2012 TRICARE Inpatient Satisfaction Survey (TRISS)

Report of Findings

(April 2011 – March 2012 Discharges)

8 October 2012

TRICARE®

Defense Health Cost Assessment and Program Evaluation (DHCAPE)

ALTARUM INSTITUTE

SYSTEMS RESEARCH FOR BETTER HEALTH

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Prepared for

TRICARE Management Activity

Defense Health Cost Assessment and Program Evaluation (DHCAPE)

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Contract Number: GS-10F-0261K

Preface

This document contains Altarum's Report of Findings for the TRICARE Inpatient Satisfaction Survey (TRISS). It was produced as part of Contract Number GS-10F-0261K, Delivery Order/Call No. W81XWH-10-F-0573, under the guidance of TRICARE Management Activity (TMA), Defense Health Cost Assessment and Program Evaluation (DHCAPE).

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1.0 Executive Summary

1.1 Introduction

The TRICARE Inpatient Satisfaction Survey (TRISS) reports on the experiences of inpatient adult beneficiaries, receiving care from the Military Health System's (MHS) direct care (DC) military treatment facilities (MTF) and at its civilian network/purchased care (PC) hospitals. This report summarizes survey results from 41,503 TRICARE inpatients of whom 27,966 received care in 58 MTFs and 13,537 received care in 67 PC network hospitals. The 100,924 beneficiaries who received surveys consisted of DC patients discharged from 1 April 2011 to 31 March 2012. The 41,503 responses constitute an overall response rate of 41.1%.

During this reporting year, we administered the TRISS survey to a random sample of discharged adult patients, 18 years of age and older, across medical conditions using three different survey modes initially: mail and Web with telephone follow-up. The Web mode was fielded to patients discharged from April through June 2011 and was discontinued thereafter. For DC patients, their surveys were administered up to six weeks (42 days) after discharge in compliance with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) standard. This standard did not apply to PC patients.

For each MTF and PC hospital, we reported ten HCAHPS measures (two Overall Indicators, six Composites and two Individual Items). The two Overall Indicators report patients' *Overall Hospital Rating*, and whether they would *Recommend the Hospital* to family and friends. The Composites and Individual Items ask about patients' specific experiences related to their care. The six Composites are constructed from two or more survey questions. This approach of combining related questions into composites increases the statistical reliability of these measures. The six Composites summarize:

Results at a Glance

MHS:

- Beneficiaries gave Overall satisfaction ratings for MHS care that were lower than the benchmarks. Purchased Care (PC) rated slightly higher than Direct Care (DC)

Direct Care:

- Among the Services, Air Force's Overall satisfaction ratings were higher than the both *Overall Hospital Rating* and *Recommend the Hospital* benchmarks
- DC ratings were higher than all benchmarks for specific experiences (Composites and Individual Items)
- For the three Product Lines (Medical, Surgical and OB-GYN), Overall satisfaction was highest from the Surgical Product Line respondents
- MTFs
  - The 88th Medical Group, Wright Patterson, AFB and San Antonio Military Medical Center, Fort Sam Houston received ratings at or above the 90th percentile for both *Overall Hospital Rating* and *Recommend the Hospital*

Purchased Care:

- PC satisfaction was lower than the benchmark for *Overall Hospital Rating*, and equaled the benchmark for *Recommend the Hospital*
- PC hospitals that received an *Overall Hospital Rating* at or above the 90th percentile were:
  - Sharp Memorial Hospital, San Diego, CA
  - Sacred Heart Medical Center, Spokane, WA
  - University of Colorado Hospital, Aurora, CO
  - St. Luke's Regional Medical Center, Boise, ID
  - Vanderbilt University Hospital, Nashville, TN
  - Texas Health Harris Methodist Hospital, Fort Worth, TX
  - Grossmont Hospital, La Mesa, CA
  - Pitt County Memorial Hospital Greenville, NC

- How well nurses communicate with patients,
- How well doctors communicate with patients,
- How responsive hospital staff are to patients' needs,
- How well hospital staff help patients manage pain,
- How well staff communicate with patients about medicines, and
- Whether key information is provided at discharge.

The two remaining Individual Items address the *Cleanliness of Hospital Environment* and *Quietness of Hospital Environment*.

For all Overall Indicators, Composites, and Individual Items, this report provides the reader information on how DC MTFs and PC network hospitals' ratings compare to HCAHPS national benchmarks established by the Centers for Medicare and Medicaid Services (CMS) for civilian hospitals. In addition, we report ratings by:

- MHS-Wide (DC and PC combined)
- DC and PC separately,
- TRICARE Regions , and
- Military Services.

We also report ratings by beneficiary categories and Product Lines: Medical, Surgical and Obstetrics and Gynecology (OB-GYN) to facilitate targeted analyses.

For the first time in this report, we applied the patient-mix adjustment methodology used by HCAHPS to our estimates to obtain analogous estimates to those reported on the Hospital Compare Website. Hospital Compare is a public-facing website that reports HCAHPS survey scores for hospitals throughout the United States, http://hospitalcompare.hhs.gov/. Patient-mix adjustments were applied to DC and PC combined, overall DC and overall PC, TRICARE Regions, Military Services (Services) and DC MTFs.

1.2 Key Findings

Highlights for MHS include (Exhibit 1):

- Overall, beneficiaries' gave satisfaction ratings for MHS care, *Overall Hospital Rating* (65%) and *Recommend the Hospital* (69%), that were lower than the benchmarks[1] (68% and 70%, respectively). PC ratings for these Overall indicators were 66% and 70%, respectively, slightly higher than their DC counterparts (65% and 68%).
- When patients reported on specific experiences (Composites and Individual Items), DC scored higher than all benchmarks, and PC exceeded four and equaled two benchmarks. DC scores for specific experiences were higher than scores for PC.
- Respondents rated all eight Composites and Individual Items above the benchmarks.

Ratings for the product lines (Exhibit 1):

- On the two Overall Indicators, *Overall Hospital Rating* (72%) and *Recommend the Hospital* (76%) respondents in the Surgical Product Line gave the highest ratings

[1] The term, benchmark, refers to the 50th percentile unless otherwise stated.

for both while respondents in the OB-GYN Product Line gave the lowest rating for both (54% and 61%).

- For the Composites and Individual Items, respondents in the Surgical Product Line gave the highest scores on most items, while those in the OB-GYN Product Line gave the highest ratings on *Responsiveness of Hospital Staff* (74%) and *Quietness of Hospital Environment* (72%) and equal to the highest ratings on *Communication about Medicines* (75%).

Ratings by respondent beneficiary categories (Exhibit 1):

- The retiree categories gave the highest scores for *Overall Hospital Rating*, under age 65 (72%) and ages 65 and older (78%), while ratings given by AD (55%) and AD family (55%) were much lower.
- The rating for *Recommend the Hospital* followed a similar pattern with the retirees under age 65 (77%) and age 65 and older (79%) giving higher ratings, while AD (62%) and AD family (61%) rated hospitals much lower.
- For the eight Composites and Individual Items:
  - The AD beneficiary category gave the highest ratings on all items except *Communication with Doctors* (83%), *Communication with Nurses* (82%), and *Pain Management* (72%).
  - Two of four beneficiary categories (AD and retirees and family under age 65) rated all Composites and Individual Items higher than the benchmarks. AD families rated all but two of these items above the benchmark and *Communications with Nurses* at the benchmark (77%) and *Cleanliness of Hospital Environment* (71%) slightly beneath the benchmark (72%).
  - The retirees and family age 65 and older beneficiary category rated all Composites and Individual Items above the benchmarks except *Quietness of Hospital Environment* (57%), which they rated below the benchmark (59%).

Direct care results are based on 27,966 responses reported by Service and product line. Highlights include:

- On *Overall Hospital Rating* (72%) and *Recommend the Hospital* (75%), only Air Force MTFs were rated higher than the benchmarks (68% and 70%, respectively) by respondents (Exhibit 14).
- For the eight Composites and Individual Items, (Exhibit 14 and 15) the overall DC ratings were higher than all benchmarks. All individual Services' received equal or higher ratings than all benchmarks for all items except *Cleanliness of Hospital Environment*, where respondents rated Navy MTFs 70%, below the benchmark of 72%, and *Pain Management* 69%, below the benchmark of 70%. Air Force MTFs received the highest or equal to highest ratings on all items compared to the other Services except for *Cleanliness of Hospital Environment*, where Army received a rating of 76% that exceeded both the benchmark (72%), Navy (70%) and Air Force (75%) ratings.
- For the three Product Lines (Exhibit 14 and 15), *Overall Hospital Rating* and *Recommend the Hospital* were highest from the Surgical Product Line respondents. Surgical (72% and 76%) and Medical (69% and 74%) Product Line respondents gave ratings higher than the benchmark for *Overall Hospital Rating* (68%) and *Recommend the Hospital* (70%), and exceeded benchmarks for all Composites and Individual Items with the exception of *Pain Management*, where the Medical

Product Line (69%) was rated slightly lower than the benchmark (70%). OB-GYN respondents rated care much lower for both *Overall Hospital Rating* (52%) and *Recommend the Hospital* (57%), though scores for Composites and Individual Items exceeded the benchmark, except for *Cleanliness of Hospital* (71%). Surgical respondents consistently rated most Composites and Individual Items highest. OB-GYN respondents rated *Quietness of Hospital Environment* highest (73%).

- Retirees and family rated satisfaction with Overall indicators higher than the other beneficiary categories and benchmarks (Exhibits 14 and 15). All beneficiary categories gave higher ratings than the benchmarks for all Composites and Individual Items except for AD family members, who gave ratings at the benchmark (77%) for *Communication with Nurses* and slightly below the benchmark (72%) for *Cleanliness of Hospital Environment* (70%).
- The 88th Medical Group-Wright Patterson Air Force Base and San Antonio Military Medical Center, Fort Sam Houston rated in the 90th percentile (81% and 79%, respectively) for *Overall Hospital Rating* (Exhibit 4). Both the 88th Medical Group (84%) and San Antonio Military Medical Center, Fort Sam Houston (83%) also rated in the 90th percentile for *Recommend the Hospital* (Exhibit 6). Nineteen MTFs were rated at or above the benchmark (68%) for *Overall Hospital Rating* (Exhibit 4), and 19 MTFs were rated at or above the benchmark (70%) for *Recommend the Hospital* (Exhibit 6).

Purchased care results are based on 13,537 responses reported by regions and product line. Highlights include:

- PC satisfaction (66%) (Exhibit 22) was lower than the benchmark for *Overall Hospital Rating* (68%) and equal to the benchmark (70%) for *Recommend the Hospital* (70%). Respondents from TRICARE Regional Office (TRO) West hospitals gave the highest ratings among Regions on *Overall Hospital Rating* (68%). Both TRO South's (71%) and TRO West's (72%) ratings exceeded the benchmark, while TRO North's rating (67%) was lower than the benchmark (70%) for *Recommend the Hospital*.
- For the eight Composites and Individual Items (Exhibits 22 and 23), TRO South respondents gave ratings that exceeded or equaled the benchmark on all items except for *Responsiveness of Hospital Staff* (64%, Benchmark 65%). TRO West respondents gave higher ratings on five of the eight Composites and Individual Items. TRO North's scores equaled the benchmarks on two items and exceeded the benchmarks for *Discharge Information* (86%, Benchmark 83%) and *Communication about Medicines* (66%, Benchmark 62%).
- For the three Product Lines (Exhibits 22 and 23), *Overall Hospital Rating* (72%) and *Recommend the Hospital* (76%) were rated highest by respondents in the Surgical Product Line. For the Composites and Individual Items, OB-GYN respondents gave the highest score on six of the eight items, while Surgical respondents also gave the highest scores on four items.
- Retirees and family age 65 and older gave ratings for *Overall Hospital Rating* (71%, Benchmark 68%) and *Recommend the Hospital* (73%, Benchmark 70%) that were higher than those given by the other beneficiary categories and benchmarks, though their ratings were below the benchmarks for five of the eight Composites and Individual Items. AD and AD family members gave ratings higher than the benchmarks for all Composites and Individual Items. In general, AD and

AD family members gave higher ratings on Composites and Individual Items than the retirees and family (Exhibit 22 and 23).

- Sharp Memorial Hospital, San Diego, CA received the highest rating for *Overall Hospital Rating* (87%), in the 90th percentile along with seven other PC network hospitals (Exhibit 18), as well as the highest rating for *Recommend the Hospital* (94%) (Exhibit 20). Thirty-eight PC hospitals were at or above the benchmark of 68% (Exhibit 18) for *Overall Hospital Rating*, while 45 hospitals received ratings at or above the benchmark (70%) for *Recommend the Hospital* (Exhibit 20).

1.3 About TRISS and the Hospital Consumer Assessment of Healthcare Providers and Systems

The TRISS survey includes questions from the HCAHPS questionnaire as well as Department of Defense (DoD) specific questions. The HCAHPS component of the survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care.

HCAHPS designed this national survey with three broad goals in mind:

- A standardized survey that allows objective and meaningful comparisons of hospitals on topics that are important to consumers,
- Public reporting of HCAHPS results to create new incentives for hospitals to improve quality of care, and
- Enhanced accountability through public reporting by increasing transparency of the quality of hospital care provided in return for the public investment.

TRISS is structured to align closely with HCAHPS' goals by producing data about patients' perspectives regarding care that allow objective and meaningful comparisons of care in MTFs and PC hospitals on topics important to TRICARE beneficiaries, DoD leaders, and military healthcare providers. These survey results identify opportunities for benchmarking best practices, improving quality of care and enhancing accountability within the MHS for the public investment of caring for our beneficiaries.

The HCAHPS survey was developed over a multiyear partnership of the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). AHRQ carried out a rigorous, multi-faceted scientific process to validate the survey, which has been endorsed by the National Quality Forum, a national organization that represents the consensus of many healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations.

CMS first implemented the HCAHPS Survey in October 2006 and as of Spring 2012, 3,851 hospitals reported HCAHPS results on the Hospital Compare. These hospitals submit responses to this core set of questions to CMS on a quarterly basis. Their data are then used to calculate quarterly average benchmark scores for patient satisfaction with inpatient experiences, with which hospitals can measure their individual scores and the public can use these reports to inform their healthcare decisions.

The TRISS survey instrument, the basis for this report, asked recently discharged patients 41 questions about their hospital stay. The survey contained 27 core HCAHPS questions about critical aspects of patients' hospital experiences and 14 DoD specific items/questions. The DoD questions are not included in this report. To view results for the DoD questions or more information beyond what is covered in this Report of

Findings, see the TRISS reporting Website, https://surveys.altarum.org/triss/. This website currently supports over 500 MHS users by reporting patient satisfaction scores for MHS, Military Services, TROs, and for DC and PC hospitals. The Website incorporates interactive tools and resources for assisting health professionals in assessing and improving patient satisfaction and medical care.

Exhibit 1: Overall Summary: TRISS Satisfaction Ratings

					Product Line[2]			Beneficiary Category[2]			
	CMS Benchmark	DC & PC Combined[1]	Direct Care[1]	Purchased Care[1]	Medical[1]	Surgical[1]	OB[1]	AD[1]	AD Family[1]	Retirees & Family under 65[1]	Retirees & Family 65+[1]
Overall Indicators											
Overall Hospital Rating	68%	65% -	65% -	66% -	68%	72% +	54% -	55% -	55% -	72% +	78% +
Recommend Hospital	70%	69% -	68% -	70%	72% +	76% +	61% -	62% -	61% -	77% +	79% +
Composites											
Communication with Doctors	81%	83% +	84% +	81%	80% -	88% +	83% +	83% +	82% +	85% +	82% +
Communication with Nurses	77%	81% +	82% +	78% +	80% +	82% +	78% +	82% +	77%	83% +	80% +
Communication about Medicines	62%	70% +	72% +	66% +	70% +	75% +	75% +	80% +	72% +	73% +	67% +
Responsiveness of Hospital Staff	65%	70% +	74% +	64% -	67% +	71% +	74% +	74% +	71% +	71% +	67% +
Discharge Information	83%	87% +	88% +	86% +	84% +	91% +	89% +	90% +	89% +	88% +	84% +
Pain Management	70%	71%	71%	70%	68% -	77% +	73% +	72% +	71% +	74% +	74% +
Individual Items											
Cleanliness of Hospital Environment	72%	74% +	74% +	73%	75% +	78% +	72%	80% +	71% -	76% +	75% +
Quietness of Hospital Environment	59%	62% +	64% +	57% -	61% +	65% +	72% +	75% +	70% +	64% +	57% -

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.
[2]Ratings below the hospital level are weighted rather than patient-mix adjusted: Product Lines, Beneficiary Categories.

2.0 Overview of Methodology

2.1 Background

The TRISS reports on the experiences of beneficiaries, who received medical, surgical, or obstetric inpatient care in MHS MTFs, or through its civilian network hospitals, while maintaining compliance with guidelines used by HCAHPS. The objective of TRISS is to measure patients' satisfaction with their experiences regarding services received and the care environment, measured by the following two Overall Indicators:

- A score of 9 or 10 on rating the hospital stay (Question 21)
- A response of "Definitely Yes" to recommending the hospital to friends and family (Question 22)

The TRISS includes questions from the HCAHPS survey instrument where adults are asked about their recent experiences as an inpatient.

The survey focuses primarily on the following:

- Doctor communication and courtesy
- Nurse communication and courtesy
- Communication about medicines
- Responsiveness of hospital staff
- Discharge information
- Pain management
- Cleanliness of hospital environment
- Quietness of hospital environment
- Overall satisfaction with the inpatient visit
- Willingness to recommend the hospital to family and friends

Inpatient experiences are compared to civilian healthcare benchmarks published quarterly by HCAHPS (http://www.hcahpsonline.org/home.aspx). HCAHPS benchmarks are based on civilian discharge data from three Product Lines; Medical, Surgical, and OB-GYN, though all estimates from HCAHPS combine scores from the three product lines. Inpatient visits are categorized into one of the three product lines based on the Diagnosis Related Group (DRG) code associated with that inpatient stay.

