

# PUBLIC SUBMISSION

<b>As of:</b> 7/12/18 12:14 PM
<b>Received:</b> July 08, 2018
<b>Status:</b> Draft
<b>Tracking No.</b> 1k2-945n-v5hx
<b>Comments Due:</b> July 09, 2018
<b>Submission Type:</b> Web

**Docket:** CMS-2018-0066  
(CMS-10102) National Implementation of the Hospital CAHPS Survey

**Comment On:** CMS-2018-0066-0001  
(CMS-10102) National Implementation of the Hospital CAHPS Survey

**Document:** CMS-2018-0066-DRAFT-0003  
CA

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## General Comment

I am a Chief Quality Officer in an acute care hospital for over 20 years, The Hospital CAHPS tool is not effective in measuring the quality of care provided to patients - which was the original intent. Questions like "was it ALWAYS quiet at night" and "did the doctors ALWAYS explain things" are extremely subjective and can be influenced by many factors including location, medications, etc. The financial penalties for less than optimal scores is absurd. I submit this is the primary reason the survey exists, not for patients who might want to assess survey results before seeking care at a specific hospital.

Scores can be greatly influenced by services provided. For example a hospital that provides trauma care, cancer care, etc will generally have lower satisfaction scores than hospitals that deliver babies and provides general medical and surgical services.

Survey results should be normalized by risk adjusting the patient population served at each hospital. And there is no mechanism to exclude extremely disruptive patients from getting a survey unless their primary diagnosis is mental health related. This makes no sense! The patient wouldn't be in an acute care hospital if their primary diagnosis was mental health, they would be in a behavior health unit instead.

Hospitals have spent millions of hours and dollars implementing programs to improve their scores. This is comparable to the cold war. If only the same amount of hours and dollars could be spent making our hospitals safer, having better nurse to patient ratios, newer patient care equipment, etc, etc ... then I submit this would be much more effective at improving patient care.

We have many nationally reported healthcare metrics such as NHSN infection rates, and many other value based purchasing measures that more accurately reflect the quality of care provided. Why not use this data for patients to compare?

Patients are not capable of evaluating the quality of care they receive. For example, they don't know if

they have received the correct antibiotic at the correct time pre-operatively to prevent an infection. Nor can they assess whether or not their antibiotics were judiciously monitored for appropriate blood levels or to prevent resistance. I could go on - but suffice it to say there are many things hospitals do to ensure the safety and quality of care provided to patients that the public are generally oblivious to.

I think the utility and appropriateness of the Hospital CAHPS survey needs to be reviewed and revised. I would offer my clinical expertise to help with this effort if and when the opportunity exists.

Thank you.