

CAHPS® Child Hospital Survey: Overview of the Questionnaire

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Documents Available for the CAHPS Child Hospital Survey

This document is part of a set of instructional materials that address implementing the Child Hospital Survey, analyzing the data, and reporting the results. All documents are available on the [Agency for Healthcare Research and Quality's Web site](#). For assistance in accessing these documents, please contact the CAHPS Help Line at 800-492-9261 or cahps1@westat.com.

For descriptions of these documents, refer to *What's Available for the Child Hospital Survey*.

Available for the Child Hospital Survey:

Questionnaires

- *CAHPS Child Hospital Survey: Overview of the Questionnaire*
- *CAHPS Child Hospital Survey 1.0* (English and Spanish)

Survey Administration Guidelines

- *Fielding the CAHPS Child Hospital Survey*
- *Sample Notification Letters and Emails for the CAHPS Child Hospital Survey*
- *Sample Telephone Script for the CAHPS Child Hospital Survey*

Reporting Measures and Guidelines

- *Patient Experience Measures from the CAHPS Child Hospital Survey*

Available for all CAHPS surveys:

- [Analyzing CAHPS Survey Data](#): Free programs for analyzing the data, guidance on preparing survey results for analysis, and instructions for using the CAHPS Analysis Program.
- [Translating Surveys and Other Materials](#): Guidelines for translating surveys and selecting translators and translation reviewers.

Introduction

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey (better known as HCAHPS) asks people about their recent experiences with inpatient care. There are two versions of this survey: one for adults and one for children. Both are intended to facilitate objective and meaningful comparisons across hospitals of patients' perspectives on aspects of care that are important to them.

The **Adult Hospital Survey** is designed for people 18 and older who have been inpatients in medical, surgical, or obstetric departments. Over the past decade, Adult HCAHPS has become the national standard in quality measurement among adult inpatients. The Centers for Medicare & Medicaid Services (CMS) is responsible for the national implementation of this survey and has publicly reported Adult HCAHPS scores on the Hospital Compare website since 2008. It also uses these scores to calculate incentive payments for the CMS Hospital Value-based Purchasing Program.*

This document provides an overview of the **Child Hospital Survey (or Child HCAHPS)**, which asks parents or guardians to report on both their child's experience as an inpatient and their own experience with their child's inpatient hospital stay. Like other CAHPS surveys, this survey focuses on aspects of pediatric inpatient care that are important to patients and their parents, and for which patients and their parents are generally the best source of information.

Purpose of the Survey

The main purpose of the Child Hospital Survey is to measure the patient-centeredness of hospital care for pediatric patients (17 and younger). The Child Hospital Survey asks parents/guardians about communication with doctors, communication with nurses, hospital environment, age-appropriateness of care, pain management, and other domains that parents viewed as important aspects of their child's care. By gathering this information, the survey addresses the need to assess and improve the experiences of pediatric inpatients and their parents.

The survey results are expected to be useful to everyone with a need for information on the quality of pediatric inpatient care, including patients, parents, hospitals, health plans, insurers, and policy makers.

- Patients and parents can use the information to help make better and more informed choices about inpatient care.

* Centers for Medicare & Medicaid. HCAHPS: Patients' Perspectives of Care Survey. Available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>. Accessed March 20, 2017.

- Hospitals, health plans, insurers, and policy makers can use the survey results for quality improvement initiatives.

The Child Hospital Survey complements the Adult Hospital Survey, allowing for patients' hospital experiences to be assessed across the age continuum. The Child version incorporates many of the domains covered in Adult HCAHPS as well as domains that are particularly relevant to pediatric care, such as how well providers involve teens in their care (See Appendix A for a crosswalk of the Child and Adult versions of the survey).

