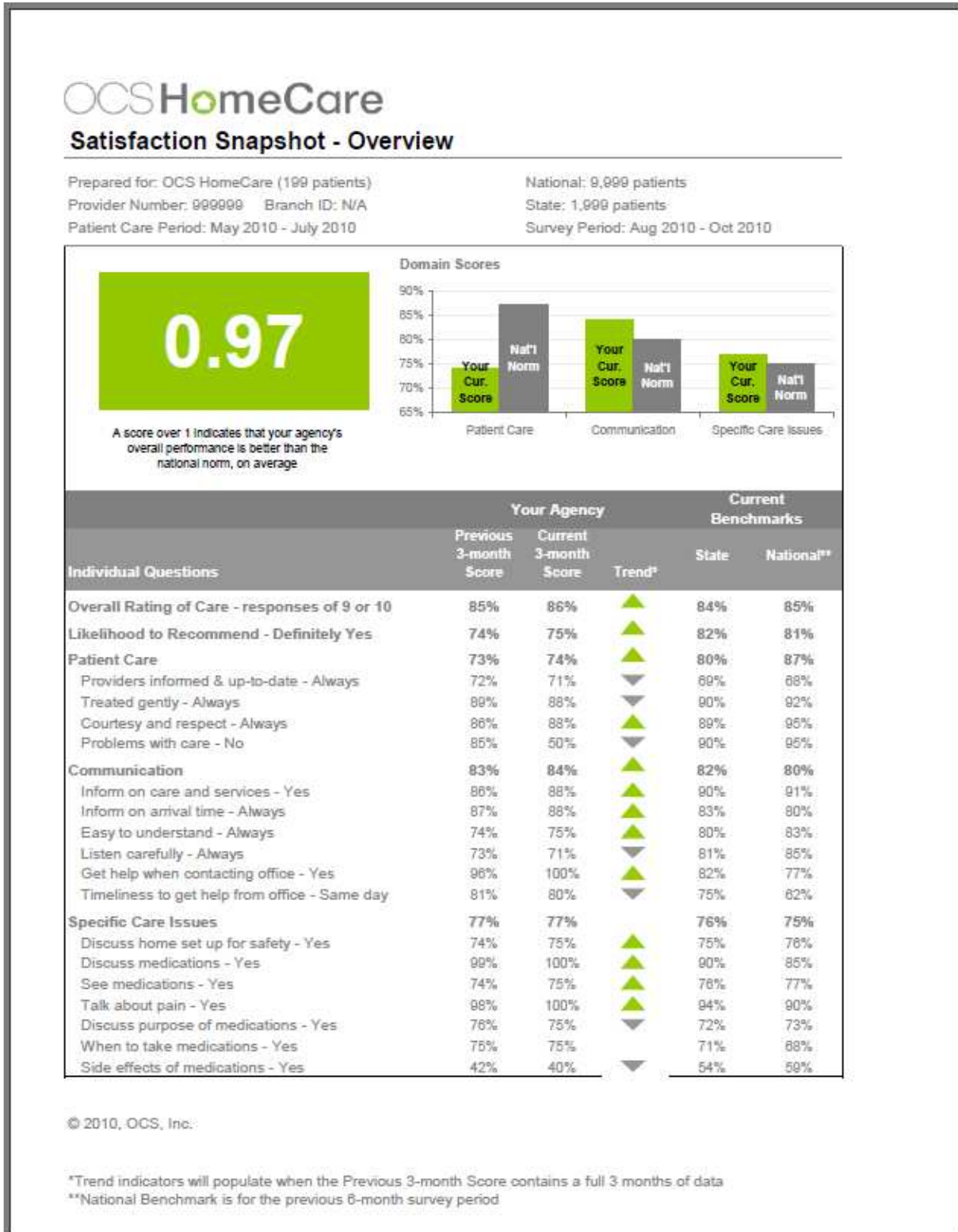
The HH-CAHPS Satisfaction Snapshot Overview provides a monthly update including: Overall Index, responses per Agency and benchmarking groups. The report provides ratings in each of the five publically reported measures, the individual question ratings for an agency, and their trends, along with national and state benchmarks, when available. This report is a concise tool for monitoring consumer experience metrics before public reporting, for reviewing performance improvement activities, for evaluating quality of care indicators, or for marketing an agency to referral sources.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	Adult Home Care patients 18 years and older who had skilled care in the last month and not surveyed in the previous six months. Exclusions include: pediatrics, maternity, hospice, patients who do not release their name.
Payers	Home Care patients whose skilled care is paid for by Medicare and/or Medicaid. Additional payers may be included, as per contract.
Time period	A calendar month, as specified in the report. With data up to the previous 6 months.
Data Sources	A combination of OASIS instrument, patient visits, demographics and related characteristics required for HH-CAHPS
Minimum Data Requirement	OCS HH-CAHPS Export File v1.6
Agency Uses	HH-CAHPS: Consumer Experience and to be publically reported in 2011 or when the HHA has 4 quarters/12 months of survey results.
Report Frequency	Monthly reports will be posted three months after the patient care period, i.e the survey period/month. National and state norms are based on a rolling six month period and will be recalculated for each posting.
Report Location	Connection / Inbox tab
Comparative Groups	National and State norms
Risk Adjustment	Data is not risk adjusted

