

# PUBLIC SUBMISSION

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National Implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (CMS-10102)

**Comment On:** CMS-2023-0135-0001

National Implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (CMS-10102)

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Comment on CMS-2023-0135-0001

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## Submitter Information

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## General Comment

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Room 445-G  
Washington, D.C. 20201

Re: Agency Information Collection Activities: Proposed Collection: Comment Request CMS-10102

Dear Administrator Brooks-LaSure:

On behalf of Woman's Hospital, Baton Rouge, LA we are grateful for the opportunity to comment on the Department of Health and Human Services' (HHS) proposed continuation of agency collection – National Implementation of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

Woman's Hospital, Baton Rouge, LA strongly supports ensuring that patients have an opportunity to express their perspectives on the care they receive at hospitals as well as the use of that information for patients to make informed decisions regarding future care.

At the same time, Woman's Hospital, Baton Rouge, LA is concerned over four elements in the reporting structure:

- Woman's Hospital is concerned that the use of "only paper or telephone" survey tools as a part of HCAHPS will prevent obtaining full responses for younger patients that are used to doing most of their transactions on-line/electronically. Most of our patients are between the ages of 18-34. Studies have shown that the best methods of reaching these demographics are using social media and other electronic platforms. We believe the delayed response by mail and telephone tends to enhance negativity bias. Whereas, if electronic surveys were taken either during or shortly after a hospital stay it is more likely to include a greater diversity of respondents and a more balanced view of

the hospital stay.

- CMS should overhaul the questions asked both in number of questions, most other industries have gone to 4 to 5 key questions, as well as the content and phrasing of the questions. Ten non-demographic questions should be the maximum number of questions asked. As to the phrasing of questions consider the following in the underlined part of the question below, by not defining “as soon as you wanted” it leaves no basis for comparison as the phrase is up to the reader to interpret and assign a value. Does this mean within 30 seconds, 1 minute, 5 minutes, or 10 minutes? Would it not be better to define a reasonable amounts of time for the patients to select? What if the reader interprets it to mean that the staff should have anticipated a need and been at the ready so no amount of time other than instantaneous would illicit a positive response?

During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

The following question requires the respondent to make an assessment that would be hard for them to really know as they cannot know what the nurse understood their question to be, the level of attentiveness nor that there was a valid medical reason for hearing but not following a patient request. Further, what is the meaning of carefully in this context and how can on person know how carefully another is listening?

During this hospital stay, how often did nurses listen carefully to you?

- Woman’s Hospital is concerned about the “grade on the curve” system as it is designed in a way that penalizes and makes some organizations (who are often within decimal points of each other) seem to be far worse than they are in comparisons to others.
- Overall scoring would provide better comparisons than just scoring based on 9s and 10s only.

Woman’s Hospital prides itself on our outstanding customer service. To that end, we are proud of our reputation in our community as the best hospital in our area for both patient satisfaction and the ancillary services that support a patient’s stay. Woman’s Hospital believes that with a few minor adjustments this survey tool may be more useful to CMS, hospitals and especially patients. Further, we feel these adjustments are needed so more attention can be given to patient safety, education and health outcomes than to increased costs incurred to provide speedy but not evidenced based outcomes.