Using TRISS, MHS leaders are able to monitor satisfaction levels and make comparisons to satisfaction levels in civilian care. This information enables informed decision making for quality improvement initiatives related to inpatient healthcare services.

2.2 Sampling Process

All inpatient discharge records from MTFs worldwide are delivered on a bimonthly basis from the Composite Health Care System (CHCS) for the DC sample frame. Similarly, all inpatient discharge records from care delivered by TRICARE's civilian provider network are pulled monthly from the MHS Data Repository (MDR) to create the PC sample frame. The following list of key inclusions/exclusions is applied to the inpatient discharge records in order to create the final sample frame:

- Patients over the age of 18,
- Patients with a valid discharge, defined by HCAHPS [DRGs include: Obstetric Product Line (765-768, 774, 775), Medical Product Line (52-103, 121-125, 146-159, 175-208, 280-282, 286-316, 368-395, 432-446, 533-566, 592-607, 637-645,

682-700, 722-730, 754-761, 776-782, 808-816, 834-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977), Surgical Product Line (1-8, 10-14, 16-17, 20-42, 113-117, 129-139, 163-168, 215-265, 326-358, 405-425, 453-517, 570-585, 614-630, 652-675, 707-718, 734-750, 769, 770, 799-804, 820-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969, 970, 981-989) , or missing],

- Patients without a mental health or substance abuse diagnosis; and
- Patients without a diagnosis of stillbirth, abortion, false labor, or antepartum.

After exclusions are applied, the sample is drawn. The sample is selected using a simple random sample of discharges drawn with respect to MTF Defense Medical Information System (DMIS) identification (ID) for DC. To better identify PC civilian facilities, we use a combination of tax ID, multi-provider suffix codes, and provider zip code to identify distinct facilities and comparable hospitals as reported on Hospital Compare.

2.3 Data Collection

Data collection procedures for TRISS follow the survey administration instructions from the HCAHPS Quality Assurance Guidelines, which can be found at http://www.hcahpsonline.org/home.aspx. TRISS data are collected bimonthly for DC and monthly for PC type. DC refers to care received at MTFs worldwide, and PC refers to care received in civilian network hospitals. The annual sample resource for TRISS is approximately 168,000 discharges MHS-wide, which are allocated equally among DC MTFs and PC hospitals. Based on the survey collection in this year's report, TRISS has an average response rate of 41.1%.

Questionnaires are mailed to respondents. Initially, in 2011, TRISS respondents were given the option of completing the survey online; however this mode was discontinued since it is not an approved mode under HCAHPS. Approximately three weeks after the survey is mailed, a telephone survey concurrently fields to any non-respondents. Both mail and telephone modes end on the same date. Only completed survey results that are returned before the end of the fielding period are included in the final results.

2.4 Calculations and Composite Measures

Composites are groups of questions that measure a domain of care. On the TRISS there are six Composites and two Individual Items (questions) that are based on the HCAHPS survey, which have a corresponding benchmark derived from a civilian benchmark survey.

Scores from the individual questions are used in the calculation of the final composite score. Composite scores are created by first calculating the weighted proportion of patient responses in a favorable response category (i.e., "Always" for questions asking respondents how often they had a specific experience) for each item in a composite. The proportions of all individual questions in a composite are then combined to create the final composite score. Specific details of composite calculations can be found in Appendix A: Methodology of this report.

These domains are defined as:

- **HCAHPS Composite 1: Communication with Nurses**
  - During this hospital stay, how often did nurses treat you with courtesy and respect? (Question 1)

- During this hospital stay, how often did nurses listen carefully to you? (Question 2)
- During this hospital stay, how often did nurses explain things in a way you could understand? (Question 3)

- **HCAHPS Composite 2: Communication with Doctors**
  - During this hospital stay, how often did doctors treat you with courtesy and respect? (Question 5)
  - During this hospital stay, how often did doctors listen carefully to you? (Question 6)
  - During this hospital stay, how often did doctors explain things in a way you could understand? (Question 7)
- **HCAHPS Composite 3: Responsiveness of Hospital Staff**
  - During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (Question 4)
  - How often did you get help in getting to the bathroom, or in using a bedpan as soon as you wanted? (Question 11)
- **HCAHPS Composite 4: Pain Management**
  - During this hospital stay, how often was your pain well controlled? (Question 13)
  - During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (Question 14)
- **HCAHPS Composite 5: Communication about Medications**
  - Before giving you any new medicine, how often did the hospital staff tell you what the medicine was for? (Question 16)
  - Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (Question 17)
- **HCAHPS Composite 6: Discharge Information**
  - During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Question 19)
  - During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Question 20)
- **HCAHPS Individual Question 1: Cleanliness of Hospital Environment**
  - During this hospital stay, how often were your room and bathroom kept clean? (Question 8)
- **HCAHPS Individual Question 2: Quietness of Hospital Environment**
  - During this hospital stay, how often was the area around your room quiet at night? (Question 9)

3.0 Demographics of the Survey

The TRISS sample was developed using a two-stage process that included sampling DC and PC separately. Overall, the sample included 100,924 inpatients who met all survey inclusion criteria. Of those, 69,611 were sampled from the DC sample frame, which included all inpatients discharged from 1 April 2011 to 31 March 2012 and met HCAHPS and DHCAPE inclusion criteria. The PC sample of 31,313 inpatients was created using a sample frame including inpatients seen in higher volume civilian facilities also with discharge dates between 1 April 2011 to 31 March 2012.

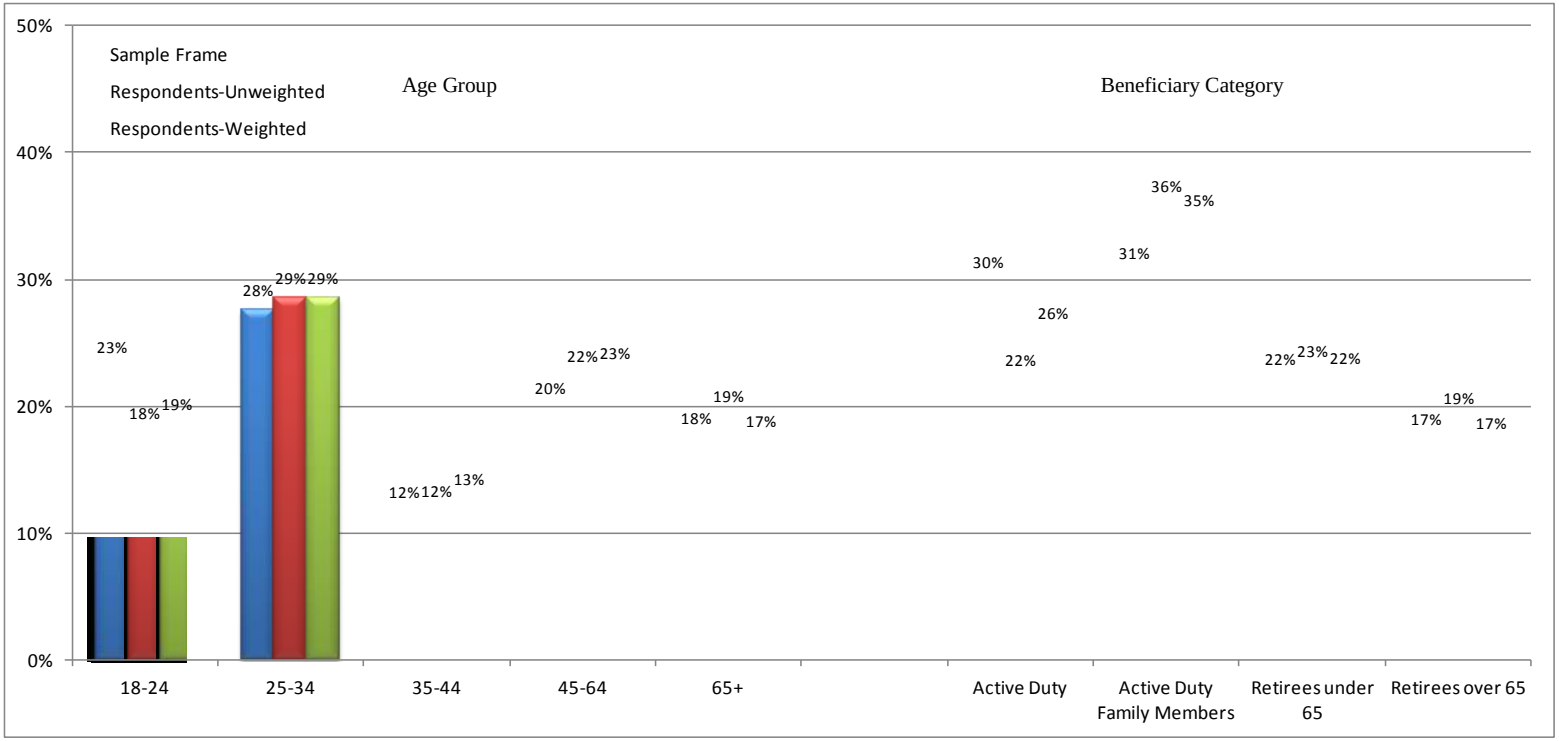
Of the 41,503 total respondents, 27,966 were DC respondents and 13,537 were PC respondents. DC and PC survey responses were weighted, as well as sampled, in separate processes, warranting distinct examination of demographic characteristics.

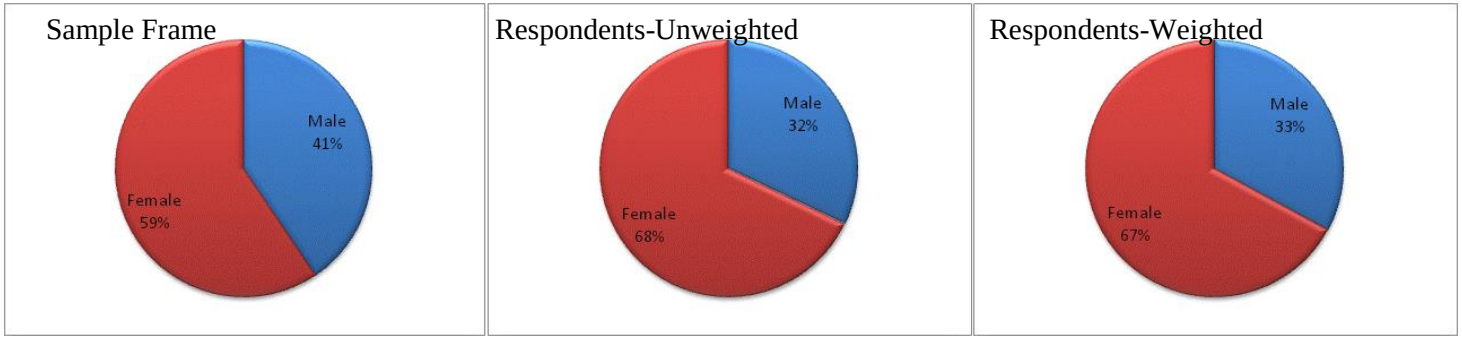
3.1 Direct Care – Comparison of the DC Sample Frame to Respondents, Weighted and Unweighted

Direct Care inpatients included in the TRISS sample frame were largely under the age of 35 (51%), AD and AD family members (61%), and female (59%) shown in Exhibit 2.

The distributions of age groups among DC respondents were consistent with the sample frame, with larger numbers of inpatients ages 25 to 34 than other age groups. Once weighted, the distributions of beneficiary category respondents were more comparable to those of the DC sample frame, with a larger proportion of respondents being AD (26%) or AD family members (35%). Though the distribution of gender was similar to the sample frame for respondents, once weighted, the respondents were more comparable to the sample frame.

Exhibit 2: Direct Care – Comparison of the DC Sample Frame to Respondents, Weighted and Unweighted



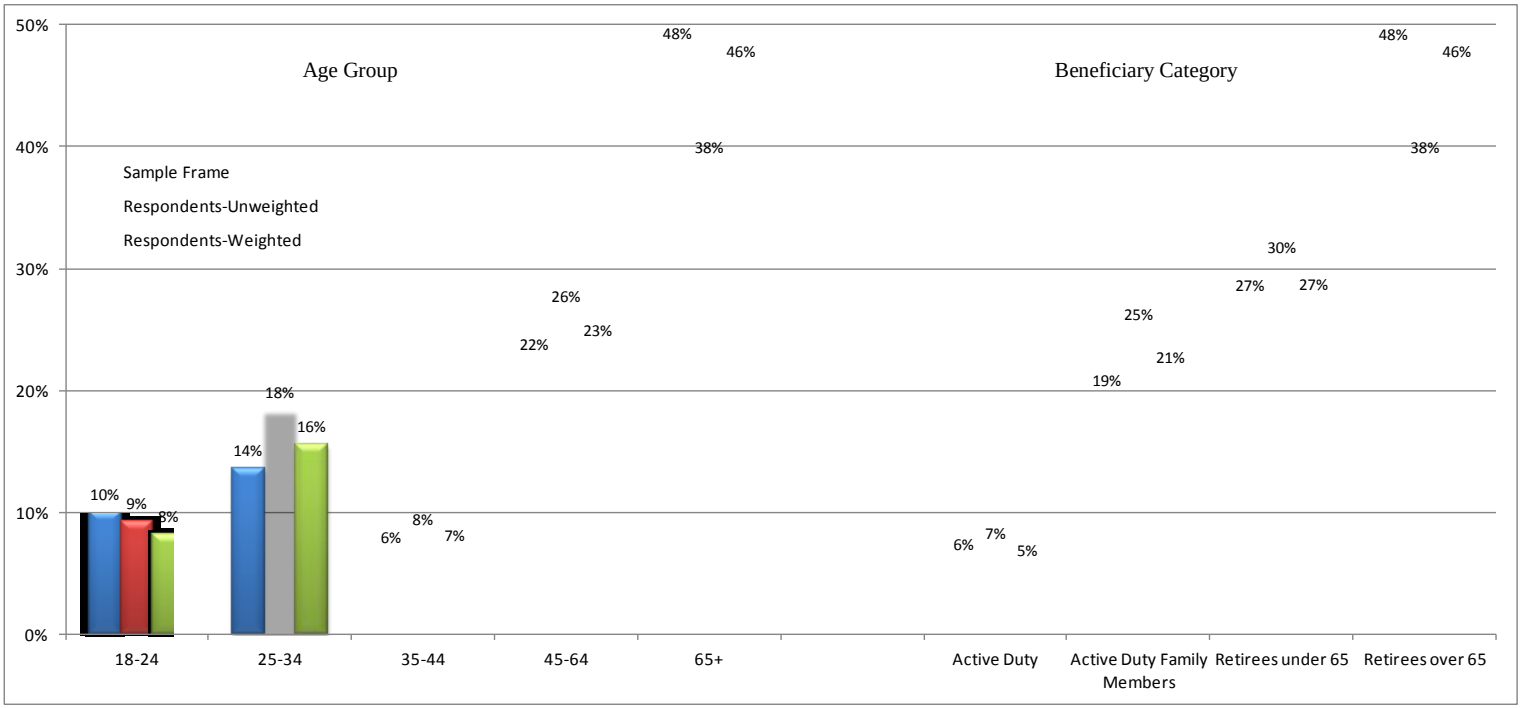


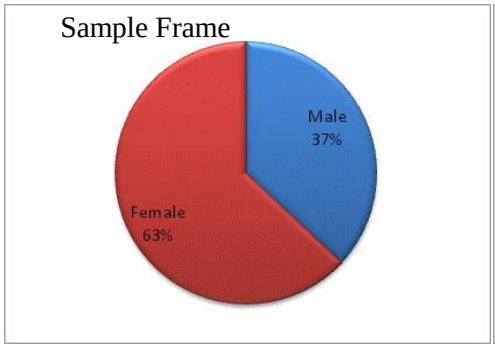
3.2 Purchased Care – Comparison of the PC Sample Frame to Respondents, Weighted and Unweighted

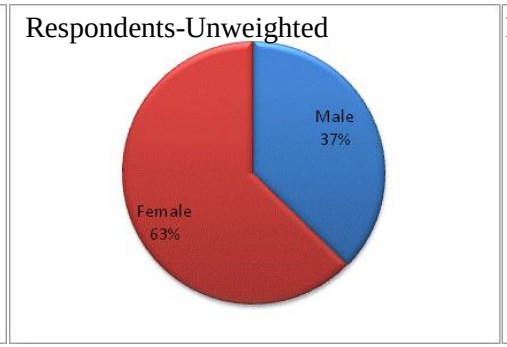
PC inpatients included in the TRISS sample frame were 45 years or older (70%) compared to those in the DC sample frame (38%). Likewise, many more of the PC sample frame were retirees (75%) compared to DC (39%) (Exhibit 2 and 3).

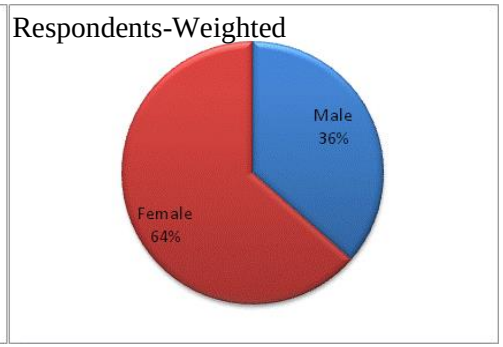
PC respondents included a higher proportion of inpatients 65 years and older (38%) compared to other age groups and a lower proportion compared to the PC sample frame (48%). More PC respondents were retirees age 65 and older (38%) compared to other beneficiary categories and less compared to the PC sample frame (48%).Weighting PC respondents (46%) resulted in similar estimates to the sample frame (Exhibit 3). The distribution of gender was consistent between the PC sample frame (48%) and respondents, regardless of weighting (Exhibit 3). AD made up less than 10% of PC respondents, as opposed to 26% of DC respondents (Exhibit 2).