Note – HH-CAHPS has a required test month in Q3 2010, with ongoing monthly reporting to CMS Q4 2010. Four quarters are required for public reporting of any agency, which will begin with Q4, 2010. Risk adjustment methodology is expected to be introduced in late 2011, with the release of public reporting.

Sample Report



Report Structure

Header Definitions

Element	Definition
Prepared for:	The Home Health Agency organizational name for the location of patients surveyed.
National:	Number of completed survey responses in the national peer group for the benchmarking period.
Provider Number:	The Home Health Agency (HHA) CMS Certification Number (CCN) or OASIS M0010.
Branch ID:	The HHA branch ID (M0016). Optional for additional reporting.
State:	Number of completed survey responses in the state peer group for the HHA in the benchmarking period.
Patient Care Period	The month of the patient file sample, submitted by the HHA to HHCAHPS vendor.
Survey Period:	The three months immediately following the Sample period in which the file processing, sampling, survey waves and responses are collected and compiled, as per CMS HH-CAHPS protocol.

Graphical Definitions

Item	Calculation
Index:	An overall index score indicating where the HHA location responses on this report are relative to others in this national benchmarking period. This is an evenly weighted composite of the five publically reported domains. Higher than 1.0 indicates overall higher ratings than national, while less than 1.0 indicates lower than national responses for the benchmarking period.
Domain Scores	A bar graph of the HHA and national benchmark for the three composite domains. These domain scores are equally weighted for the variable number of responses as follows: Patient Care (four questions), Communication (six questions) and Specific Care Issues (seven questions)

Compare Group Definitions

Column Group	Column	Definition
Your Agency	Previous 3-month Score	A rolling three month score for the HHA location covering the 3 months prior to the Patient Care period noted in the report header. It provides a historical three month sample/trend which is similar to the required quarterly HH-CAHPS information submitted to CMS. This will be blank until the HHA has completed at least four consecutive months of HH-CAHPS surveys.

Column Group	Column	Definition
	Current 3-month Score	The most recent rolling three month score for the HHA location for the Patient Care period noted in the report header. Provides up-to-date trend which is representative sample similar to the quarterly HH-CAHPS information submitted to CMS.
	Trend	An arrow indicator comparing the current to the previous three month trend for each measure and domain of the HH-CAHPS survey. Trend will be blank until a full 6 months of data has been collected for the previous 3 months and current 3 months.
Current Benchmarks	State	State benchmarks for the HH-CAHPS questions and domains for the current 6 month period. State benchmarks may be blank until at least five providers have completed HH-CAHPS surveys for the benchmarking period. This may occur prior to the mandatory participation beginning in Q3 2010
	National	National benchmarks for the HH-CAHPS questions and domains for the current 6 month period

Measure Definitions

Shaded items are the five publically reported domains, including two global and three composite scores.

