

Administering the CAHPS[®] Child Hospital Narrative Item Set

Introduction	1
Deciding Whether to Use Narrative Items	1
Using the Items on Their Own	1
Introducing the Narrative Items	2
Editing the Items	2
Drawing a Sample	3
Choosing an Administration Mode	3
Anticipated Engagement by Respondents	4
Anticipated Response Time	4
Anticipated Length of Comments	4
Oversight of Vendors	4
Preparing to Review and Analyze the Data	5
Appendix A: Narrative Items for the CAHPS Child Hospital Survey	6

Introduction

This document offers guidance on using the five open-ended questions in the CAHPS Child Hospital Narrative Item Set (Appendix A) to supplement the closed-ended questions in the [CAHPS Child Hospital Survey \(Child HCAHPS\)](#). Like all CAHPS supplemental items, these narrative items are optional; they are not part of the core survey.

Deciding Whether to Use Narrative Items

By incorporating the narrative questions into the Child Hospital Survey, survey users can better understand the experiences underlying the responses to the closed-ended questions and gain insight into aspects of care beyond those specified in the survey. Narrative items provide insight into patient experience in patients' own words, but not all narrative questions or sequences of narrative items are equally effective at encouraging survey respondents to provide detailed and balanced accounts of their experiences. The Child Hospital Narrative Item Set provides a structured elicitation that walks patients through key elements of their experience, and hence can provide more fulsome accounts than would typically be gathered using other questions.

Using the Items on Their Own

While the narrative items were designed for use as a supplement to the CAHPS Child Hospital Survey, they can also be fielded on their own. Using the complete item set separately from the survey provides an opportunity to

- hear directly from a subsample of patients who may be of particular interest, such as:
 - parents of children with chronic conditions,
 - parents of children with developmental delays,
 - parents whose children are visiting the hospital for the first time,
 - parents of children of a specific age, such as babies or teens,
 - specific demographic groups, and/or
 - groups with specific communication needs, such as parents who speak Spanish as their first language.
- obtain ongoing feedback when the CAHPS survey is not being administered.

If you are using the Child Hospital Narrative Item Set on its own, please [acknowledge AHRQ's CAHPS program](#) as the source of the items. Please note that the Child Hospital Narrative Item Set was not tested on its own.

Introducing the Narrative Items

To signal a new section of the survey, include a subheading (“In your own words”) and a short introduction like the one below to encourage respondents to answer the prompts:

In Your Own Words

Health care providers find it helpful to hear what patients and their parents have to say about their experience in the hospital. This information helps providers understand what is working well and what may need improvement.

Please answer the following questions to provide detailed feedback about your child’s most recent hospital stay. A child’s hospital stay can be an intense experience; please take as much time as you need to tell us what happened and how it felt. Hearing from parents in their own words helps hospitals better understand what’s working well and what may need improvement.

This wording of introductory text builds on research conducted for the CAHPS Clinician & Group Narrative Item Set. In a test of alternative wording conducted with Massachusetts Health Quality Partners (MHQP), the CAHPS team found that the use of encouraging language can substantially improve response rates for the open-ended questions. Language emphasizing the idea that providers value these comments resulted in a response rate 26% higher than language that simply indicated how providers could use the information (“Your provider can use this information to know what is working well or what may need improvement.”).

If the items are being fielded on their own, please use the same or similar introductory language.

Editing the Items

Users of this item set are discouraged from dropping items, changing the order of the items, or changing the wording. The number, sequence, and wording of the questions in the Child Hospital Narrative Item Set reflect careful testing and revisions aimed at obtaining the most complete and representative feedback possible.

Reasons to Ask All Questions in the Prescribed Order

There are several reasons to treat the question set as an integral whole. First, the questions were designed specifically to lead respondents through the telling of a story that resonates with readers. Second, there is little evidence of drop-off in response within the sequence. Such a drop-off, if it had been evident, might have revealed that respondents were tiring from an overly long list of questions. In fact, in a field test of the Child Hospital Narrative Item Set, more than 90 percent of those who responded to the first question in the set went on to respond to the final question. Third, the amount of actionable feedback associated with each question remains substantial throughout the question sequence.

Drawing a Sample

If you are using the Narrative Item Set as part of the CAHPS Child Hospital Survey, please consult the [guidelines for constructing a representative sample of patients](#) for that survey instrument. Use of the narrative items does not require any changes to the survey's sampling strategy.

If you are using the Narrative Item Set on its own, the CAHPS team suggests using a random sampling approach similar to the one used for the Child Hospital Survey. Even if you are seeking feedback from a specific segment of the patient population, this approach can help you identify a representative sample of that segment

If the Narrative Item Set is not administered to a representative sample of patients, the respondents will not mirror the patient population. In that case, the responses should not be publicly posted. The feedback can be shared with hospital administrators and healthcare providers, but it will be important to acknowledge that the information did not come from a representative sample.

