

Response to Comments Submitted Regarding CMS-10500, Outpatient and Ambulatory Surgery Experience of Care Survey, 60 Day Notice

Thank you for the opportunity to respond to comments submitted regarding CMS-10500, Outpatient and Ambulatory Surgery Experience of Care Survey. We value the commenters' careful and thoughtful review and feedback.

1. **Survey is too long; would discourage response.** Please note that the field test versions of surveys are always longer than the final instrument, so we expect that the number of core questions would decrease. The "About You" questions in their entirety are required per the Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex and Disability Status; ref: Section 4302 of the Affordable Care Act.
2. **Redundant terms in title.** Testing showed that respondents understood the differences between these terms. We will keep this title for the survey field test.
3. **Survey does not reflect procedures performed.** Please note instructions on page 1 of survey instrument. Testing demonstrated that patients understood the use of these terms, as we defined them, to mean both surgeries and procedures, including procedures such as endoscopies and pain treatment. In addition, the survey will be administered with a cover letter containing instructions. The cover letter also will include reference to the person's specific procedure at the surgery center named in the letter.
4. **Distinguishing survey from Surgical CAHPS.** The cover letter will include instructions about answering about the care that a specific facility provided.
5. **Use of surgery center vs. facility.** We are replacing the term "surgery center" with "facility." This change will enhance readability and is more intuitive for patient who had a non-invasive procedure. We are changing instructions accordingly.
6. **Question 1— inclusion of the word "all" might be misleading.** The word "all" will be deleted from this question. New question: 1. Did your doctor or anyone from the surgery center give you the information you needed about your procedure?" Yes, definitely; Yes, somewhat, No.
7. **Delete question 3, smooth check in process.** We will include this question in the survey field test. Testing showed that a smooth check-in process is important to patients, and cited experiences where the process was not smooth.
8. **Inclusion of question 4 (screener for delay in procedure) and question 5 (kept informed about the delay).** The purpose of question 4 is to serve as a screener, and to orient respondents to the following question. The survey is concerned about whether the patients were kept informed of the delay, and not whether a delay occurred. Testing showed that this issue was of concern to patients and had significant implications for their health (eg., significant delay was not communicated to a patient who needed to eat). We will include these questions in the survey field test.

9. **Patient privacy (question 7, not question 4, per comments).** We will include this question in the survey field test. While testing showed that patients had lowered expectations for privacy in this setting, they were still concerned about this issue.
10. **Two courtesy and respect questions (questions 9 and 10) are redundant:** Both of these questions are included in order to mirror question wording and structure of CAHPS surveys. We will keep these questions for the survey field test, and will examine responses to both questions.
11. **Question 11 – Comfort.** Please note that this question is not specifically focused on pain. Comfort refers to other concerns such as meeting patient requests for extra blankets or providing reassurance. Testing showed that these concerns were important to patients. We will keep the question for the survey field test, however we will change the wording of the question. The question will read: “ Did the doctors, nurses and other staff make sure you were as comfortable as possible? Yes, definitely; Yes somewhat; No.”
12. **Question 12 (screener) and question 13 (answering all your questions).** Please note that the purpose of item 12, which is a screener question, is to position the respondent for Question 13. We will revise both questions. Question 12 will read: “Did you have any questions for the doctors, nurses or other staff? Yes, No (skip to question 14 for No response.” Question 13 will read: “Did the doctors, nurses and other surgery center staff answer your questions? Yes, definitely; Yes, somewhat; No.”
13. **Question 15, conflicting information.** Testing indicated that this issue was of concern to patients, and that patients received unresolved conflicting information about their surgery/procedure. We will keep this question for the survey field test.
14. **Questions 16 – 18, anesthesia.** Please note that the purpose of Question 16 is to orient the respondent to the questions that follow. We recognize the possible overlap with the word “things” in question 14. We will keep questions 16-18 in the survey field test to understand how the respondents are answering these questions.
15. **Lack of patient safety questions.** Patient safety questions were included in testing. We were not able to develop questions about actions that patients could uniformly observe. For example, patients might not be able to observe all occurrences of whether staff washed their hands, nor might they be able to observe all instances of nurses checking bands before administering medications. As such, negative information might not be a true indication of facility staff error.
16. **Instructions about limiting information to experiences at the surgery center.** These instructions were drafted to ensure that surgery centers aren’t held accountable for experiences outside their control. In addition, testing showed that patients weren’t always clear about when their experience with the facility started, based on facility-specific scheduling and other practices.
17. **Question 19—written discharge instructions.** We will keep this question for the survey field test. While written discharge instruction are required per ASC Conditions for Coverage, testing showed that sometimes instructions were generic and not tailored for, or specific to the respondent’s individual situation, and therefore not helpful. The question

does not focus on whether patients received information but whether it included instructions that the patients needed.