Exhibit 3: Purchased Care – Comparison of the PC Sample Frame to Respondents, Weighted and Unweighted









4.0 Direct Care – Hospitals Compared to Civilian Benchmark on Overall Indicators

HCAHPS publishes tables of percentile cut points on a quarterly basis for overall indicators and eight Composites and Individual Items (http://www.hcahpsonline.org/files/July%202012%20HCAHPS%20Percentiles%20Table.pdf). The most recent table was published in July 2012 and is based on the most recently available civilian discharges from October 2010 to September 2011. HCAHPS displays the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentiles for the satisfied ratings ("top box", as well as the lower ratings ("bottom box"). Below, we display the HCAHPS "top-box" values for *Overall Hospital Rating* and *Recommend the Hospital.*

HCAHPS PERCENTILES: July 2012 Public Report (October 2010 - September 2011 Discharges)

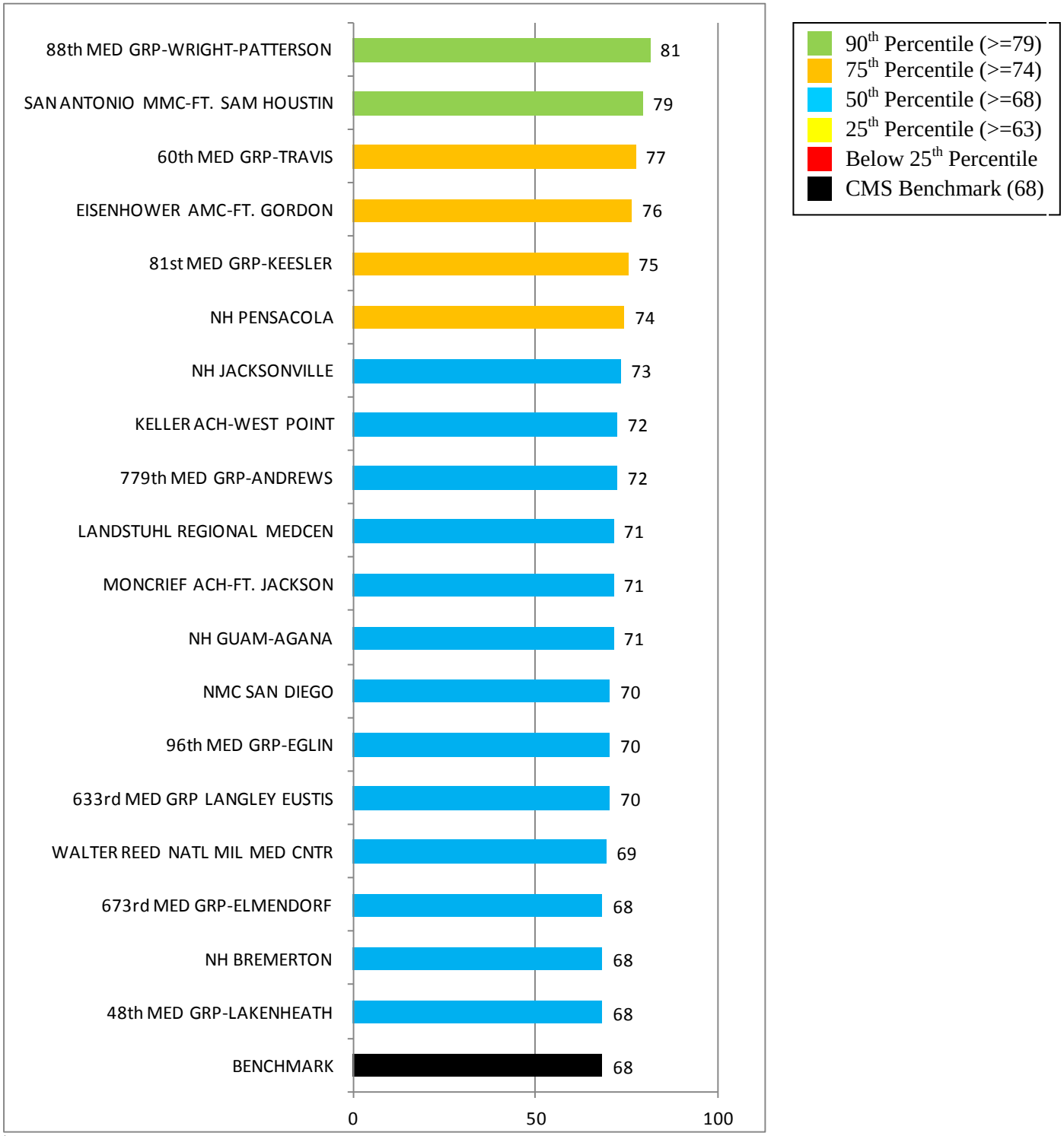
Hospital Percentile	Overall Hospital Rating	Recommend Hospital
95th (near best)	84	86
90th	79	82
75th	74	77
50th	68	70
25th	63	64
10th	57	57
5th (near worst)	54	53

We ranked scores for *Overall Hospital Rating* (Exhibits 4 and 5) and *Recommend the Hospital* (Exhibits 6 and 7) for each MTF and compared to HCAHPS percentile cut points. MTFs were included in the ranking if they had 70 or more respondents.

Of the 48 MTFs reported, two were in the 90th percentile for *Overall Hospital Rating*, with the 88th Medical Group-Wright Patterson having the highest ranking (81%) followed by San Antonio Military Medical Center (79%), while 19 MTFs were at or above the benchmark (Exhibit 4). Nineteen MTFs were below the 25th percentile for *Overall Hospital Rating* (Exhibit 5).

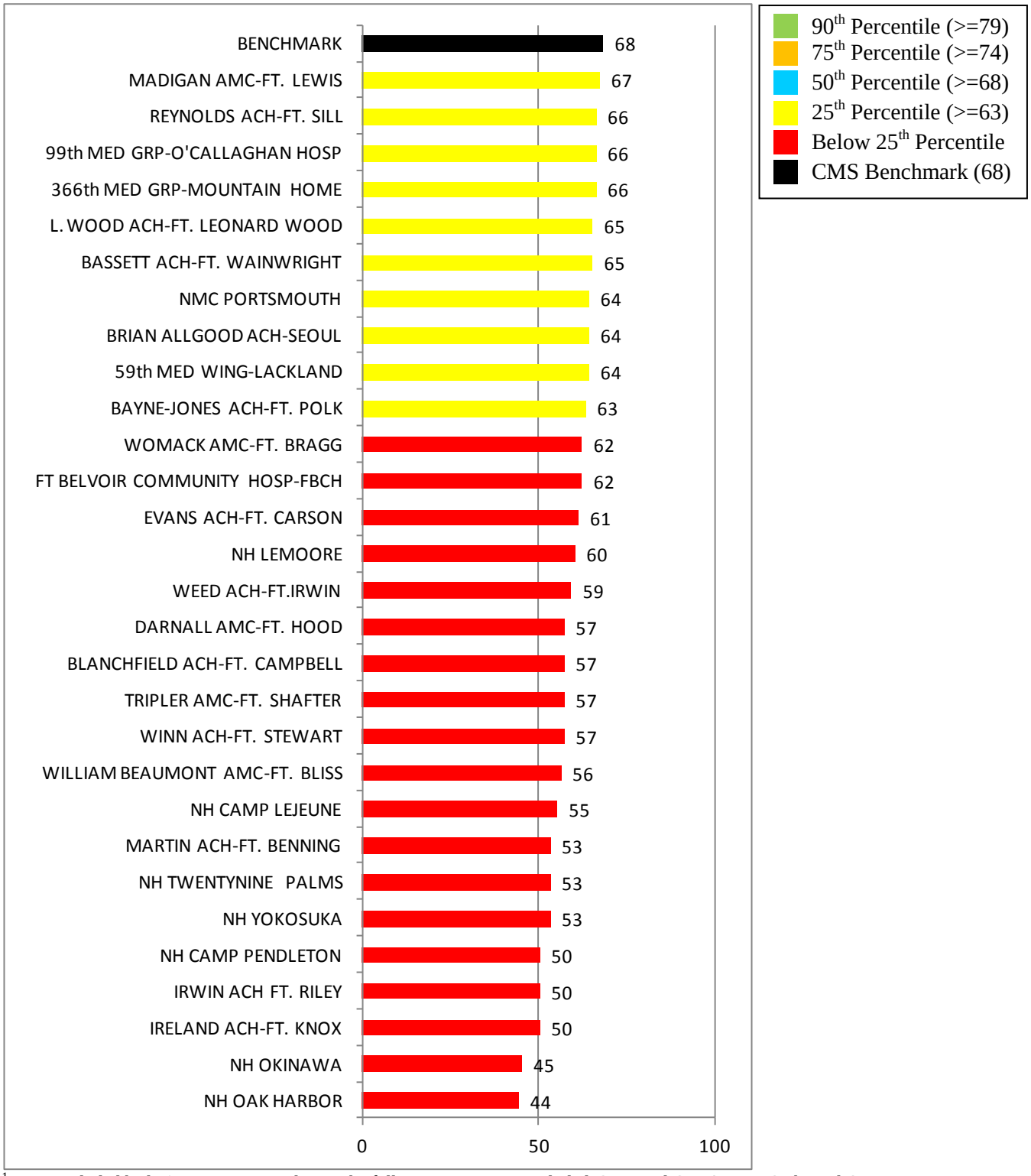
For *Recommend the Hospital*, two MTFs were in the 90th percentile, with the 88th Medical Group-Wright Patterson and San Antonio Military Medical Center rating the highest (84% and 83%, respectively) (Exhibit 6). Nine of 48 MTFs were at or above the 75th percentile for scores on *Recommend the Hospital*, and 19 MTFs were at or above the benchmark. Nineteen MTFs were below the 25th percentile for *Recommend the Hospital* (Exhibit 7).

Exhibit 4: Direct Care Hospitals: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating* Above the Civilian Benchmark



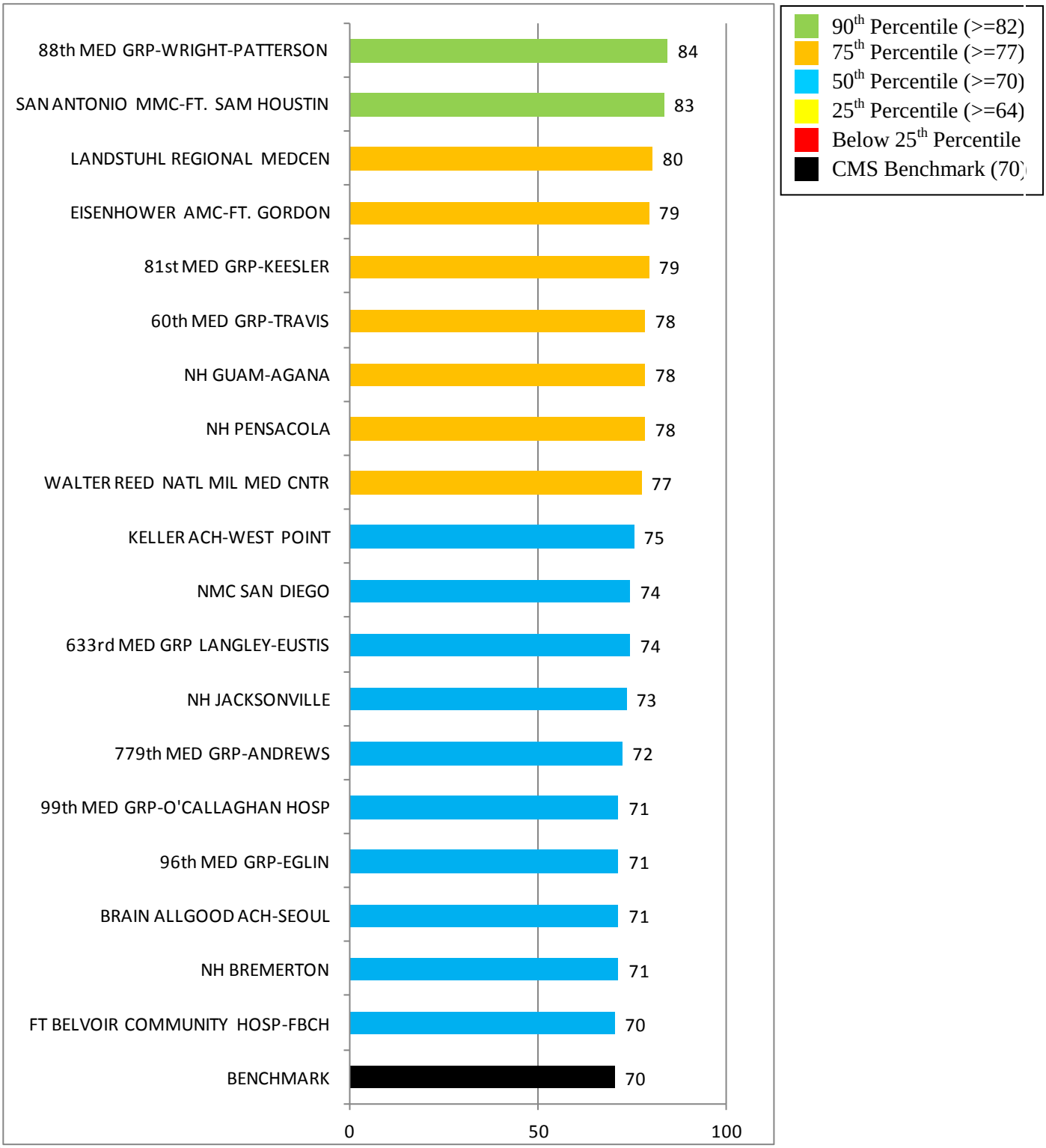
[1]MTFs included had 70 or more respondents. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella.
[2]Percentile cut points are the most recent provided by HCAHPS.

Exhibit 5: Direct Care Hospitals: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating* Below the Civilian Benchmark



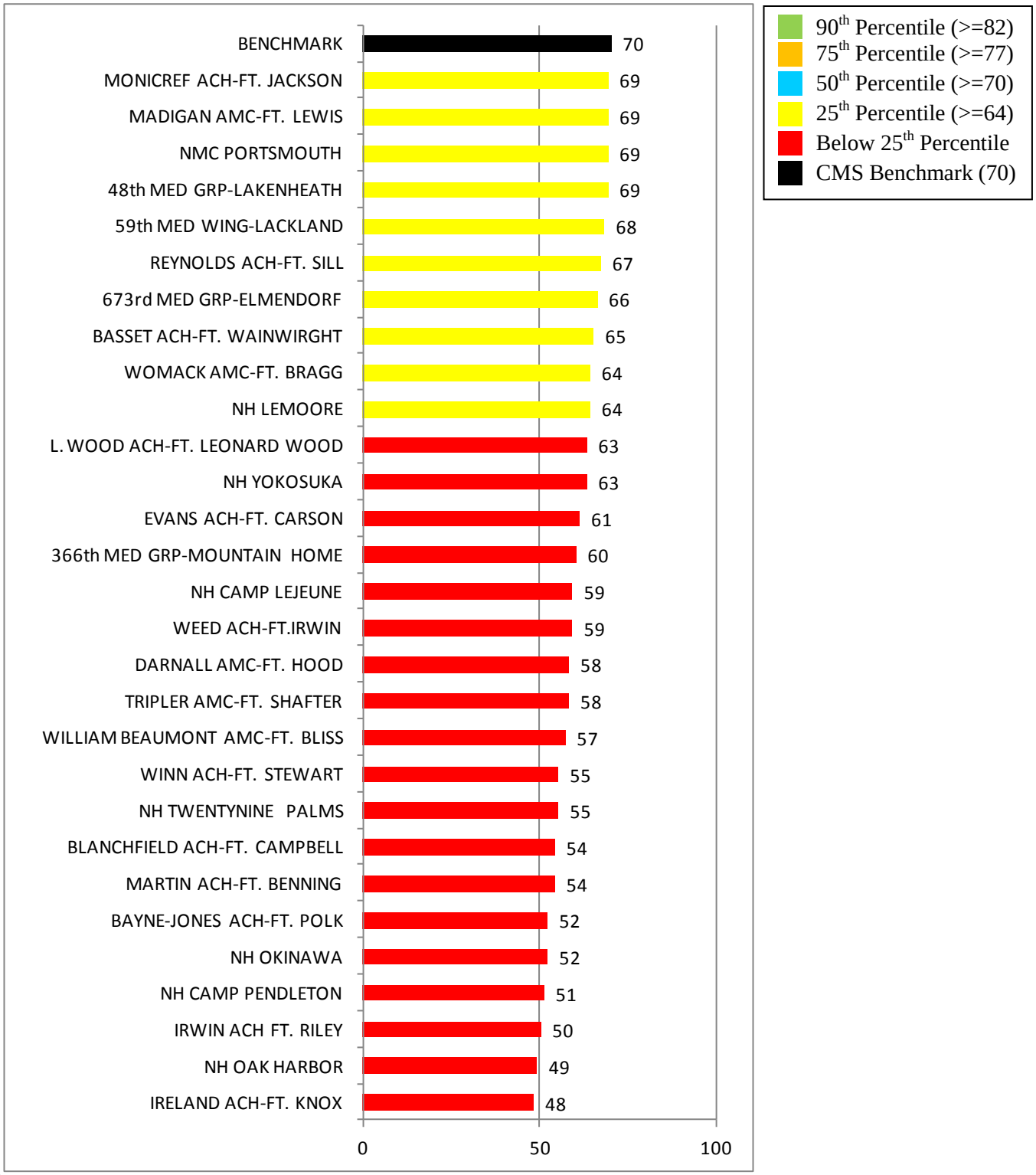
[1]MTFs included had 70 or more respondents. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella.
[2]Percentile cut points are the most recent provided by HCAHPS.