Contents of the Survey

The 62 items in the Child Hospital Survey produce [18 measures of patient experience](#) that are particularly relevant for children and teens. These include 10 composite measures[†] and 8 single-item measures, including an overall rating of the hospital. These measures can be organized into the following topics:

Communication with Parents:

- Communication between you and your child's nurses
- Communication between you and your child's doctors
- Communication about your child's medicines
- Keeping you informed about your child's care
- Privacy when talking with doctors, nurses, and other providers
- Preparing you and your child to leave the hospital
- Keeping you informed about your child's care in the Emergency Room

Communication with Children:

- How well nurses communicate with your child
- How well doctors communicate with your child
- Involving teens in their care

[†] Composite measures combine two or more survey items that are statistically and conceptually related.

Attention to Safety and Comfort:

- Preventing mistakes and helping you report concerns
- Responsiveness to the call button
- Helping your child feel comfortable
- Paying attention to your child's pain

Hospital Environment:

- Cleanliness of hospital room
- Quietness of hospital room

Global Rating:

- Overall rating
- Recommend hospital

Development of the Survey

The Children's Health Insurance Program Reauthorization Act (CHIPRA) Pediatric Quality Measures Program (PQMP) identified the need for a standardized survey to assess the experiences of pediatric patients and their families with inpatient hospital care. Consequently, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) funded the Center of Excellence for Pediatric Quality Measurement at Boston Children's Hospital (CEPQM) to develop and test a CAHPS Hospital Survey for children. CEPQM pursued this effort with the same emphasis on standardization and scientific rigor that characterize all CAHPS products and surveys.

The Child Hospital Survey went through the following development process:

Literature review. The survey development team conducted a comprehensive review of existing patient experience measures and literature on the topic of experience of care for pediatric and adult inpatients.

Expert interviews and public commentary. Members of the survey development team conducted interviews with stakeholders, expert academic researchers, industry leaders, and potential end-users to solicit input on important aspects to consider when evaluating pediatric inpatient experience of care. Additionally, AHRQ submitted a *Federal Register* Notice (FRN) to solicit public comments for potential items and domains to include in the survey.

Focus groups. Based on findings from literature reviews, expert interviews, and public comments from the FRN, the team developed protocols for focus groups with recently hospitalized adolescents (to learn about what experiences they might want their parents to report on) and with parents of recently hospitalized children to ask about experiences with pediatric inpatient care. Incorporating focus group findings with prior research, the team identified key dimensions of pediatric inpatient care quality. Using these dimensions, the team drafted an initial survey instrument.

Cognitive testing. The team conducted 109 in-depth cognitive interviews in Boston, Los Angeles, Miami, and St. Louis in English and Spanish. The survey developers revised the instrument in response to findings from the interviews, resulting in a 78-item questionnaire used for pilot testing.

Pilot testing. In the summer of 2012, the survey development team conducted a pilot test of the draft survey in English and Spanish in eight hospitals across the country. Further survey revision and cognitive interviews led to a 66-item revised draft instrument.

Field testing. In 2013, the survey development team tested the revised draft instrument with parents of recently hospitalized children in 69 hospitals across 34 states. The survey was fielded in both English and Spanish by either mail or phone. Based on comprehensive psychometric analyses of the field test data, the survey team made revisions to the questionnaire.

End-user testing. In the winter of 2013, the survey development team conducted 23 cognitive interviews with parents in Atlanta and the Washington, D.C., area to test the understandability and usefulness of preliminary composite measure concepts and labels. Based on the findings from these interviews, the team refined the list of 18 composite, single-item, and rating measures and modified their labels.

Public release. The final Child HCAHPS Survey of 62 items was submitted to the CHIPRA Pediatric Quality Measures Program in early 2014. AHRQ released the survey and instructional documents for public use in mid-2014.

Appendix A: Topics Covered by the Child and Adult Hospital Surveys

The respondent for the Child HCAHPS Survey should be the person who spent the most time with the child during the hospital stay. Because parents are the most common respondents to the survey, the table below refers to the respondent as “parent.”