Item	Numerator	Denominator
Overall Rating of Care – responses of 9 or 10	Count of surveys where Overall Rating of Care Response is either 9 or 10	Count of surveys where Overall Rating of Care (Q20) is answered
Likelihood to Recommend – Definitely Yes	Count of surveys where Likelihood to Recommend = “Definitely Yes”	Count of surveys where Likelihood to Recommend (Q25) is answered
Patient Care	Average of the four measures that comprise the composite Domain score of Patient Care	
Providers informed % up-to-date - Always	Count of surveys where Providers informed % up-to-date = “Always”	Count of surveys where Providers informed % up-to-date (Q9) is answered. Responses of “5” (I only had one provider in the last 2 months of care) are excluded.
Treated gently - Always	Count of surveys where Treated gently = “Always”	Count of surveys where Treated gently (16) is answered
Courtesy and respect - Always	Count of surveys where Courtesy and respect = “Always”	Count of surveys where Courtesy and respect (Q19) is answered
Problems with care - No	Count of surveys where Problems with care = “No”	Count of surveys where Problems with care (Q24) is answered

Item	Numerator	Denominator
Communication	Average of the six measures that comprise the composite Domain score of Communication	
Inform on care and services - Yes	Count of surveys where Inform on care and services = "Yes"	Count of surveys where Inform on care and services (Q2) is answered
Inform on arrival time - Always	Count of surveys where Inform on arrival time = "Always"	Count of surveys where Inform on arrival time (Q15) is answered
Easy to understand - Always	Count of surveys where Easy to understand = "Always"	Count of surveys where Easy to understand (Q17) is answered
Listen carefully - Always	Count of surveys where Listen carefully = "Always"	Count of surveys to Listen carefully (Q18) is answered
Get help when contacting office - Yes	Count of surveys where Get help when contacting office = "Yes"	Count of surveys where Get help when contacting office (Q22) is answered. Responses of "3" (I did not contact this agency) are excluded.
Timeliness to get help from office - Same day	Count of surveys where Timeliness to get help from office = "Same day"	Count of surveys where Timeliness to get help from office (Q23) is answered. Responses of "3" (I did not contact this agency) are excluded.
Specific Care Issues	Average of the seven measures which comprise the composite Domain score of Specific Care Issues	
Discuss home set up for safety - Yes	Count of surveys where Discuss home set up for safety = "Yes"	Count of surveys where Discuss home set up for safety (Q3) is answered
Discuss medications - Yes	Count of surveys where Discuss medications = "Yes"	Count of surveys where Discuss medications (Q4) is answered
See medications - Yes	Count of surveys where See medications = "Yes"	Count of surveys where See medications (Q5) is answered
Talk about pain - Yes	Count of surveys where Talk about pain = "Yes"	Count of surveys where Talk about pain (Q10) is answered
Discuss purpose of medications - Yes	Count of surveys where Discuss purpose of new or changed medications = "Yes"	Count of surveys where Discuss purpose of new or changed medications (Q12) is answered. Responses of "3" (I did not take any new prescription medicines or change any medicines) are excluded.

Item	Numerator	Denominator
When to take medications - Yes	Count of surveys where When to take medications = "Yes"	Count of surveys where When to take medications (Q13) is answered. Responses of "3" (I did not take any new prescription medicines or change any medicines) are excluded.
Side effects of medications - Yes	Count of surveys where Side effects of medications = "Yes"	Count of surveys where Side effects of medications (Q14) is answered. Responses of "3" (I did not take any new prescription medicines or change any medicines) are excluded.

Other Resources

For more information or guidance in using this report, contact OCS Client Services at 866.641.8324, or refer to the information available in the e-Learning Network at www.ocshomecare.com. There you will find links to white papers, client success stories, and recorded training sessions.