Exhibit 6: Direct Care Hospitals: Ranking of % who Responded "Definitely" to *Recommend the Hospital* Above the Civilian Benchmark



[1]MTFs included had 70 or more respondents. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella.
[2]Percentile cut points are the most recent provided by HCAHPS.

Exhibit 7: Direct Care Hospitals: Ranking of % who Responded "Definitely" to *Recommend the Hospital* Below the Civilian Benchmark



[1]MTFs included had 70 or more respondents. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella.
[2]Percentile cut points are the most recent provided by HCAHPS.

5.0 Direct Care – Overall Indicators by Product Line

HCAHPS calculates and adjusts scores and benchmarks for all three Product Lines, Medical, Surgical, and OB-GYN, combined. In order to more thoroughly examine MTF performance, we analyzed *Overall Hospital Rating* and *Recommend the Hospital* for each product line separately. Because patient-mix adjustment is not applicable for product line analysis, we compared each MTF within each product line to the percentile cut points for all the MTFs included for that product line. Here again, MTFs were only included if they had 70 or more respondents.

For *Overall Hospital Rating* in the Medical Product Line (Exhibit 8), five of 38 MTFs were in the 90th percentile compared to the cut point of 77% and eleven MTFs were at or above the 75th percentile. Nineteen MTFs had an *Overall Hospital Rating* higher than the median score for the Medical Product Line (69%). The 88th Medical Group-Wright Patterson had the overall highest rating (86%) compared to all other MTFs included in the Medical Product Line analysis.

Of the 33 MTFs examined for the *Overall Hospital Rating* Surgical Product Line (Exhibit 9), four MTFs were in the 90th percentile compared to the cut point of 81% and nine MTFs were at or above the 75th percentile. Eighteen MTFs were rated equal or higher than the median score (72%) for *Overall Hospital Rating*. The 60th Medical Group-Travis and the 88th Medical Group-Wright Patterson had the highest *Overall Hospital Rating* scores, both 85%.

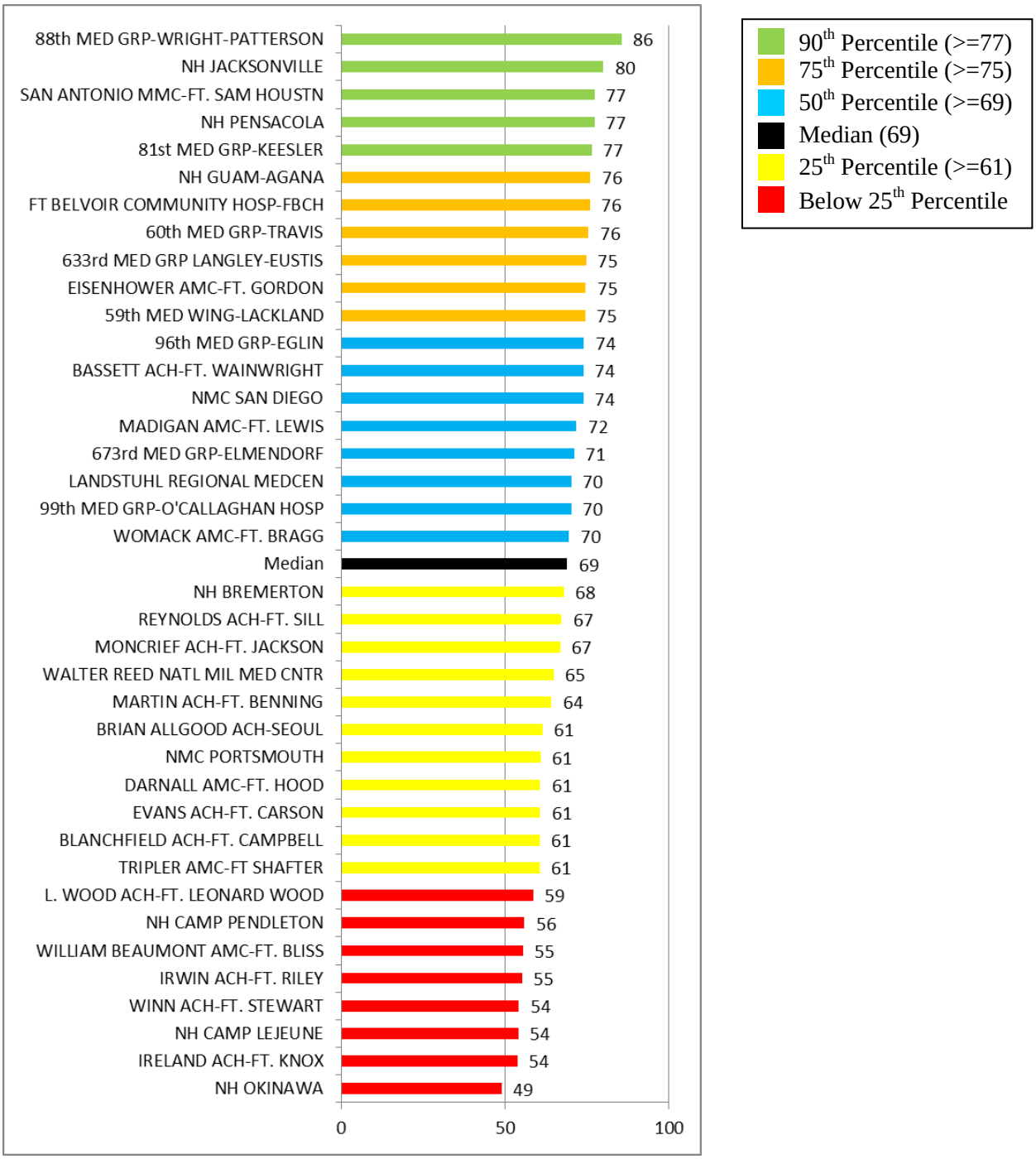
Forty-two MTFs were included in the *Overall Hospital Rating* OB-GYN Product Line ranking, with 23 MTFs having scores above the median score of 55% (Exhibit 10). Eleven MTFs were at or above the 75th percentile cut point (60%), and six were at or above the 90th percentile cut point (64%). The 81st Medical Group-Keesler had the highest *Overall Hospital Rating* for the OB-GYN Product Line (70%).

Exhibit 11 displays the MTF ranking for the Medical Product Line for *Recommend the Hospital*. Five of 38 MTFs were in the 90th percentile with scores of 81% or higher and 19 were above the median score for the Medical Product Line (74%). The 88th Medical Group-Wright Patterson had the highest score (87%) for the product line.

Of 33 MTFs examined in the Surgical Product Line, six MTFs had a rating at or above the 90th percentile cut point (85%) for *Recommend the Hospital* (Exhibit 12). Overall, 19 of 33 MTFs had ratings at or above the median score of 76% for *Recommend the Hospital*, and eight MTFs were below the 25th percentile. Again, the 88th Medical Group-Wright Patterson had the highest rating (88%) for *Recommend the Hospital* for those discharges in Surgical care.

Six MTFs, among 42, had OB-GYN Product Line ratings for *Recommend the Hospital* at or above the 90th percentile cut point (71%) (Exhibit 13). Naval Hospital Pensacola had the highest rating for *Recommend the Hospital* for the OB-GYN Product Line (75%).

Exhibit 8: Direct Care Medical Care: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating*

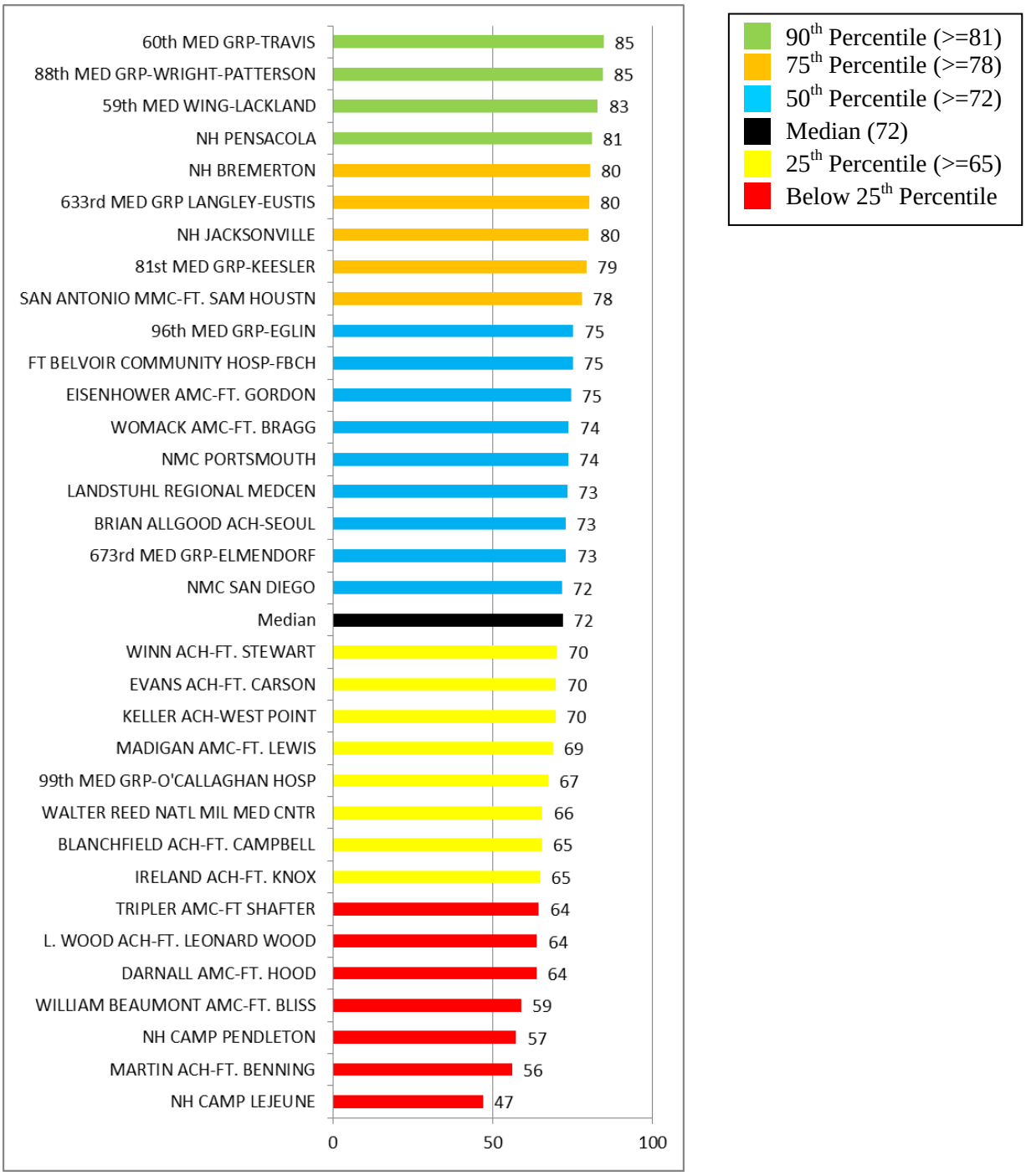


[1]MTFs included have 70 or more respondents for the Medical Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 48th Med Grp - Lakenheath,779th Med Grp-Andrews, Bayne-Jones ACH-Ft. Polk, Keller ACH-West Point, Weed ACH-Ft. Irwin, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella, NH Lemoore, NH Oak Harbor, NH Twentynine Palms, NH Yokosuka

[2]Percentile cut points are based on percentiles of all MTFs estimates for the Medical Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 9: Direct Care Surgical Care: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating*

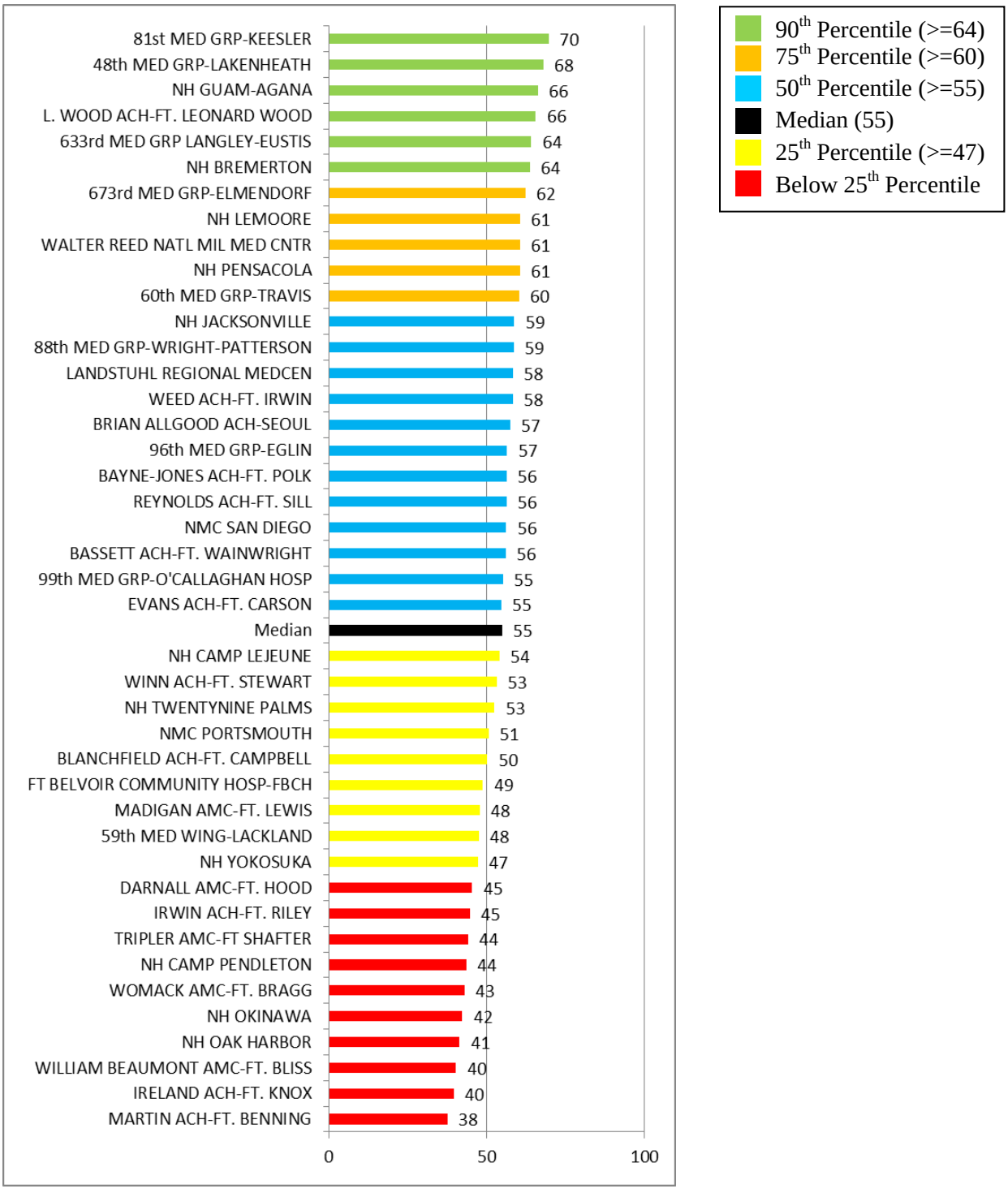


[1]MTFs included have 70 or more respondents for the Surgical Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 48th Med Grp - Lakenheath,779th Med Grp-Andrews, Bassett ACH-Ft. Wainwright, Bayne-Jones ACH-Ft. Polk, Keller ACH-West Point, Weed ACH-Ft. Irwin, Irwin ACH-Ft Riley, Moncrief ACH-Ft. Jackson, Reynolds ACH-Ft. Sill, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella, NH Lemoore, NH Oak Harbor, NH Twentynine Palms, NH Yokosuka. NH Guam-Agana, NH Okinawa

[2]Percentile cut points are based on percentiles of all MTFs estimates for the Surgical Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 10: Direct Care OB-GYN Care: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating*

