

# The ED CAHPS® Survey – Frequently Asked Questions

## What is the purpose of the Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CAHPS) Survey?

The ED CAHPS® Survey is a standardized survey instrument to measure patients' perspectives of emergency department (ED) care. ED CAHPS (pronounced “E-D-caps”) is a 35-item survey instrument for measuring patients’ experience of care in the ED. While many EDs have collected information on patient experience for their own internal use, the ED CAHPS Survey, which is in the public domain and available at no cost, creates common metrics and national standards for collecting and analyzing information about patient experience of care that may be adopted for quality improvement purposes. Adoption and use of the ED CAHPS Survey is completely voluntary.

*Note: CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality, an agency within the United States Department of Health and Human Services.*

## How was the ED CAHPS Survey developed?

Beginning in 2012, the Centers for Medicare & Medicaid Services (CMS) worked with the RAND Corporation to develop and test the ED CAHPS Survey. The ED CAHPS Survey is designed for adult patients (18 and older) of hospital-based emergency rooms who are discharged to home (also known as “treat and release” visits). The survey, previously known as the Emergency Department Patient Experience of Care (EDPEC) Survey, received the CAHPS® trademark in March 2020 and was re-named ED CAHPS. The ED CAHPS Project Team carried out a rigorous and multi-faceted scientific process, including a public call for measures; multiple literature reviews; multiple rounds of cognitive interviews; consumer focus groups; multiple technical expert panels; a pilot test among 12 EDs; extensive psychometric analyses; consumer testing; and several large-scale experiments testing various survey mode protocols. The ED CAHPS Survey itself, as well as recommended survey administration guidelines and results from the mode experiment and feasibility tests, are in the public domain (see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/ED>).

## What questions are on the ED CAHPS Survey?

The ED CAHPS Survey is composed of 35 questions, or items. Survey content covers the following topics: Going to the emergency room, During this emergency room visit, People who took care of you, Leaving the emergency room, Overall experience, Your health care, and About you. It is strongly recommended that the survey be administered without any alteration to the content of survey items or the response options, or to the order of the survey items and response options as presented. If supplemental items are added, it is strongly recommended that they follow the final ED CAHPS item, item 35. Supplemental items that are added to the survey should be kept to a minimum so not to diminish the survey response rate.

Psychometric analyses of data from several field tests led to the development of six ED CAHPS measures (four summary measures and two global items). Each of the four summary, or composite, measures is constructed from two to six survey questions. Combining related questions into composites makes it easier to quickly review patient experience information and increases the statistical reliability of the measures. The four composite measures summarize the timeliness of care, how well nurses and doctors communicate with patients, how well the staff communicates with patients about medications, and how well the staff communicates with patients about follow-up care. The two global items capture patients' overall rating of the ED and whether they would recommend it to family and friends.

### **Why is the question, “During this emergency room visit, did doctors or nurses give you as much information as you wanted about the results of these tests?” not included in any of the composite measures?**

Psychometric analyses showed that this question did not fit within any of the developed composite measures. However, validation analyses demonstrated that responses to this question were independently significantly associated with patients' overall rating of the ED and whether they would recommend the ED to family and friends, meaning that the responses provide information about a patient's experience that is beyond what is captured in the composite measures. Therefore, the question was retained in the survey as a stand-alone measure.

### **How should the ED CAHPS Survey be administered?**

The ED CAHPS Project Team recommends that the ED CAHPS Survey be administered to a random sample of adult patients discharged to home between 48 hours and 35 days after discharge. There are three recommended modes of administration: (1) Standard Mixed Mode (i.e., a mail survey with telephone follow-up of non-respondents), (2) Web-Telephone Mode (an e-mail survey with telephone follow-up of non-respondents), and (3) Web-Mail-Telephone Mode (an e-mail survey with mail, then telephone follow-up of non-respondents). The recommended modes are the result of several field tests, including a randomized mode experiment conducted in 2016 (Parast et al. 2019) and mode feasibility tests in 2016 (Mathews et al. 2019) and 2018 (Parast et al. 2019). In order to give patients time to return to their normal routines, for all modes the ED CAHPS Project Team recommends that the initial attempt to contact the patient should not occur until 48 hours after ED discharge. Data collection should be closed out no later than five weeks (35 calendar days) after the first contact attempt. The ED CAHPS Survey should not be administered while patients are still in or being discharged from the emergency department. A minimum of 375 completed surveys per ED is recommended if linear mean scoring is to be used for scoring; a minimum of 450 completed surveys per ED is recommended if top-box scoring is to be used for scoring (see ED CAHPS Measures below). The ED CAHPS Survey is available in English and Spanish. The survey and recommended guidelines regarding protocols for sampling, data collection, and analysis can be found in the ED CAHPS Survey Recommended Guidelines at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/ED>.

