

CAHPS Hospice Survey

Quality Assurance Guidelines V3.0

Technical Corrections and Clarifications

January 2017

Subsequent to the release of the *CAHPS Hospice Survey Quality Assurance Guidelines V3.0* (QAG V3.0), it has been determined that there are specific content items that require correction, addition and/or further clarification. These items are identified below:

➤ III. Program Requirements Chapter Revision

- **Added clarifying text for providing responses regarding the “Consent to Share Responses” supplemental question in the Survey Vendor Analysis of CAHPS Hospice Survey Data section, page 20**

- **CURRENT:** Survey vendors can provide responses linked to a decedent’s/caregiver’s name and other identifying information to the hospice **only if** the respondent gives his or her consent on the supplemental “Consent to Share Responses” question.
- **REVISED:** Survey vendors can provide responses linked to a decedent’s/caregiver’s name and other identifying information to the hospice **only if** the respondent gives his or her consent on the supplemental “Consent to Share Responses” question. To protect decedent/caregiver confidentiality, survey vendors should employ the following guidelines:
 - If 100 percent of respondents indicate “Yes” for the “Consent to Share Responses” question, then identifiable survey responses may be shared with the hospice for all questions
 - If fewer than 100 percent of respondents indicate “Yes” for the “Consent to Share Responses” question, then there are two options:
 - The survey vendor may suppress all data for those respondents who indicate “No” for the “Consent to Share Responses” question, and report identifiable survey responses from **only** those respondents who indicate “Yes” to the “Consent to Share Responses” question. If this approach is utilized, survey vendors should inform hospices that the survey results may not be representative of the experiences of all patients/caregivers.
 - The survey vendor may combine data from both respondents that respond “Yes” and those that respond “No” to the “Consent to Share Responses” question, but must follow the guidelines described in the remainder of this section.

➤ Appendix M, Examples of Additional Supplemental Questions for Survey Vendor Use Chapter Revision

- **Revised answer options for “Consent to Share Responses” supplemental question in English for telephone surveys only (response options are to remain the same for mail surveys), page 3**

- **CURRENT:** The hospice that provided care to your family member may want to review your answers so that they can decide how to address any concerns that you have. We will not share your answers to this survey linked to your name unless you give your permission for this information to be shared with the hospice.
Do you give your permission to provide your answers to this survey linked to your name to the hospice?
 - Yes, I give my permission to share my name and survey responses with the hospice.
 - No, I do not give permission to share my name and survey responses with the hospice.

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- REVISED (for telephone surveys only): The hospice that provided care to your family member may want to review your answers so that they can decide how to address any concerns that you have. We will not share your answers to this survey linked to your name unless you give your permission for this information to be shared with the hospice. Do you give your permission to provide your answers to this survey linked to your name to the hospice?
 - Yes
 - No
- **Revised answer options for “Consent to Share Responses” supplemental question in Spanish for telephone surveys only (response options are to remain the same for mail surveys), page 3**
 - CURRENT: El hospicio que le brindó el cuidado a su familiar tal vez quiera revisar sus respuestas de modo que ellos puedan decidir cómo abordar cualquier preocupación que usted tenga. No compartiremos sus respuestas a esta encuesta junto a su nombre a menos que usted dé su permiso para que esta información sea compartida con el hospicio. ¿Da usted su permiso de proporcionar sus respuestas a esta encuesta junto a su nombre al hospicio?
 - Sí, yo doy mi permiso para que compartan mi nombre con mis respuestas a la encuesta con el hospicio.
 - No, yo no doy mi permiso para que compartan mi nombre con mis respuestas a la encuesta con el hospicio.
 - REVISED (for telephone surveys only): El hospicio que le brindó el cuidado a su familiar tal vez quiera revisar sus respuestas de modo que ellos puedan decidir cómo abordar cualquier preocupación que usted tenga. No compartiremos sus respuestas a esta encuesta junto a su nombre a menos que usted dé su permiso para que esta información sea compartida con el hospicio. ¿Da usted su permiso de proporcionar sus respuestas a esta encuesta junto a su nombre al hospicio?
 - Sí
 - No