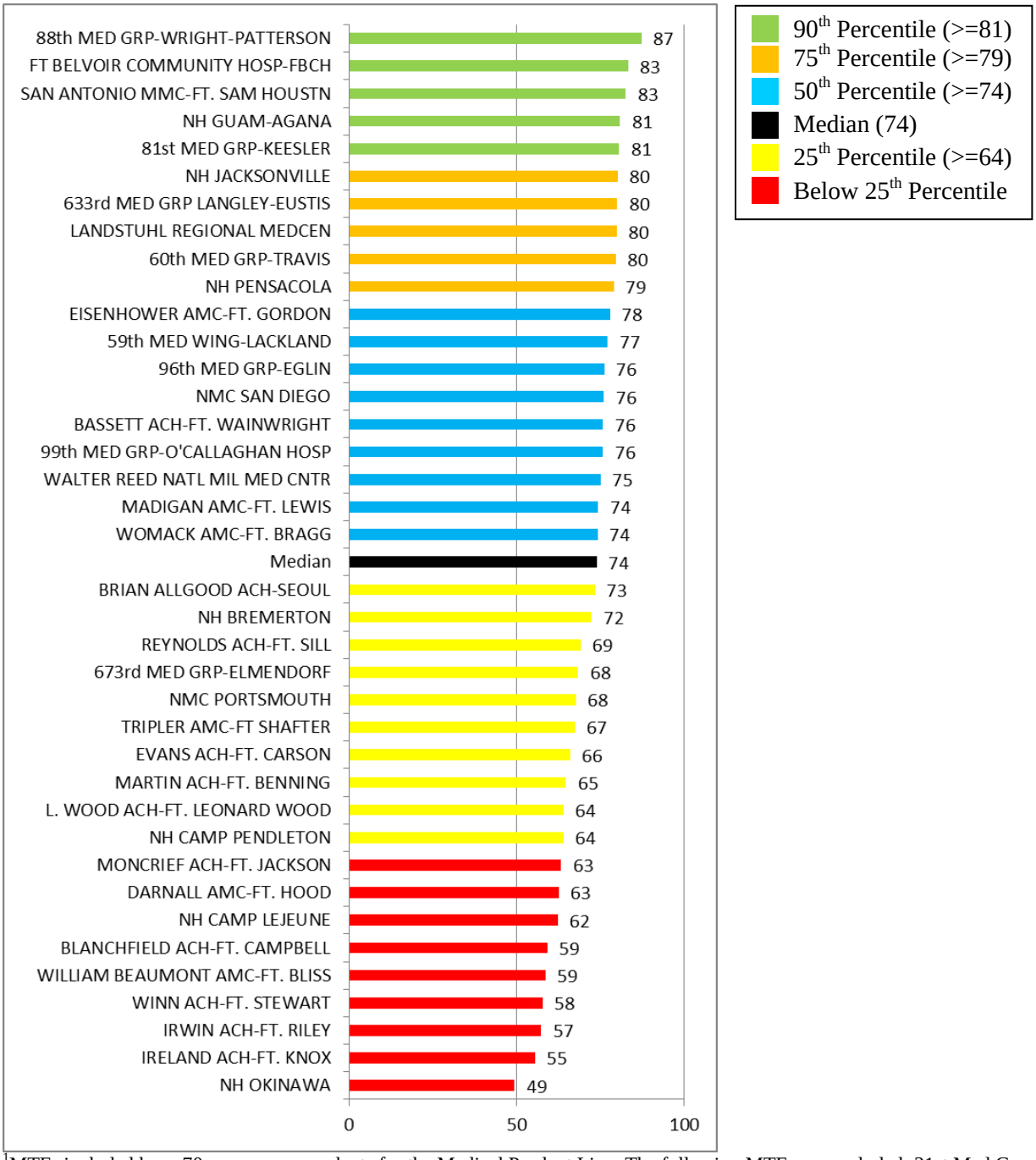


[1]MTFs included have 70 or more respondents for the OB-GYN Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 779th Med Grp-Andrews, Eisenhower AMC-Ft. Gordon, Keller ACH-West Point, Moncrief ACH-Ft. Jackson, San Antonio MMC-Ft. Sam Houston, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella

[2]Percentile cut points are based on percentiles of all MTFs estimates for the OB-GYN Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 11: Direct Care Medical Care: Ranking of % who Responded "Definitely" to *Recommend the Hospital*

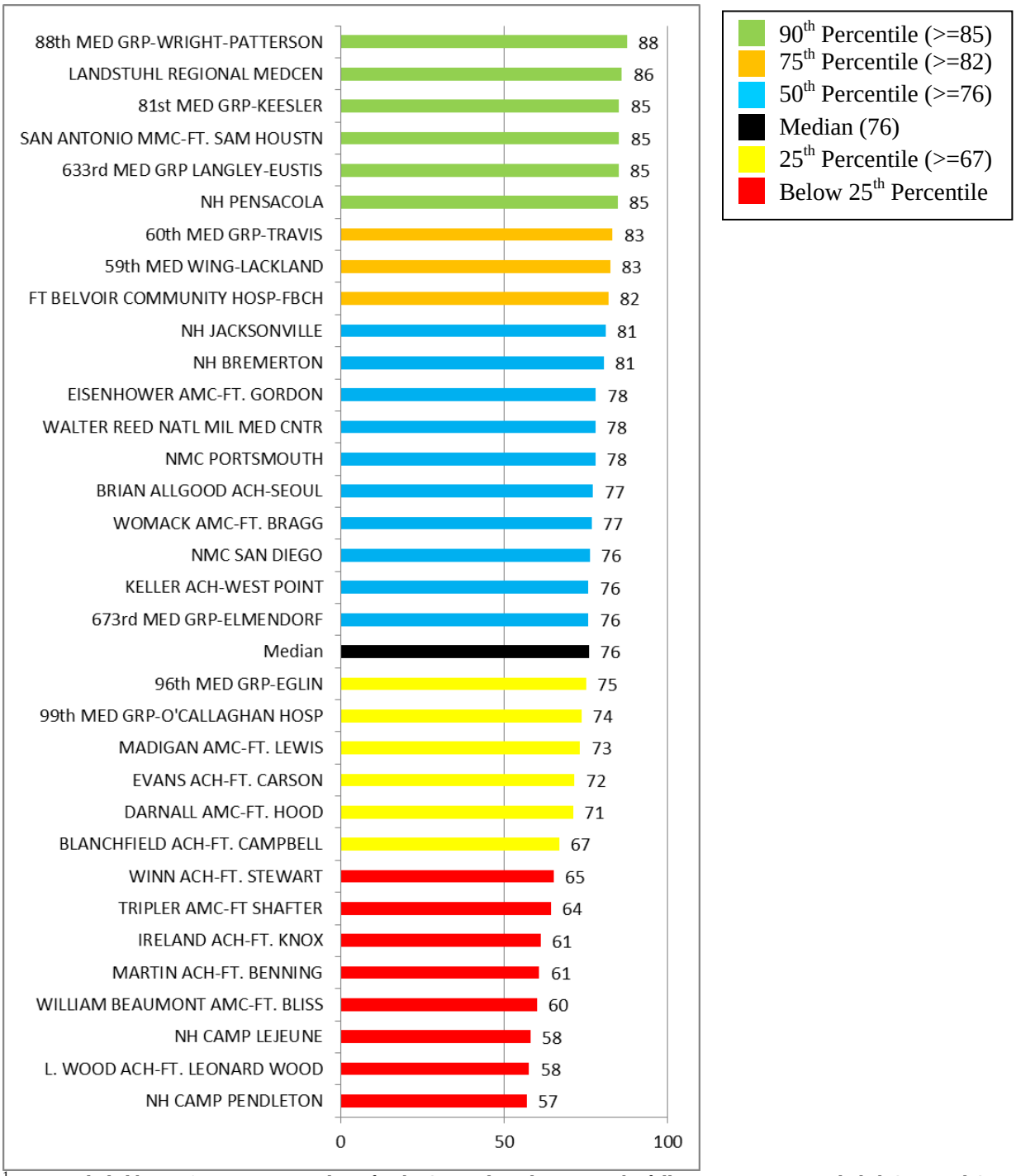


[1]MTFs included have 70 or more respondents for the Medical Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 48th Med Grp - Lakenheath,779th Med Grp-Andrews, Bayne-Jones ACH-Ft. Polk, Keller ACH-West Point, Weed ACH-Ft. Irwin, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella, NH Lemoore, NH Oak Harbor, NH Twentynine Palms, NH Yokosuka

[2]Percentile cut points are based on percentiles of all MTFs estimates for the Medical Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 12: Direct Care Surgical Care: Ranking of % who Responded "Definitely" to *Recommend the Hospital*

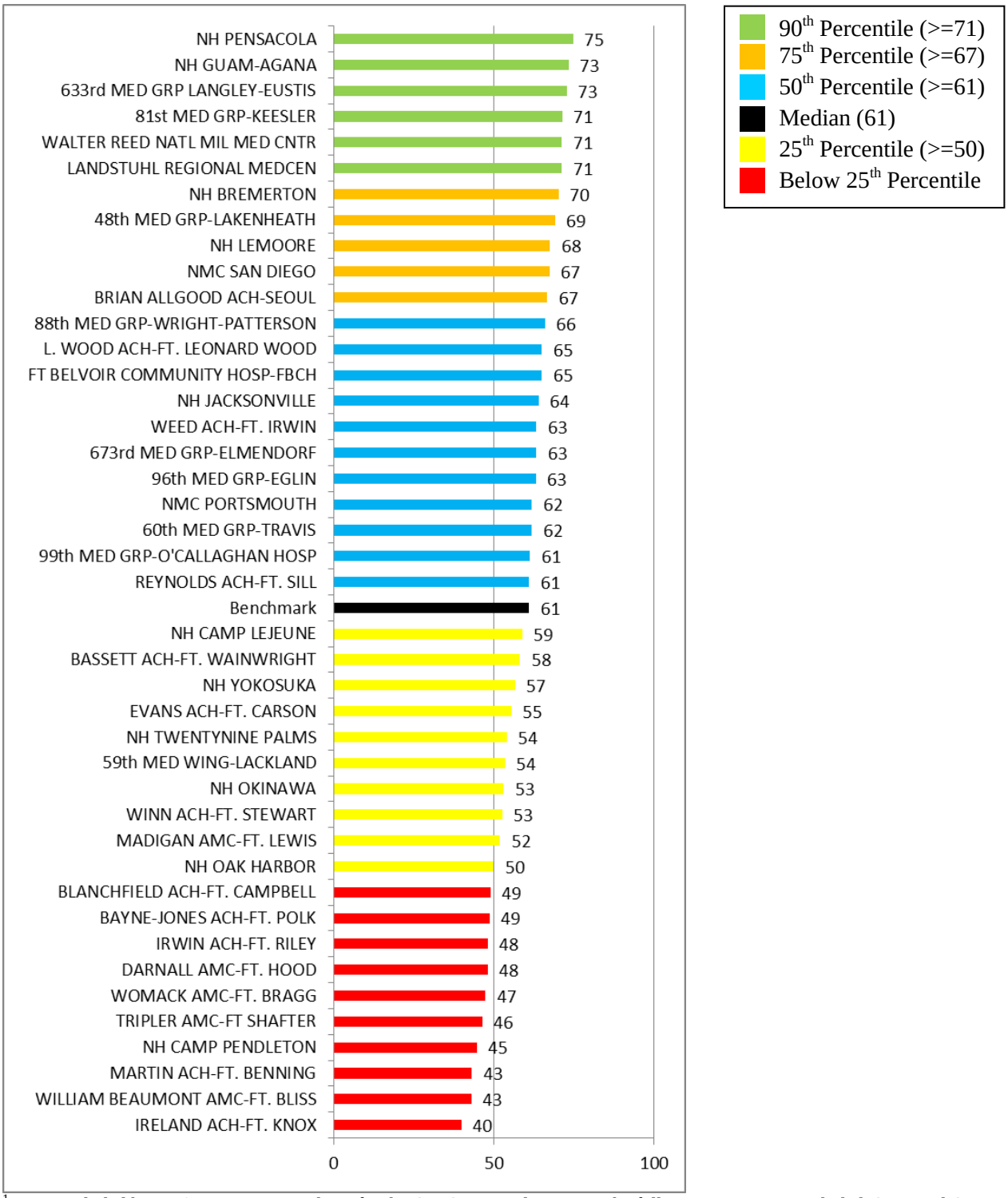


[1]MTFs included have 70 or more respondents for the Surgical Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 48th Med Grp - Lakenheath,779th Med Grp-Andrews, Bassett ACH-Ft. Wainwright, Bayne-Jones ACH-Ft. Polk, Keller ACH-West Point, Weed ACH-Ft. Irwin, Irwin ACH-Ft Riley, Moncrief ACH-Ft. Jackson, Reynolds ACH-Ft. Sill, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella, NH Lemoore, NH Oak Harbor, NH Twentynine Palms, NH Yokosuka. NH Guam-Agana, NH Okinawa

[2]Percentile cut points are based on percentiles of all MTFs estimates for the Surgical Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 13: Direct Care OB-GYN Care: Ranking of % who Responded "Definitely" to *Recommend the Hospital*



[1]MTFs included have 70 or more respondents for the OB-GYN Product Line. The following MTFs are excluded: 31st Med Grp-Aviano, 35th Med Grp-Misawa, 374th Med Grp-Yokota, 51st Med Grp-Osan, 366th Med Grp-Mountain Home, 779th Med Grp-Andrews, Eisenhower AMC-Ft. Gordon, Keller ACH-West Point, Moncrief ACH-Ft. Jackson, San Antonio MMC-Ft. Sam Houston, NH Beaufort, NH Guantanamo Bay, NH Naples, NH Rota, NH Sigonella

[2]Percentile cut points are based on percentiles of all MTFs estimates for the OB-GYN Product Line combined.

[3]These estimates are weighted rather than patient-mix adjusted.

6.0 Direct Care Results

DC results are based on 27,966 responses from 58 MTFs (Exhibit 14 and 15). On the two Overall Indicators, *Overall Hospital Rating* was rated lower (65%) by DC respondents compared to a benchmark of 68% and *Recommend the Hospital* was rated lower (68%) compared to the benchmark of 70%. For the six Composites and Individual Items, overall DC scores were higher than all benchmarks.

For the three Services, Air Force respondents rated hospitals significantly higher on *Overall Hospital Rating* (72%) and *Recommend the Hospital* (75%) than the benchmark and compared to the other Services. For all three Services, ratings on Composites and Individual Items were equal or significantly higher than benchmarks, except *Cleanliness of Hospital Environment*, where respondents rated Navy MTFs significantly below the benchmark (70%, Benchmark 72%) and *Pain Management*, where respondents rated Navy MTFs (69%) also below the benchmark (70%). Respondents rated Army MTFs above the benchmark for *Cleanliness of the Hospital* (76%, Benchmark 72%), as well Air Force (75%). Respondents rated Air Force MTFs higher compared to the other Services on most Composites and Individual Items.

For the three Product Lines, *Overall Hospital Rating* was highest for Surgical Product Line respondents (72%). Respondents from Surgical and Medical Product Lines rated MTFs significantly higher than the benchmark for *Overall Hospital Rating* (72% and 69%, respectively) and *Recommend the Hospital* (76% and 74%, respectively). Respondents in the OB-GYN Product Line rated MTFs significantly below the benchmarks on both outcome measures (52% for *Overall Hospital Rating* and 57% for *Recommend the Hospital*). Surgical and Medical Product Line scores exceeded benchmarks for all other Composites and Individual Items with the exception of *Pain Management* in the Medical Product Line (69%, Benchmark 70%). OB-GYN MTF scores for Composites and Individual Items significantly exceeded the benchmark, except for *Cleanliness of Hospital* (71%, Benchmark 72%). OB-GYN respondents rated MTFs highest on *Quietness of Hospital Environment* (73%) compared to Surgical (68%) and Medical (66%) Product Lines.

Retirees and family age 65 and older rated MTFs highest for *Overall Hospital Rating* (86%) and *Recommend the Hospital* (87%) compared to the other beneficiary categories and significantly exceeded benchmarks. Retirees and family under 65 gave ratings that closely followed those 65 and older, with an *Overall Hospital Rating* of 76% and a score for *Recommend the Hospital* of 81%. Ratings for Overall Indicators given by AD and AD family members were lower than the benchmark. However, AD rated MTFs significantly higher than the benchmarks for all Composites and Individual Items. AD family members also rated MTFs above benchmarks most of the time, though they rated equal to the benchmark for *Communication with Nurses* (77%) and slightly below for *Cleanliness of Hospital Environment* (70%, Benchmark 72%).

Exhibit 14: Direct Care Results: Composites and Individual Items

	Overall Hospital Rating[1]		Recommend Hospital[1]		Communication with Doctors[1]		Communication with Nurses[1]		Communicate About Medicines[1]	
Benchmark	68%		70%		81%		77%		62%	
DC Overall	65%	-	68%	-	84%	+	82%	+	72%	+
Army	63%	-	65%	-	84%	+	81%	+	72%	+
Navy	63%	-	68%	-	84%	+	81%	+	70%	+
Air Force	72%	+	75%	+	86%	+	85%	+	74%	+
Medical[2]	69%	+	74%	+	83%	+	83%	+	74%	+
Surgical[2]	72%	+	76%	+	89%	+	83%	+	77%	+
OB-GYN[2]	52%	-	57%	-	83%	+	78%	+	76%	+
Active Duty[2]	55%	-	61%	-	83%	+	82%	+	80%	+
Active Duty Family[2]	53%	-	58%	-	82%	+	77%		73%	+
Retirees &Family Under 65[2]	76%	+	81%	+	88%	+	85%	+	76%	+
Retirees & Family 65+[2]	86%	+	87%	+	87%	+	85%	+	73%	+

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

[2]Ratings below the hospital level are weighted rather than patient-mix adjusted: Medical, Surgical, OB-GYN, AD, AD family members, retirees & family under 65, and retirees & family 65 and older.

Exhibit 15: Direct Care Results: Composites and Individual Items (Continued)

	Overall Hospital Rating[1]		Responsiveness of Hospital Staff[1]		Discharge Information[1]		Pain Management[1]		Cleanliness of Hospital Environment[1]		Quietness of Hospital Environment[1]	
Benchmark	68%		65%		83%		70%		72%		59%	
DC Overall	65%	-	74%	+	88%	+	71%		74%	+	64%	+
Army	63%	-	72%	+	87%	+	70%		76%	+	64%	+
Navy	63%	-	73%	+	89%	+	69%		70%	-	62%	+
Air Force	72%	+	78%	+	89%	+	73%	+	75%	+	66%	+
Medical[2]	69%	+	73%	+	86%	+	69%		78%	+	66%	+
Surgical[2]	72%	+	74%	+	92%	+	77%	+	79%	+	68%	+
OB-GYN[2]	52%	-	74%	+	89%	+	72%	+	71%	-	73%	+
Active Duty[2]	55%	-	75%	+	90%	+	72%	+	80%	+	75%	+
Active Duty Family[2]	53%	-	72%	+	89%	+	71%	+	70%	-	70%	+
Retirees &Family Under 65[2]	76%	+	76%	+	89%	+	76%	+	77%	+	66%	+
Retirees & Family 65+[2]	86%	+	75%	+	86%	+	76%	+	79%	+	62%	+

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

[2]Ratings below the hospital level are weighted rather than patient-mix adjusted: Medical, Surgical, OB-GYN, AD, AD family members, retirees & family under 65, and retirees & family 65 and older.