Choosing an Administration Mode

The CAHPS Child Hospital Survey is typically administered with a mixed-mode method of mail/telephone, email/telephone, or email/mail.¹ Testing of the Child Hospital Narrative Item Set was conducted by telephone and online (also referred to as email administration). Based on its performance in those modes, the CAHPS team recommends the use of email followed by telephone to achieve the highest response rates. One challenge to this approach is obtaining email addresses, which may not be available for a representative sample of enrollees. Thus, telephone follow-up for non-respondents is important to the goal of obtaining results that are representative of your population. Responses to the Narrative Item Set are longer and more detailed when administered by phone. It is also possible to administer the Child Hospital Narrative Items on paper.

When selecting mode(s) of administration, some criteria may include:

- **Desired level of detail in responses.** Validation testing suggests that administering the Narrative Item Set by phone resulted in longer, more detailed responses than administering the items online. When formatting for online or paper administration of the Narrative Item Set, it is important to leave sufficient space for respondents to provide detailed answers to the questions.
- **Ability to identify a random sample.** Contact information (address, phone number, email address) may not be equally available or up-to-date for all demographic groups. To understand children's and parents' experiences, it is important to ensure that all groups can participate.

¹ In the email protocol, a link to a web-based survey is provided in the email.

- **Cost.** Cost may vary by mode of administration. Paper administration may require additional transcription costs, while phone administration may require additional costs for both administration and transcription; web administration will require website programming.

Anticipated Engagement by Respondents

Users of this item set are likely to find a high level of respondent engagement. In field testing of the Child Hospital Narrative Item Set, approximately two-thirds of survey respondents who completed a Child Hospital Survey that included the narrative items provided a response to at least one item in the set; 56% of respondents completed two-thirds or more of the items in the set. This field test involved paper administration of the Child Hospital Survey by mail. Other modes of administration, e.g., phone or web, might yield even higher participation rates.

It is important to note that respondents who do not complete the entire set of items have not necessarily provided incomplete narratives. Because of the open-ended nature of narrative response, respondents sometimes convey all of the important details of their experience in answers in a subset of the items. For example, some respondents have only positive experiences to convey and thus skip the question on what could have gone better during their child's stay.

Anticipated Response Time

In experimental testing, the median time for respondents to complete the Child Hospital Narrative Item Set online was 5.4 minutes; the median time for respondents to complete the item set by phone was 6.7 minutes.

Anticipated Length of Comments

In experimental testing, the average narrative written by survey respondents was 248 words, the equivalent of about a paragraph of text. Narratives conveyed by phone were substantially longer (749 words) than narratives written online (127 words).

Oversight of Vendors

Organizations that administer CAHPS surveys typically take steps to maintain the confidentiality of respondents. When using the Child Hospital Narrative Items (or any other open-ended questions), it is especially important for the vendor to review and redact any potentially identifiable information (including names, phone numbers, and email addresses) from the comments before distributing them to clinicians or including them in a public website. Vendors should also have systems in place to flag any comments that require an immediate response from the hospital or its healthcare providers.

Preparing to Review and Analyze the Data

Because hospital stays can sometimes be lengthy and complex, responses to the Narrative Item Set may provide important insight into a wide range of patient experiences, including additional detail on topics covered in the CAHPS Child Hospital Survey and other topics not covered on the survey. Hospitals should have a plan for managing these data. For example, someone might be designated as the person to review and sort comments to distribute them to relevant teams or service lines. More complex analysis might include having personnel trained in qualitative research review and code the narrative responses to identify themes that would help clinicians or hospital staff identify persisting issues or other opportunities for improvement.

Appendix A: Narrative Items for the CAHPS Child Hospital Survey

Review the [complete list of narrative items with introductory text in English and Spanish](#).

- H-PN1.** First, we'd like to focus on any experiences during your child's hospital stay that went particularly well. Please explain what happened, how it happened, and how it felt.
- H-PN2.** Next, we'd like to focus on any experiences during your child's hospital stay that you wish had gone differently. Please explain what happened, how it happened, and how it felt.
- H-PN3.** Please describe how doctors, nurses and other hospital staff interacted with your child, and how they got along with your child.
- H-PN4.** Please describe your own interactions with your child's doctors, nurses, and other hospital staff, and how you got along with them.
- H-PN5.** How well did the doctors, nurses, and other hospital staff involved in your child's care share information with each other and work together to care for your child? What went well? What could have gone better?