Topic	Child Version: Short Item	Adult Version: Short Item	Child Version: Item #	Adult Version: Item #
Communication	Parent kept informed about child’s care in emergency room	--	4	--
	Parent was asked about child’s prescription medicines	--	5	--
	Parent was asked about child’s vitamins, herbal medicines, and over-the-counter medicines	--	6	--
	Nurses listened carefully to parent/[patient]*		14	2
	Nurses explained things to parent/[patient] in a way that was easy to understand		15	3
	Nurses treated parent/[patient] with courtesy and respect		16	1
	Doctors listened carefully to parent/[patient]		17	6
	Doctors explained things to parent/[patient] in a way that was easy to understand		18	7
	Doctors treated parent/[patient] with courtesy and respect		19	5
	Parent had privacy when discussing child’s care with provider	--	20	--
	Providers kept parent informed about care	--	23	--

* The text in brackets refers to language that appears in the Adult version of these questions.

Topic	Child Version: Short Item	Adult Version: Short Item	Child Version: Item #	Adult Version: Item #
Communication (continued)	Providers gave parent enough information about test results	--	25	--
	Provider asked parent about child's readiness to leave the hospital	--	36	--
	Provider talked with parent about care after leaving the hospital	--	37	
	Providers explained how child should take new medicines after leaving the hospital	--	39	
	Providers explained side effects of new medicines to be taken after leaving the hospital	--	40	
	Provider explained when child can resume regular activities	--	41	
	Provider explained symptoms or problems to look for after leaving the hospital	--	42	
	--	Provider explained what new medicine was for	--	16
	--	Providers explained side effects of new medicines	--	17
	--	Provider discussed help needed after leaving the hospital	--	19

Topic	Child Version: Short Item	Adult Version: Short Item	Child Version: Item #	Adult Version: Item #
Communication (continued)	Parent/[patient] received written information about symptoms or problems to look for after leaving the hospital		43	20
	--	Provider discussed health care preferences for care after leaving the hospital	--	23
	--	Patient understood responsibilities for managing health upon leaving the hospital	--	24
	--	Patient understood the purpose of medications upon leaving the hospital	--	25
Communication with child	Nurses listened carefully to child	--	8	--
	Nurses explained things to child in a way that was easy to understand	--	9	--
	Nurses encouraged child to ask questions	--	10	--
	Doctors listened carefully to child	--	11	--
	Doctors explained things to child in a way that was easy to understand	--	12	--
	Doctors encouraged child to ask questions	--	13	--
	Providers involved teen in discussions about care	--	45	--

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Topic	Child Version: Short Item	Adult Version: Short Item	Child Version: Item #	Adult Version: Item #
Communication with child (continued)	Provider asked teen about readiness to leave the hospital	--	46	--
	Provider talked with teen about care after leaving the hospital	--	47	--
Attention to safety and comfort	Providers asked about things a family knows best about child	--	21	--
	Providers talked and acted in a way that was appropriate for child's age	--	22	--
	Parent or child/[patient] got help after pressing call button		27	4
	Providers checked child's identity before giving medicines	--	29	--
	Providers told parents how to report mistakes	--	30	--
	Providers asked about child's pain	--	32	--
	--	Patient got help using bathroom or bedpan	--	11
	--	Patient's pain was well controlled	--	13
	--	Provider helped with pain	--	14
	Hospital had things available that were right for child's age	--	35	--
Hospital environment	Room and bathroom were kept clean		33	8
	Room was quiet at night		34	9

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Topic	Child Version: Short Item	Adult Version: Short Item	Child Version: Item #	Adult Version: Item #
Global rating	Rating of hospital		48	21
	Recommend hospital to family and friends		49	22
Demographic items	Rating of child's/[patient's] overall health		50	27
	--	Rating of patient's mental or emotional health	--	28
	Child is Hispanic, Latino, or Spanish in origin	--	53	--
	Child's race	--	54	--
	Relationship to child		55	--
	Parent's age		56	--
	Parent's/[Patient's] education		57	29
	--	Patient is Hispanic, Latino, or Spanish in origin	--	30
		Patient's race	--	31
	Preferred language		58	--
	--	Language mainly spoken at home	--	32
Other	Admitted through emergency room		2	26
	Time spent in hospital with child		59	--
	--	Destination after leaving the hospital	--	18