7.0 Direct Care Hospital Level Results

Ratings for Overall Indicators and Composites and Individual Items for all MTFs are displayed in Exhibits 16 and 17. Significance tests were conducted between each estimate and the benchmark for each facility. MTFs within each Service are ranked by their score for *Overall Hospital Rating.*

Exhibit 16: Direct Care Hospital Level Results: Composites and Individual Items

	N	Overall Hospital Rating[1]		Recommend Hospital[1]		Communication with Doctors[1]		Communication with Nurses[1]		Communicate About Medicines[1]	
Benchmark		68%		70%		81%		77%		62%	
DC Overall	27,966	65%	-	68%	-	84%	+	82%	+	72%	+
Army Overall	14,277	63%	-	65%	-	84%	+	81%	+	72%	+
San Antonio Military Medical Center-Ft. Sam Houston	1,081	79%	+	83%	+	88%	+	84%	+	75%	+
Eisenhower Army Medical Center-Ft. Gordon	870	76%	+	79%	+	88%	+	87%	+	76%	+
Keller Army Community Hospital-West Point	269	72%		75%		91%	+	92%	+	79%	+
Moncrief Army Community Hospital-Ft. Jackson	110	71%		69%		91%	+	88%	+	78%	+
Landstuhl Regional Medical Center	709	71%		80%	+	89%	+	90%	+	78%	+
Madigan Army Medical Center-Ft. Lewis	943	67%		69%		83%		80%	+	69%	+
Reynolds Army Community Hospital-Ft. Sill	450	66%		67%		83%		83%	+	71%	+
Bassett Army Community Hospital-Ft. Wainwright	356	65%		65%	-	84%		79%		75%	+
L. Wood Army Community Hospital-Ft. Leonard Wood	454	65%		63%	-	86%	+	83%	+	72%	+
Brain Allgood Army Community Hospital-Seoul	240	64%		71%		87%	+	85%	+	74%	+
Bayne-Jones Army Community Hospital-Ft. Polk	287	63%		52%	-	77%		80%		70%	+
Womack Army Medical Center-Ft. Bragg	886	62%	-	64%	-	84%	+	82%	+	71%	+
Ft. Belvoir Community Hospital	877	62%	-	70%		85%	+	79%		70%	+
Evans Army Community Hospital-Ft. Carson	785	61%	-	61%	-	82%		79%		70%	+
Weed Army Community Hospital-Ft. Irwin	144	59%	-	59%	-	85%		88%	+	71%	
Winn Army Community Hospital-Ft. Stewart	619	57%	-	55%	-	82%		80%		68%	+

	N	Overall Hospital Rating[1]		Recommend Hospital[1]		Communication with Doctors[1]		Communication with Nurses[1]		Communicate About Medicines[1]	
Blanchfield Army Community Hospital-Ft. Campbell	772	57%	-	54%	-	81%		80%		69%	+
Tripler Army Medical Center-Ft. Shafter	892	57%	-	58%	-	78%	-	76%		68%	+
Darnall Army Medical Center-Ft. Hood	796	57%	-	58%	-	81%		79%		68%	+
William Beaumont Army Medical Center-Ft. Bliss	854	56%	-	57%	-	80%		78%		70%	+
Martin Army Community Hospital-Ft. Benning	623	53%	-	54%	-	84%	+	78%		71%	+
Ireland Army Community Hospital-Ft. Knox	350	50%	-	48%	-	80%		80%		70%	+
Irwin Army Community Hospital-Ft. Riley	486	50%	-	50%	-	79%		76%		69%	+
Navy Overall	7,592	63%	-	68%	-	84%	+	81%	+	70%	+
Naval Hospital Pensacola	547	74%	+	78%	+	90%	+	88%	+	71%	+
Naval Hospital Jacksonville	708	73%	+	73%		84%	+	82%	+	71%	+
Naval Medical Center San Diego	864	70%		74%	+	85%	+	83%	+	74%	+
Naval Hospital Guam-Agana	367	71%		78%	+	90%	+	89%	+	75%	+
Walter Reed National Medical Center	996	69%		77%	+	85%	+	79%		67%	+
Naval Hospital Bremerton	525	68%		71%		81%		83%	+	73%	+
Naval Hospital Beaufort	61	68%		68%		96%	+	88%	+	85%	+
Naval Medical Center Portsmouth	862	64%	-	69%		83%		80%	+	68%	+
Naval Hospital Naples	49	61%		66%		87%		75%		78%	+
Naval Hospital Lemoore	147	60%	-	64%		83%		79%		67%	
Naval Hospital Camp Lejeune	742	55%	-	59%	-	83%		79%		66%	
Naval Hospital Twentynine Palms	259	53%	-	55%	-	83%		81%		73%	+
Naval Hospital Yokosuka	123	53%	-	63%		83%		82%		70%	
Naval Hospital Camp Pendleton	726	50%	-	51%	-	79%		75%		66%	
Naval Hospital Okinawa	375	45%	-	52%	-	85%		83%	+	73%	+
Naval Hospital Oak Harbor	183	44%	-	49%	-	77%		77%		63%	
Air Force Overall	6,147	72%	+	75%	+	86%	+	85%	+	74%	+
88th Medical Group-Wright-Patterson	1,027	81%	+	84%	+	88%	+	89%	+	78%	+

	N	Overall Hospital Rating[1]	Recommend Hospital[1]	Communication with Doctors[1]	Communication with Nurses[1]	Communicate About Medicines[1]
60th Medical Group-Travis	1,004	77% +	78% +	85% +	84% +	75% +
81st Medical Group-Keesler	699	75% +	79% +	88% +	86% +	73% +
779th Medical Group-Andrews	90	72%	72%	88% +	85% +	79% +
633rd Medical Group Langley-Eustis	545	70%	74% +	83%	84% +	74% +
96th Medical Group-Eglin	748	70%	71%	87% +	85% +	75% +
48th Medical Group-Lakenheath	232	68%	69%	85%	82% +	68%
673rd Medical Group-Elmendorf	546	68%	66% -	84%	83% +	73% +
99th Medical Group-O'Callaghan Hosp	747	66%	71%	86% +	83% +	73% +
366th Medical Group-Mountain Home	86	66%	60%	91% +	85% +	78% +
59th Medical Wing-Lackland	331	64%	68%	87% +	82% +	73% +

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

Exhibit 17: Direct Care Hospital Level Results: Composites and Individual Items (Continued)

	N	Overall Hospital Rating	Responsiveness of Hospital Staff	Discharge Information	Pain Management	Cleanliness of Hospital Environment	Quietness of Hospital Environment
Benchmark		68%	65%	83%	70%	72%	59%
DC Overall	27,966	65% -	74% +	88% +	71% +	74% +	64% +
Army Overall	14,277	63% -	72% +	87% +	70%	76% +	64% +
San Antonio Military Medical Center-Ft. Sam Houston	1,081	79% +	71% +	90% +	69%	78% +	60%
Eisenhower Army Medical Center-Ft. Gordon	870	76% +	78% +	90% +	74% +	80% +	64% +
Keller Army Community Hospital-West Point	269	72%	88% +	92% +	78% +	80% +	83% +
Moncrief Army Community Hospital-Ft. Jackson	110	71%	87% +	90% +	80% +	89% +	78% +
Landstuhl Regional Medical Center	709	71%	83% +	90% +	80% +	84% +	67% +
Madigan Army Medical Center-Ft. Lewis	943	67%	65%	86% +	68%	73%	55% -
Reynolds Army Community Hospital-Ft. Sill	450	66%	79% +	89% +	74%	87% +	76% +
Bassett Army Community Hospital-Ft. Wainwright	356	65%	78% +	90% +	72%	75%	68% +
L. Wood Army Community Hospital-Ft. Leonard Wood	454	65%	78% +	85%	71%	78% +	70% +
Brain Allgood Army Community Hospital-Seoul	240	64%	78% +	88% +	73%	74%	72% +
Bayne-Jones Army Community Hospital-Ft. Polk	287	63%	76% +	86%	73%	73%	75% +
Womack Army Medical Center-Ft. Bragg	886	62% -	70% +	87% +	70%	79% +	55% -
Ft. Belvoir Community Hospital	877	62% -	73% +	88% +	69%	72%	65% +
Evans Army Community Hospital-Ft. Carson	785	61% -	66%	86% +	67%	74%	68% +
Weed Army Community Hospital-Ft. Irwin	144	59% -	77% +	88%	76%	73%	69% +

	N	Overall Hospital Rating	Responsiveness of Hospital Staff	Discharge Information	Pain Management	Cleanliness of Hospital Environment	Quietness of Hospital Environment
Winn Army Community Hospital-Ft. Stewart	619	57% -	72% +	88% +	68%	79% +	69% +
Blanchfield Army Community Hospital-Ft. Campbell	772	57% -	72% +	87% +	68%	82% +	64% +
Tripler Army Medical Center-Ft. Shafter	892	57% -	65%	86% +	66% -	64% -	53% -
Darnall Army Medical Center-Ft. Hood	796	57% -	69% +	86% +	68%	79% +	67% +
William Beaumont Army Medical Center-Ft. Bliss	854	56% -	64%	85%	66%	75% +	61%
Martin Army Community Hospital-Ft. Benning	623	53% -	71% +	86% +	69%	72%	69% +
Ireland Army Community Hospital-Ft. Knox	350	50% -	71% +	88% +	70%	75%	68% +
Irwin Army Community Hospital-Ft. Riley	486	50% -	69%	87% +	67%	60% -	65% +
Navy Overall	7,592	63% -	73% +	89% +	69%	70% -	62% +
Naval Hospital Pensacola	547	74% +	82% +	89% +	75% +	80% +	70% +
Naval Hospital Jacksonville	708	73% +	80% +	91% +	71%	76% +	76% +
Naval Medical Center San Diego	864	70%	74% +	89% +	71%	71%	54% -
Naval Hospital Guam-Agana	367	71%	80% +	91% +	75% +	65% -	61%
Walter Reed National Med Center	996	69%	68%	86% +	69%	69% -	56% -
Naval Hospital Bremerton	525	68%	77% +	90% +	66%	71%	66% +
Naval Hospital Beaufort	61	68%	94% +	94% +	87% +	79%	85% +
Naval Medical Center Portsmouth	862	64% -	73% +	87% +	70%	74%	65% +
Naval Hospital Naples	49	61%	68%	89%	72%	57% -	71%
Naval Hospital Lemoore	147	60% -	61%	88%	68%	72%	65%
Naval Hospital Camp Lejeune	742	55% -	68%	88% +	65% -	70%	58%
Naval Hospital Twentynine Palms	259	53% -	73% +	87%	65%	59% -	62%
Naval Hospital Yokosuka	123	53% -	74% +	89% +	73%	77%	62%
Naval Hospital Camp Pendleton	726	50% -	66%	89% +	65% -	63% -	57%
Naval Hospital Okinawa	375	45% -	72% +	90% +	71%	65% -	53% -

	N	Overall Hospital Rating	Responsiveness of Hospital Staff	Discharge Information	Pain Management	Cleanliness of Hospital Environment	Quietness of Hospital Environment
Naval Hospital Oak Harbor	183	44% -	67%	88%	64%	64% -	64%
Air Force Overall	6,147	72% +	78% +	89% +	73% +	75% +	66% +
88th Medical Group-Wright-Patterson	1,027	81% +	82% +	92% +	77% +	82% +	74% +
60th Medical Group-Travis	1,004	77% +	76% +	87% +	72%	73%	56% -
81st Medical Group-Keesler	699	75% +	77% +	90% +	74%	74%	67% +
779th Medical Group-Andrews	90	72%	87% +	92% +	78%	78%	75% +
633rd Medical Group Langley-Eustis	545	70%	75% +	90% +	72%	74%	70% +
96th Medical Group-Eglin	748	70%	80% +	88% +	73%	74%	70% +
48th Medical Group-Lakenheath	232	68%	73% +	92% +	72%	71%	69% +
673rd Medical Group-Elmendorf	546	68%	77% +	87% +	72%	74%	63% +
99th Medical Group-O'Callaghan Hosp	747	66%	78% +	88% +	70%	70%	55% -
366th Medical Group-Mountain Home	86	66%	76% +	94% +	69%	81% +	68%
59th Medical Wing-Lackland	331	64%	74% +	92% +	73%	74%	75% +

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

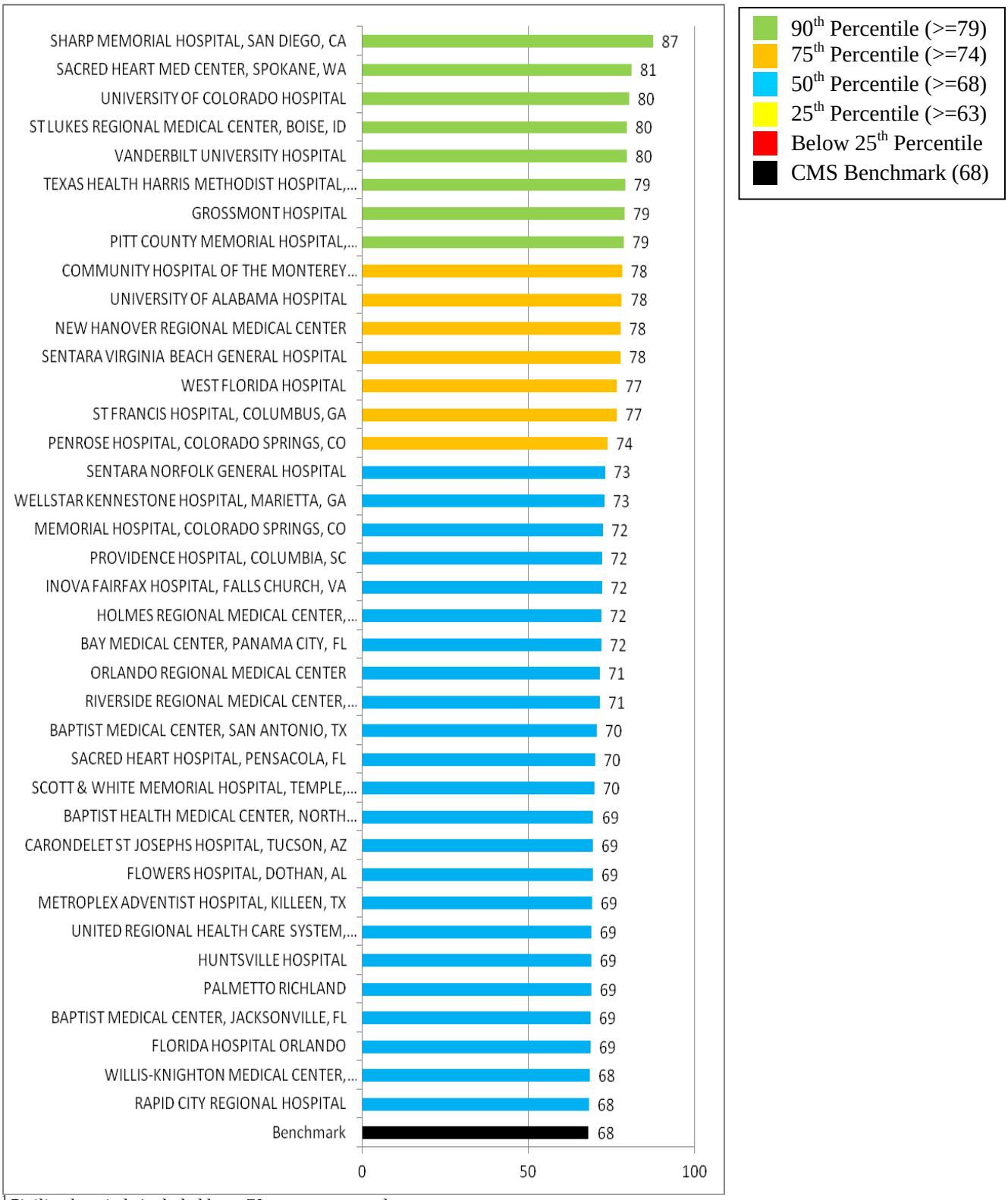
8.0 Purchased Care – Hospitals Compared to Civilian Benchmark on Overall Indicators

Scores for *Overall Hospital Rating* and *Recommend the Hospital* were ranked for each PC civilian hospital and compared to HCAHPS percentile cut points, consistent with DC overall (Exhibits 18-21). For PC, all hospitals were included in the percentile analysis, as they all had 70 or more responses.

The PC hospitals rated above civilian benchmark for *Overall Hospital Rating* were ranked in Exhibit 18, and the facilities below the benchmark for *Overall Hospital Rating* were ranked in Exhibit 19. Of the 67 civilian hospitals examined, eight of those were in the 90th percentile, with Sharp Memorial Hospital in San Diego, CA having the highest ranking (87%). Seven civilian hospitals were at or above the 75th percentile, and 38 were at or above the benchmark of 68%. Twenty civilian hospitals were below the 25th percentile for *Overall Hospital Rating*.

