

ER Patient Experience Survey

Telephone Script

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the patient. The script explains the purpose of the survey and confirms necessary information about the patient. Interviewers must not conduct the survey with a proxy.

General Interviewing Conventions and Instructions

- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
- All questions and all answer categories must be read exactly as they are worded
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read
- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (i.e., English or Spanish) will appear on the electronic interviewing system screen
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts. This allows the telephone interviewer to go to the next question if a patient is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of MISSING/DK is coded as "M - Missing/Don't know."
- Skip patterns will be programmed into the electronic telephone interviewing system.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXX-XXXX**. The time required to complete this information collection is estimated to average [FILL VERSION TIME] minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED PATIENT NAME]?
<1> YES [GO TO INTRO]
<2> NO [REFUSAL]
<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from the RAND Corporation. We are working with [HOSPITAL NAME] and the Centers for Medicare and Medicaid Services, a federal government agency to conduct a survey about the health care services patients receive.

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT:

For this survey, we need to speak directly to [SAMPLED PATIENT NAME]. Is [SAMPLED PATIENT NAME] available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE:

Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME:;

If you don't have the time now, when is a more convenient time to call you back?

IF THE SAMPLED PATIENT HAS COMMENTS CONCERNING THE ACCURACY OF TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THE SURVEY:

Pease write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

SPEAKING WITH SAMPLED PATIENT

INTRO Hi, my name is [INTERVIEWER NAME] and I'm calling from the RAND Corporation to ask you to take part in an interview about your recent visit to [FILL HOSPITAL].

[HOSPITAL/ER NAME] is one of many hospitals working with the Centers for Medicare & Medicaid Services, a federal government agency, and the RAND Corporation, a private non-profit research company. Together, we are conducting a survey about the health care services that patients receive in emergency rooms. The information from this survey will be used to help ensure that all Americans get the highest quality medical care when they need it. Our records show that you visited the emergency room at [HOSPITAL/ER NAME] on or around [INSERT ER VISIT DATE].

ATTACHMENT G

FOR DISCHARGED: The questions in the survey will be about your experience in the emergency room. The interview will take about 15 minutes to complete, depending on experiences.

FOR ADMITTED PATIENTS (STAND-ALONE): We know that you were admitted to the hospital, but the questions in this survey will ask only about your emergency room experience. The interview will take about 13 minutes to complete, depending on experiences.

FOR ADMITTED PATIENTS (HCAHPS ADD-ON): Some of the questions in the survey will ask about your emergency room experience, and others will ask about your hospital stay. The interview will take about 10 minutes to complete, depending on experiences.

We will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. We will not share your information with anyone other than authorized persons at the Centers for Medicare & Medicaid Services, except as required by law. We will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your health care in any way.**

This call may be monitored [recorded] for quality improvement purposes.

I'd like to begin the survey now, is this a good time for us to continue?

YES – GO TO MONITOR

NO, CALL BACK - GO TO CALLBACK MODULE

NO, R UNABLE - GO TO STANDARD ITEM TO CODE DECEASED,
UNABLE, ETC.

REFUSE – GO TO REFUSAL MODULE

BEGIN SURVEY