

Hospice Experience Survey

Telephone Script

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the caregiver and complete the telephone interview. The script explains the purpose of the survey.

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).
- Skip patterns will be programmed into the electronic telephone interviewing system.

INITIATING CONTACT

START Hello, may I please speak to [SAMPLED CAREGIVER NAME]?

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from the RAND Corporation. We are working with [HOSPICE NAME] and Medicare to conduct a survey about hospice care.

IF ASKED WHY WE ARE CALLING ABOUT A HOSPICE SURVEY:

[HOSPICE NAME] gave us [SAMPLED CAREGIVER NAME]'s name because they were the caregiver for someone who recently received hospice services.

IF ASKED WHETHER PERSON WHO ANSWERED THE PHONE (IF NOT THE SAMPLED CAREGIVER) CAN SERVE AS PROXY FOR SAMPLED CAREGIVER:

For this survey, we need to speak with a person who is knowledgeable about the hospice care received by [HOSPICE PATIENT NAME]. Would you be able to answer specific questions about [HOSPICE PATIENT NAME]'s hospice care?

IF THE SAMPLED CAREGIVER IS NOT AVAILABLE:

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

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

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

- <1> YES [GO TO INTRO]
- <2> PROXY IDENTIFIED – [COLLECT PROXY INFORMATION THEN RETURN TO INTRO]
- <3> REFUSED [REFUSAL]
- <4> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

SPEAKING WITH POSSIBLE RESPONDENT

INTRO Hi, my name is [INTERVIEWER NAME] and I'm calling from the RAND Corporation.

IF SPEAKING WITH THE SAMPLED CAREGIVER: We received your name from [HOSPICE NAME] because you were listed as the caregiver for [PATIENT NAME].

IF SPEAKING WITH PROXY FOR SAMPLED CAREGIVER: We received your name from [SAMPLED CAREGIVER] because he/she indicated that you were knowledgeable about the hospice care received by [PATIENT NAME].

[HOSPICE NAME] is one of many hospices 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 hospice services that patients and their families receive. The information from this survey will be used to help ensure that all Americans get the highest quality hospice care.

We recently sent you a survey in the mail. Did you receive it?

- <1> YES – [GO TO INTRO2]
- <2> NO – [GO TO INTRO2]
- <3> DON'T KNOW/REMEMBER – [GO TO INTRO2]
- <4> REFUSE – [GO TO REFUSAL MODULE]

INTRO2 We realize this may be a difficult time for you, but we hope that you will help us learn about the quality of hospice care by taking a few minutes to answer some questions about your experiences. The interview will take less than 20 minutes, and we encourage you to answer only the questions that you are comfortable responding to.

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

IF ASKED WHETHER SOMEONE ELSE CAN COMPLETE SURVEY:
For this survey, we need to speak with a person who is knowledgeable about the hospice care received by [HOSPICE PATIENT NAME]. Would he/she be able to answer specific questions about [HOSPICE PATIENT NAME]'s hospice care?

- <1> YES – [GO TO CONTINUE]

- <2> PROXY IDENTIFIED – [COLLECT PROXY INFORMATION THEN RETURN TO INTRO]
- <3> NO WILL RETURN COMPLETED MAILED SURVEY - [GO TO CALLBACK MODULE]
- <4> NO, CALL BACK - [GO TO CALLBACK MODULE]
- <5> NO, R UNABLE – [GO TO STANDARD ITEM TO CODE UNABLE, ETC.]
- <6> REFUSE – [GO TO REFUSAL MODULE]

CONTINUE 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 hospice. Your help is voluntary, and you do not have to participate in this survey.

This call may be monitored for quality improvement purposes.

- <1> YES – [BEGIN SURVEY]
- <2> NO, CALL BACK - [GO TO CALLBACK MODULE]
- <3> NO, R UNABLE – [GO TO STANDARD ITEM TO CODE UNABLE, ETC.]
- <4> REFUSE – [GO TO REFUSAL MODULE]