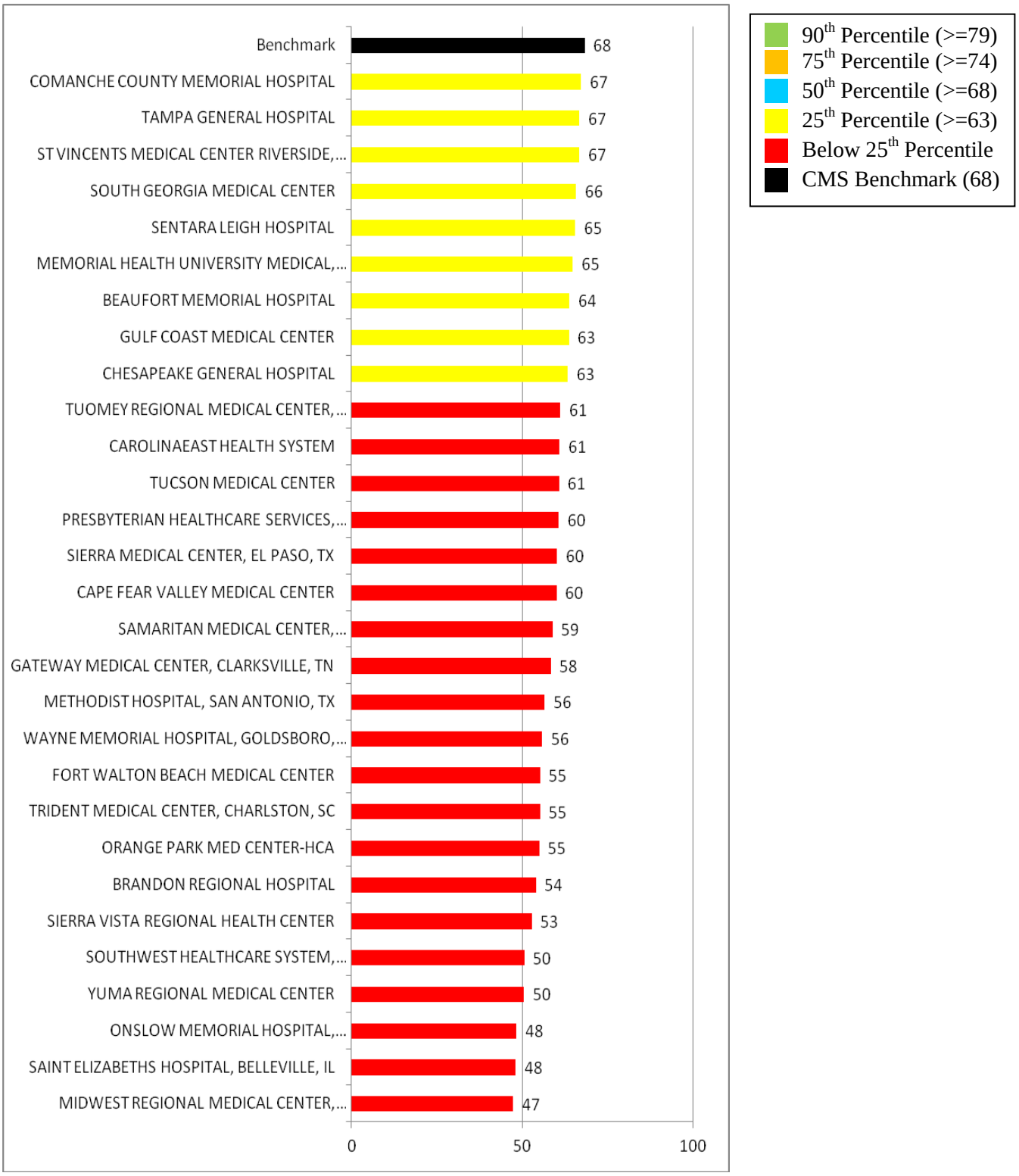
For *Recommend the Hospital*, 10 of the 67 civilian facilities examined had scores in the 90th percentile compared to the cut point of 82%, and 45 of all the PC facilities included were at or above the benchmark of 70% (Exhibit 20). As with *Overall Hospital Rating*, Sharp Memorial Hospital had the highest rating for *Recommend the Hospital* (94%). Fifteen of the civilian facilities examined fell below the 25th percentile (below 64%) (Exhibit 21).

Exhibit 18: Purchased Care Hospitals: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating* Above the Civilian Benchmark



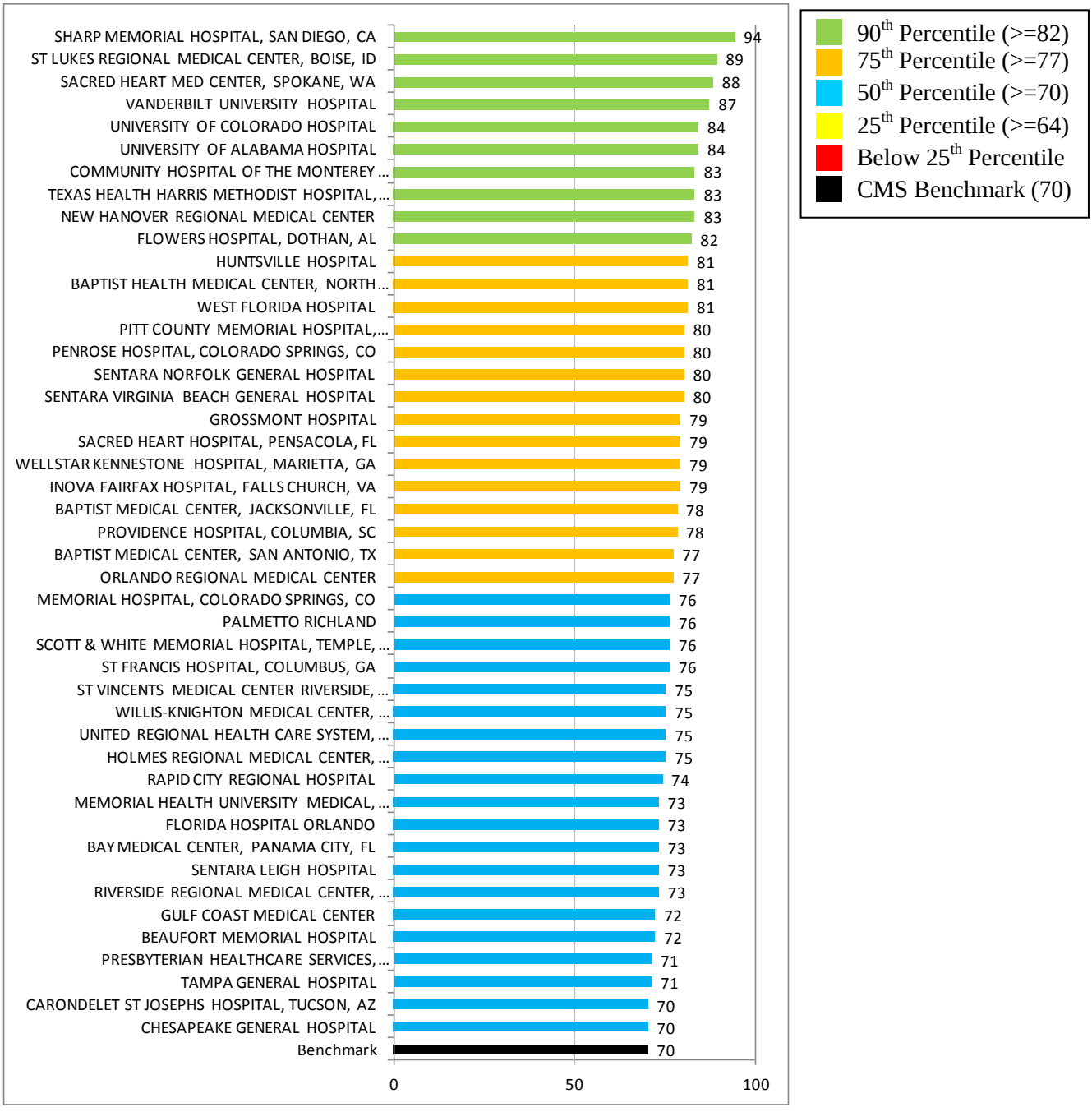
[1]Civilian hospitals included have 70 or more respondents.
[2]Percentile cut points are the most recent provided by HCAHPS.
[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 19: Purchased Care Hospitals: Ranking of % who Rated 9 or 10 on *Overall Hospital Rating* Below the Civilian Benchmark



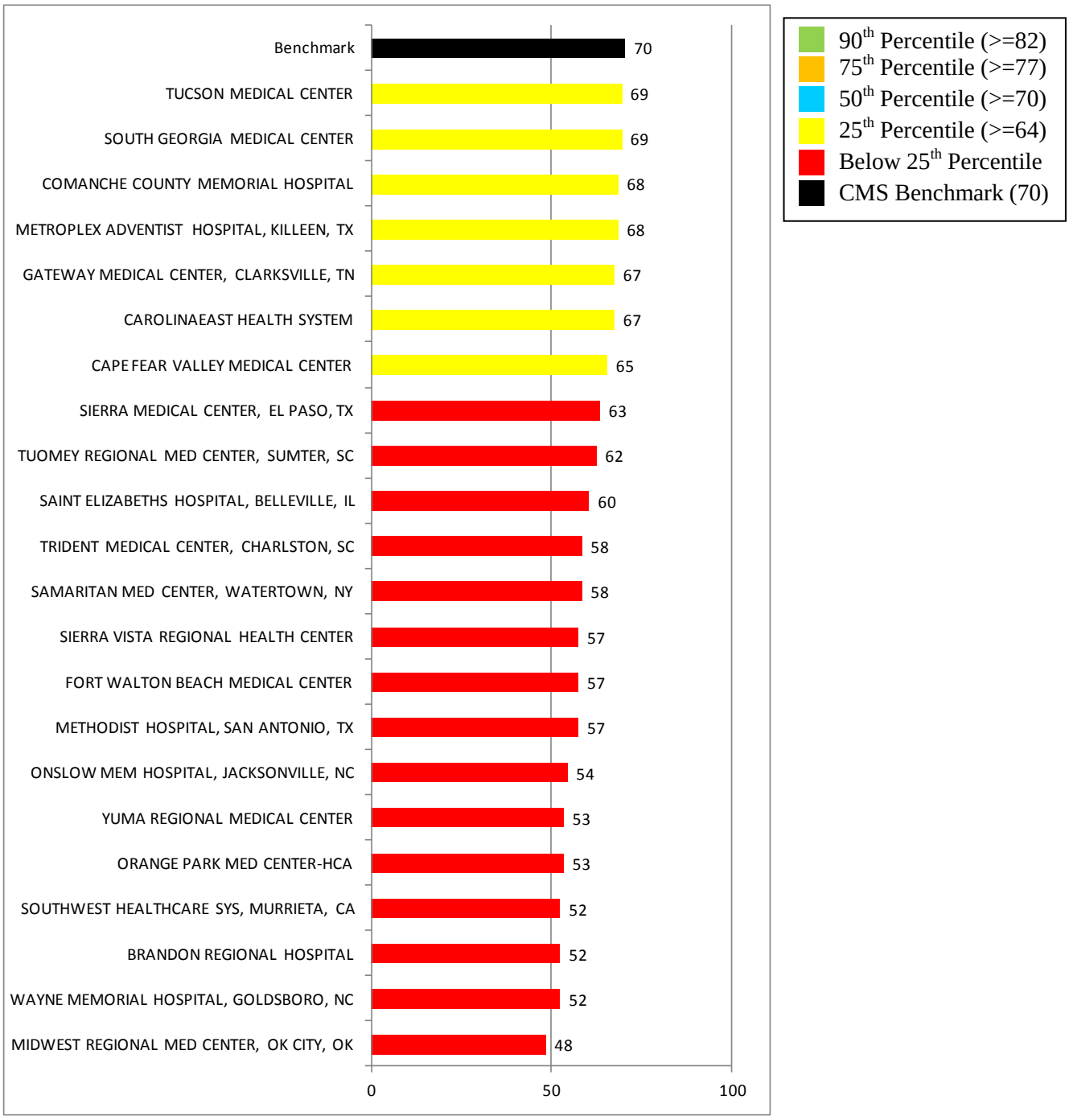
[1]Civilian hospitals included have 70 or more respondents.
[2]Percentile cut points are the most recent provided by HCAHPS.
[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 20: Purchased Care Hospitals: Ranking of % who Responded "Definitely" to *Recommend the Hospital* Above the Civilian Benchmark



[1]Civilian hospitals included have 70 or more respondents.
[2]Percentile cut points are the most recent provided by HCAHPS.
[3]These estimates are weighted rather than patient-mix adjusted.

Exhibit 21: Purchased Care Hospitals: Ranking of % who Responded "Definitely" to *Recommend the Hospital* Below the Civilian Benchmark



[1]Civilian hospitals included have 70 or more respondents.
[2]Percentile cut points are the most recent provided by HCAHPS.
[3]These estimates are weighted rather than patient-mix adjusted.

9.0 Purchased Care Results

PC results are based on 13,537 responses from 67 civilian facilities (Exhibits 22 and 23). Estimates for respondents from PC Overall and the three TROs are patient-mix adjusted. On the two Overall Indicators, PC respondents rated *Overall Hospital Rating* significantly lower (66%) for civilian facilities compared to a benchmark of 68%, while *Recommend the Hospital* was at the benchmark of 70%. For the six Composites and two Individual Items, overall PC scores were at the benchmarks for *Communication with Doctors,* and *Pain Management,* significantly higher than the benchmark for *Communication about Medicines* and *Discharge Information,* and lower than the benchmark for *Responsiveness of Hospital Staff,* and *Quietness of Hospital Environment*.

Comparing the three TROs, respondents rated TRO West hospitals higher on *Overall Hospital Rating* (68%) than TRO North respondents (63%) and TRO South respondents (66%), both of which rated hospitals significantly below the benchmark. TRO West respondents rated hospitals significantly above the benchmark for *Recommend the Hospital* (72%, Benchmark 70%) and higher than the other TROs. Respondents rated TRO hospitals significantly above the benchmark on *Communication about Medicines* and *Discharge Information.* Respondents rated TRO South hospitals at or above the benchmark on all Composites and Individual Items except for *Responsiveness of Hospital Staff.*

For the three Product Lines, *Overall Hospital Rating* and *Recommend the Hospital* was rated highest by the Surgical Product Line respondents (72% and 76%, respectively), while respondents from the Medical and OB-GYN Product Lines gave *Overall Hospital Ratings* that were significantly below the benchmark. All Surgical and OB-GYN respondents rated Composites and Individual Items above the benchmark and all were significantly higher except for Surgical *Responsiveness of Hospital Staff*. Medical Product Line ratings were below the benchmark for all Composites and Individual Items except *Communication about Medicines*.

Retirees and family age 65 and older rated hospitals higher than the other beneficiary categories and significantly exceeded benchmarks for *Overall Hospital Rating* (71%, Benchmark 68%) and *Recommend the Hospital* (73%, Benchmark 70%). However, on Composites and Individual Items, AD respondents gave higher ratings on all compared to the other beneficiary categories.

Exhibit 22: Purchased Care Results: Composites and Individual Items

	Overall Hospital Rating[1]	Recommend Hospital[1]	Communication with Doctors[1]	Communication with Nurses[1]	Communicate About Medicines[1]
Benchmark	68%	70%	81%	77%	62%
PC Overall	66% -	70%	81%	78% +	66% +
TRO North	63% -	67% -	80%	77%	66% +
TRO South	66% -	71%	81%	78% +	66% +
TRO West	68%	72% +	80%	78%	67% +
Medical[2]	65% -	69%	75% -	76%	63%
Surgical[2]	72% +	76% +	85% +	79% +	69% +
OB-GYN[2]	62% -	72% +	84% +	79% +	73% +
Active Duty[2]	62% -	70%	83%	82% +	81% +
Active Duty Family[2]	61% -	70%	83% +	78%	71% +
Retirees &Family Under 65[2]	66% -	71%	80%	79% +	68% +
Retirees & Family 65+[2]	71% +	73% +	79% -	76%	63%

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

[2]These estimates are weighted rather than patient-mix adjusted: Medical, Surgical, OB-GYN, AD, AD family members, retirees & family under 65, and retirees & family 65 and older.

Exhibit 23: Purchased Care Results: Composites and Individual Items (Continued)

	Overall Hospital Rating[1]	Responsiveness of Hospital Staff[1]	Discharge Information[1]	Pain Management[1]	Cleanliness of Hospital Environment[1]	Quietness of Hospital Environment[1]
Benchmark	68%	65%	83%	70%	72%	59%
PC Overall	66% -	64% -	86% +	70%	73%	57% -
TRO North	63% -	64%	86% +	70%	71%	53% -
TRO South	66% -	64%	86% +	70%	73%	59%
TRO West	68%	63% -	87% +	71%	74% +	55% -
Medical[2]	65% -	58% -	81% -	67% -	71%	53% -
Surgical[2]	72% +	66%	89% +	76% +	77% +	61% +
OB-GYN[2]	62% -	72% +	90% +	76% +	75% +	71% +
Active Duty[2]	62% -	73% +	91% +	77% +	83% +	74% +
Active Duty Family[2]	61% -	69% +	89% +	73% +	75% +	68% +
Retirees &Family Under 65[2]	66% -	63% -	87% +	72% +	75% +	61% +
Retirees & Family 65+[2]	71% +	61% -	83%	73% +	71%	53% -

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.

[2]These estimates are weighted rather than patient-mix adjusted: Medical, Surgical, OB-GYN, AD, AD family members, retirees & family under 65, and retirees & family 65 and older.

10.0 Purchased Care Hospital Level Results

Ratings for Overall Indicators and Composites and Individual Items for all civilian facilities are displayed in Exhibits 24 and 25. For PC overall and TROs, estimates are patient-mix adjusted and combine all Product Lines (Medical, Surgical, and OB-GYN) together. Facility-specific estimates are weighted rather than patient-mix adjusted. Significance tests were conducted between each estimate and the benchmark for each facility. Civilian hospitals within each TRO are ranked by their score for *Overall Hospital Rating*.