We recognize the concern that patients might have received this information (as well as other information) before the procedure. Positioning the question in the section “After Your Procedure” might cause respondents to answer incorrectly. To address this concern, we have made the following changes. 1) We created a new Section **III, Communications about Your Procedure** to include questions 12-20. Please note that this section now includes the question about discharge information (question 19) and the question about help getting home (now question 20, formerly question 21). We added Section **IV, Your Recovery**. This section includes questions 21-34. Question 21 (formerly question 20) asks about preparing for recovery.

18. **Question 20—“Did the surgery center ask you if you had someone to help you get home.....” (formerly question 21)** We recognize that this is a requirement of ASC Conditions of Coverage. However, testing found that one patient who had been sedated was told that he did not need help getting home. We will keep this question in the survey field test to understand whether there is much variation in the question.
19. **Question 21 – “...did the surgery center prepare you...” (formerly question 20)** Testing showed that respondents understood this question and further that there was a subtle and significant difference between telling someone what to expect and preparing them for what to expect.
20. **Questions 20, 21, 22, 25, 28, 31 – surgery center staff.** We changed the references “surgery center staff” and “anyone from the surgery center” to mirror what was used in the previous section (“your doctor or anyone from the facility”).
21. **Questions 22, 25, 28, 31. Patient reported outcomes, and comment about pain and other outcomes are not expected in all procedures.** Measurement of patient reported outcomes (PRO) are required per the scope of work, so they cannot be deleted. We recognize that outcomes will differ based on nature of surgery/procedure, although clinical experts have suggested that some kind of pain might be expected in most procedures. We are collecting procedure codes in the field test to explore the possibility of adjusting outcomes appropriately. Further, note these questions are screening questions and serve to orient respondents to the two follow-up questions. The purpose of each set of three questions for each PRO is to screen for whether the respondent received information about a possible PRO, identify whether the patient knew how to seek care if they experienced that PRO and then sought care. If the respondent did not receive information about, and did not experience the PRO, then they would report “no” to second question in the series and would skip the follow-up question about whether medical attention was sought. We will keep these questions for the survey field test.
22. **Questions 24, 27, 30, 33:** We believe that the current phrasing of the questions asks about follow- up care in way that is neither burdensome nor misleading. These questions are not aimed at identifying and measuring specific outcomes for specific procedures. We will

examine the correlations between the responses to these follow-up questions compared to the responses to Questions 22, 25, 28, and 31.

23. **Question 22: What to do if you had pain.** We will change the wording to “Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure? Yes; No”
24. **Rewording of question 31.** We will revise question 31 to read: “Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?” Yes; No
25. **Rewording of question 34.** We will keep this question for the survey field test. If we were to change it to say “...did your doctor or anyone from the surgery center **attempt to** contact you...” we would increase probability of an incorrect response, as respondents might not know if there was a contact attempt.
26. **Survey excludes pediatric patients.** The survey and the expected administration procedures would not be appropriate for pediatric patients. Parents would need to respond for pediatric patients. Proxy respondents are not allowed, although respondents are able to ask others for help with reading the questions or scribing the answers. Questions 48 and 49 serve to identify those surveys in which respondents had more substantial assistance. Further, the nature and phrasing of questions aimed at pediatric patients would be different from those aimed at adults. Questions appropriate for pediatric patients would ask about provider communication differently, for example, or would include more directed questions about reassurance and comfort.
27. **Use of web-based surveys.** Our research indicates that at this point in time we are still concerned about bias inherent in a web-based survey. However, CMS continues to examine this issue to determine its feasibility.
28. **Administration concerns.** Thank you for your comments. Please note that this OMB submission is for field testing the draft survey instrument. The comments are relevant for national implementation of the survey, not for this field test of the draft survey instrument.
29. **Other materials in support of survey.** Draft materials that are relevant to the survey field test will be developed and administered as part of the field test.