## How should patients be invited to the web survey if using a web mode?

Based on studies conducted by the ED CAHPS Project Team, the use of email is an effective way to invite patients to take the ED CAHPS Survey.

## Regarding the survey administration protocols involving email, what should be done about a patient in the sample frame who does not have an email address provided?

It is recommended that a patient who does not have or provide an email address should remain in the sample frame and be contacted by the next sequential mode, depending on the survey administration protocol being used (either mail or telephone).

## Are there recommendations regarding the design of the web version of the ED CAHPS Survey?

Yes. The ED CAHPS Survey Recommended Guidelines, which can be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/ED>, includes a detailed web survey style guide that covers accessibility, security requirements, conformance with the printed survey, and survey access. In addition, there are recommendations for the style (including basic layout, fonts, color, graphics, navigation, and question page design), and pages (including page-specific guidelines regarding the Login page, Welcome page, Questions page with error messages, and Thank you page) of a web-based ED CAHPS Survey.

## Which patients are eligible to participate in ED CAHPS?

The ED CAHPS Survey was designed to be administered to adult patients (18 and older) who were discharged to home.

## Which patients are NOT eligible to participate in ED CAHPS?

The ED CAHPS Project Team recommends that the following categories of patients be deemed ineligible to participate in the ED CAHPS Survey:

- Patients under the age of 18
- Patients who were not discharged to home (i.e., patients with a discharge code other than 01 or 07<sup>1</sup>)
- Patients who were admitted to the hospital from the ED
- Patients who left the ED without being seen and did not receive a billing code

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<sup>1</sup> National Uniform Billing Committee Official UB-04, Data Specifications Manual, Copyright 2018, by the American Hospital Association. If a more recent version of this manual is available, CMS recommends use of the more recent version.

- Patient who died in the ED
- Patients who request that they not be contacted
- Court/law enforcement patients (i.e., prisoners) classified under admission source code 8 or discharge codes 21 and 87<sup>1</sup>
- Patients with a foreign (Non-US or Non-US Territory address) home address
- Patients excluded because of state regulations that place further restrictions on who may be contacted after discharge

Identification of ineligible patients should be based on hospital administrative data. It is important that hospitals and survey vendors understand how patients in certain categories (e.g. left without being seen and did not receive a billing code, admitted to the hospital from the ED, and admitted to an observation unit from the ED) are identified in hospital administrative data. Hospitals and vendors should obtain complete discharge lists and discharge codes in a timely manner to ensure that patients who are ineligible based on the above criteria (e.g. discharges other than home, and court/law enforcement patients) are appropriately identified prior to sampling.

### **When should patients receive the ED CAHPS Survey?**

To give patients time to return to their normal routines, the ED CAHPS Project Team recommends that the initial attempt to contact the patient should not occur until 48 hours after ED discharge. Data collection should be closed out no later than five weeks (35 calendar days) after the first contact attempt. The ED CAHPS Survey should not be administered while patients are still in the emergency department.

### **How should ED CAHPS Survey data be analyzed?**

It is recommended that if item or measure scores are to be calculated, responses to the survey items used in each ED CAHPS Survey measure be scored linearly (or top-box), adjusted (as needed), and rescaled to produce a 0-100 score. If survey response data are to be used to calculate and compare hospital-based ED scores (e.g. compare multiple hospitals or compare scores from a single hospital over time [only if the case mix of patients changed substantially over time]), it is strongly recommended that scores be adjusted for certain characteristics of respondents. At a minimum, it is recommended that ED CAHPS scores be adjusted for patients' age, education, self-rated health status, language spoken at home, reason for the ED visit, whether the patient was taken to the ED in an ambulance, whether the patient had a proxy answer for them, whether the patient used proxy assistance in some way other than answering for them, and response percentile.<sup>2</sup>

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<sup>2</sup> Response percentile reflects the number of days between a respondent's discharge date and the date that data collection activities ended for the respondent.

## **Are EDs required to administer the ED CAHPS Survey?**

No, the ED CAHPS Survey is entirely voluntary and is not required by CMS.

## **Are ED CAHPS Survey results publicly reported?**

ED CAHPS Survey results are not submitted to or publicly reported by CMS. However, use of the ED CAHPS Survey can help EDs better understand how their patients experience care and thus help EDs target their quality improvement efforts.

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