Exhibit 24: Purchased Care Hospital Level Results: Composites and Individual Items

	N	Overall Hospital Rating[1]		Recommend Hospital[1]		Communication with Doctors[1]	Communication with Nurses[1]		Communicate About Medicines[1]	
Benchmark		68%		70%		81%	77%		62%	
PC Overall[2]	13,537	66%	-	70%		81%	78%	+	66%	+
TRO North Overall[2]	2,781	63%	-	67%	-	80%	77%		66%	+
Pitt County Memorial Hospital, Greenville, NC	115	79%	+	80%	+	84%	84%	+	72%	
New Hanover Regional Medical Center	223	78%	+	83%	+	84%	81%		72%	+
Sentara Virginia Beach General Hospital	124	78%	+	80%	+	83%	80%		68%	
Sentara Norfolk General Hospital	98	73%		80%	+	79%	73%		70%	
Inova Fairfax Hospital, Falls Church, VA	213	72%		79%	+	80%	75%		68%	
Riverside Regional Med Center, Newport News, VA	225	71%		73%		81%	80%		67%	
Sentara Leigh Hospital	118	65%		73%		76%	75%		60%	
Chesapeake General Hospital	200	63%		70%		81%	72%		68%	
CarolinaEast Health System	193	61%	-	67%		77%	76%		62%	
Cape Fear Valley Medical Center	393	60%	-	65%	-	77%	73%		63%	
Samaritan Medical Center, Watertown, NY	83	59%		58%	-	80%	79%		81%	+
Gateway Medical Center, Clarksville, TN	240	58%	-	67%		82%	77%		75%	+
Wayne Memorial Hospital, Goldsboro, NC	123	56%	-	52%	-	77%	73%		60%	
Onslow Memorial Hospital, Jacksonville, NC	206	48%	-	54%	-	79%	81%		68%	

	N	Overall Hospital Rating[1]	Recommend Hospital[1]	Communication with Doctors[1]	Communication with Nurses[1]	Communicate About Medicines[1]
Saint Elizabeth's Hospital, Belleville, IL	227	48% -	60% -	82%	77%	70% +
TRO South Overall[2]	7,572	66% -	71%	81%	78% +	66% +
Vanderbilt University Hospital	252	80% +	87% +	84%	83% +	75% +
Texas Health Harris Methodist Hospital, Fort Worth, TX	151	79% +	83% +	87%	81%	74% +
University of Alabama Hospital	238	78% +	84% +	84%	79%	75% +
West Florida Hospital	203	77% +	81% +	79%	82%	65%
St Francis Hospital, Columbus, GA	211	77% +	76%	84%	78%	63%
Wellstar Kennestone Hospital, Marietta, GA	147	73%	79% +	85%	82%	66%
Providence Hospital, Columbia, SC	165	72%	78% +	79%	77%	62%
Holmes Regional Medical Center, Melbourne, FL	259	72%	75% +	80%	78%	66%
Bay Medical Center, Panama City, FL	284	72%	73%	74% -	76%	60%
Orlando Regional Medical Center	131	71%	77%	78%	78%	68%
Baptist Medical Center, San Antonio, TX	284	70%	77% +	83%	79%	73% +
Sacred Heart Hospital, Pensacola, FL	278	70%	79% +	82%	82% +	69%
Scott & White Memorial Hospital, Temple, TX	264	70%	76% +	80%	79%	71% +
Baptist Health Medical Center, North Little Rock, TX	145	69%	81% +	88% +	79%	73% +
Flowers Hospital, Dothan, AL	229	69%	82% +	84%	80%	75% +
Metroplex Adventist Hospital, Killeen, TX	219	69%	68%	84%	80%	72% +
Palmetto Richland	106	69%	76%	86%	80%	73%
Huntsville Hospital	214	69%	81% +	83%	81%	71% +
United Regional Health Care System, Wichita Falls, TX	213	69%	75%	79%	81%	69%
Florida Hospital Orlando	377	69%	73%	75% -	77%	68%
Baptist Medical Center, Jacksonville, FL	140	69%	78% +	78%	78%	67%
Willis-Knighton Medical Center, Shreveport, LA	180	68%	75%	87% +	79%	61%

	N	Overall Hospital Rating[1]	Recommend Hospital[1]	Communication with Doctors[1]	Communication with Nurses[1]	Communicate About Medicines[1]
Comanche County Memorial Hospital	199	67%	68%	83%	79%	66%
St Vincent's Medical Center Riverside, Jacksonville, FL	169	67%	75%	82%	77%	70%
Tampa General Hospital	137	67%	71%	76%	74%	63%
South Georgia Medical Center	148	66%	69%	86%	83% +	73% +
Memorial Health University Medical, Savannah, GA	247	65%	73%	84%	77%	69%
Beaufort Memorial Hospital	163	64%	72%	79%	76%	66%
Gulf Coast Medical Center	200	63%	72%	75%	74%	51% -
Tuomey Regional Medical Center, Sumter, SC	174	61%	62% -	81%	81%	72% +
Methodist Hospital, San Antonio, TX	231	56% -	57% -	71% -	66% -	61%
Trident Medical Center, Charleston, SC	392	55% -	58% -	79%	76%	63%
Fort Walton Beach Medical Center	251	55% -	57% -	76%	74%	61%
Orange Park Medical Center – HCA	209	55% -	53% -	73% -	75%	61%
Brandon Regional Hospital	192	54% -	52% -	74% -	71%	60%
Midwest Regional Medical Center, Oklahoma City, OK	170	47% -	48% -	79%	66% -	52% -
TRO West Overall[2]	3,184	68%	72% +	80%	78%	67% +
Sharp Memorial Hospital, San Diego, CA	166	87% +	94% +	90% +	86% +	77% +
Sacred Heart Medical Center, Spokane, WA	141	81% +	88% +	85%	81%	70%
University of Colorado Hospital	186	80% +	84% +	87% +	87% +	81% +
St Luke's Regional Medical Center, Boise, ID	163	80% +	89% +	88% +	83%	73% +
Grossmont Hospital	226	79% +	79% +	76%	79%	64%
Community Hospital of the Monterey Peninsula	197	78% +	83% +	80%	77%	71% +
Penrose Hospital, Colorado Springs, CO	341	74% +	80% +	79%	77%	70% +
Memorial Hospital, Colorado Springs, CO	271	72%	76% +	80%	79%	65%

	N	Overall Hospital Rating[1]	Recommend Hospital[1]	Communication with Doctors[1]	Communication with Nurses[1]	Communicate About Medicines[1]
Carondelet St Joseph's Hospital, Tucson, AZ	238	69%	70%	78%	73%	67%
Rapid City Regional Hospital	168	68%	74%	83%	81%	73% +
Tucson Medical Center	285	61% -	69%	81%	74%	66%
Presbyterian Healthcare Services, Albuquerque, NM	165	60%	71%	78%	78%	64%
Sierra Medical Center, El Paso, TX	196	60% -	63% -	80%	74%	59%
Sierra Vista Regional Health Center	157	53% -	57% -	70% -	74%	72% +
Southwest Healthcare System, Murrieta, CA	167	50% -	52% -	75%	70%	62%
Yuma Regional Medical Center	117	50% -	53% -	67% -	69% -	67%

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.
[2]These estimates are patient-mix adjusted: PC overall, TRO North, TRO South, and TRO West.

Exhibit 25: Purchased Care Hospital Level Results: Composites and Individual Items (Continued)

	N	Overall Hospital Rating[1]	Responsiveness of Hospital Staff[1]	Discharge Information[1]	Pain Management[1]	Cleanliness of Hospital Environment[1]	Quietness of Hospital Environment[1]
Benchmark		68%	65%	83%	70%	72%	59%
PC Overall[2]		66% -	64% -	86% +	70%	73%	57% -
TRO North Overall[2]	2,781	63% -	64%	86% +	70%	71%	53% -
Pitt County Memorial Hospital, Greenville, NC	115	79% +	72%	87%	74%	74%	67%
New Hanover Regional Medical Center	223	78% +	72% +	88% +	76%	80% +	71% +
Sentara Virginia Beach General Hospital	124	78% +	68%	90% +	75%	69%	58%
Sentara Norfolk General Hospital	98	73%	72%	87%	72%	76%	56%
Inova Fairfax Hospital, Falls Church, VA	213	72%	63%	76% -	72%	76%	51% -
Riverside Regional Med Center, Newport News, VA	225	71%	68%	83%	74%	71%	54%
Sentara Leigh Hospital	118	65%	66%	85%	72%	69%	48% -
Chesapeake General Hospital	200	63%	65%	88% +	73%	65% -	52%
CarolinaEast Health System	193	61% -	60%	88% +	72%	70%	59%
Cape Fear Valley Medical Center	393	60% -	62%	87% +	71%	70%	56%
Samaritan Medical Center, Watertown, NY	83	59%	80% +	88%	77%	87% +	76% +
Gateway Medical Center, Clarksville, TN	240	58% -	63%	84%	74%	78% +	61%
Wayne Memorial Hospital, Goldsboro, NC	123	56% -	66%	80%	78%	76%	65%
Onslow Memorial Hospital, Jacksonville, NC	206	48% -	70%	85%	77% +	68%	48% -
Saint Elizabeth's Hospital, Belleville, IL	227	48% -	62%	87%	71%	69%	59%
TRO South Overall[2]	7,572	66% -	64%	86% +	70%	73% +	59%
Vanderbilt University Hospital	252	80% +	69%	93% +	77% +	78% +	63%
Texas Health Harris Methodist Hospital, Fort Worth, TX	151	79% +	68%	91% +	78%	77%	65%
University of Alabama Hospital	238	78% +	72% +	87%	80% +	71%	73% +

	N	Overall Hospital Rating[1]	Responsiveness of Hospital Staff[1]	Discharge Information[1]	Pain Management[1]	Cleanliness of Hospital Environment[1]	Quietness of Hospital Environment[1]
West Florida Hospital	203	77% +	66%	86%	70%	67%	61%
St Francis Hospital, Columbus, GA	211	77% +	62%	80%	69%	73%	57%
Wellstar Kennestone Hospital, Marietta, GA	147	73%	64%	85%	73%	76%	63%
Providence Hospital, Columbia, SC	165	72%	72%	85%	69%	75%	67% +
Holmes Regional Medical Center, Melbourne, FL	259	72%	60%	86%	70%	82% +	55%
Bay Medical Center, Panama City, FL	284	72%	64%	85%	62% -	72%	51% -
Orlando Regional Medical Center	131	71%	60%	85%	70%	81% +	61%
Baptist Medical Center, San Antonio, TX	284	70%	61%	88% +	75%	80% +	65% +
Sacred Heart Hospital, Pensacola, FL	278	70%	68%	87%	78% +	75%	58%
Scott & White Memorial Hospital, Temple, TX	264	70%	67%	88% +	71%	72%	70% +
Baptist Health Medical Center, North Little Rock, TX	145	69%	78% +	89% +	79% +	81% +	62%
Flowers Hospital, Dothan, AL	229	69%	65%	88% +	75%	73%	66% +
Metroplex Adventist Hospital, Killeen, TX	219	69%	71%	87%	72%	85% +	66% +
Huntsville Hospital	214	69%	63%	85%	76%	77%	68% +
United Regional Health Care System, Wichita Falls, TX	213	69%	72% +	86%	76%	85% +	67% +
Florida Hospital Orlando	377	69%	63%	83%	71%	73%	52% -
Palmetto Richland	106	69%	71%	89% +	79%	79%	74% +
Baptist Medical Center, Jacksonville, FL	140	69%	62%	88%	74%	71%	64%
Willis-Knighton Medical Center, Shreveport, LA	180	68%	64%	86%	67%	70%	74% +
Comanche County Memorial Hospital	199	67%	64%	87%	73%	77%	63%
St Vincent's Medical Center Riverside, Jacksonville, FL	169	67%	51% -	86%	72%	69%	61%
Tampa General Hospital	137	67%	62%	81%	71%	65%	52%
South Georgia Medical Center	148	66%	71%	81%	72%	78%	70% +

	N	Overall Hospital Rating[1]	Responsiveness of Hospital Staff[1]	Discharge Information[1]	Pain Management[1]	Cleanliness of Hospital Environment[1]	Quietness of Hospital Environment[1]
Memorial Health University Medical, Savannah, GA	247	65%	66%	90% +	76% +	71%	62%
Beaufort Memorial Hospital	163	64%	71%	86%	72%	73%	63%
Gulf Coast Medical Center	200	63%	55% -	87%	73%	69%	47% -
Tuomey Regional Medical Center, Sumter, SC	174	61%	61%	83%	77% +	70%	65%
Methodist Hospital, San Antonio, TX	231	56%	53% -	78%	62%	63% -	51% -
Trident Medical Center, Charleston, SC	392	55% -	62%	84%	71%	73%	60%
Fort Walton Beach Medical Center	251	55% -	53% -	84%	71%	75%	57%
Orange Park Medical Center – HCA	209	55% -	61%	77% -	66%	74%	53%
Brandon Regional Hospital	192	54% -	60%	83%	63%	72%	54%
Midwest Regional Medical Center, Oklahoma City, OK	170	47% -	50% -	75% -	66%	61% -	57%
TRO West Overall[2]	3,184	68%	63% -	87% +	71%	74% +	55% -
Sharp Memorial Hospital, San Diego, CA	166	87% +	77% +	88%	82% +	77%	61%
Sacred Health Medical Center, Spokane, WA	141	81% +	74% +	89% +	81% +	77%	57%
University of Colorado Hospital	186	80% +	76% +	91% +	79% +	83% +	70% +
St Luke's Regional Medical Center, Boise, ID	163	80% +	71%	95% +	71%	85% +	61%
Grossmont Hospital	226	79% +	57% -	85%	77%	72%	43% -
Community Hospital of the Monterey Peninsula	197	78% +	69%	89% +	79% +	83% +	69% +
Penrose Hospital, Colorado Springs, CO	341	74% +	59% -	89% +	74%	73%	63%
Memorial Hospital, Colorado Springs, CO	271	72%	64%	87%	70%	73%	58%
Carondelet St Joseph's Hospital, Tucson, AZ	238	69%	61%	85%	73%	78% +	53%
Rapid City Regional Hospital	168	68%	73% +	92% +	77%	80% +	61%
Tucson Medical Center	285	61% -	61%	86%	71%	71%	50% -

	N	Overall Hospital Rating[1]	Responsiveness of Hospital Staff[1]	Discharge Information[1]	Pain Management[1]	Cleanliness of Hospital Environment[1]	Quietness of Hospital Environment[1]
Presbyterian Healthcare Services, Albuquerque, NM	165	60%	62%	89% +	67%	70%	55%
Sierra Medical Center, El Paso, TX	196	60% -	55% -	83%	63%	71%	62%
Sierra Vista Regional Health Center	157	53% -	65%	85%	75%	70%	58%
Southwest Healthcare System, Murrieta, CA	167	50% -	54% -	84%	74%	68%	59%
Yuma Regional Medical Center	117	50% -	54% -	83%	72%	72%	64%

[1]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark.
[2]These estimates are patient-mix adjusted: PC overall, TRO North, TRO South, and TRO West.

11.0 Drivers of Satisfaction by Product Line

Results of customer surveys have become increasingly important in measuring health plan performance and directing actions to improve the beneficiary experience and quality of services provided. To this effort, we analyzed the TRISS for drivers of satisfaction using discharges 1 April 2011 to 31 March 2012.

Drivers of satisfaction were determined by examining the effects of composite scores on outcome models, using rating of hospital as the primary outcome. Using unconditional logistic regression, the models controlled for all composites and demographic variables, including age, gender, Service, health status, and region. The statistical significance and effect size of odds ratios were used to rank drivers of satisfaction. We analyzed drivers of satisfaction among DC overall, Medical and Surgical, and OB-GYN Product Lines, as well as PC overall, Medical and Surgical, and OB-GYN Product Lines.

11.1 Direct Care Drivers

Communication with Nurses and *Communication with Doctors* were the primary drivers of satisfaction among DC inpatients, regardless of product line. *Discharge Information* was also a significant driver among DC overall, but when product lines were examined in detail, *Responsiveness of Hospital Staff* was found to be highly associated with *Overall Hospital Rating*.

Exhibit 26: Drivers of Direct Care Satisfaction

Ranking	TRISS Direct Care Rating of Hospital	TRISS Direct Care Medical/Surgical Rating of Hospital	TRISS Direct Care OB-GYN Rating of Hospital
#1	Communication with Nurses	Communication with Nurses	Communication with Nurses
#2	Communication with Doctors	Communication with Doctors	Communication with Doctors
#3	Discharge Information	Responsiveness of Hospital Staff	Responsiveness of Hospital Staff

11.2 Purchased Care Drivers

As with DC, *Communication with Nurses* was the primary driver of satisfaction among PC inpatients. *Communication with Doctors* and *Cleanliness of Hospital Environment* were the other principal drivers of satisfaction for PC inpatients overall and by product line.

Exhibit 27: Drivers of Purchased Care Satisfaction

Ranking	TRISS Purchased Care Rating of Hospital	TRISS Purchased Care Medical/Surgical Rating of Hospital	TRISS Purchased Care OB-GYN Rating of Hospital
#1	Communication with Nurses	Communication with Nurses	Communication with Nurses
#2	Communication with Doctors	Communication with Doctors	Cleanliness of Hospital
#3	Cleanliness of Hospital	Cleanliness of Hospital	Communication with Doctors

12.0 Recommendations for Improving Satisfaction in the MHS

This report, based on information from the TRISS Website, helps readers understand and improve MHS patients' satisfaction with inpatient care in MTFs and PC network hospitals. In addition, it allows comparisons with the comparable civilian experience throughout the United States. The reports on the facilities here provide opportunities for MHS policy and medical leaders, providers, and administrators to examine their patients' experiences with military and civilian network hospitals throughout the nation and overseas. We recommend continued and expanded use of the TRISS Website as an ongoing management tool for improving patient satisfaction and care to MHS beneficiaries.

As of this report, the TRISS Website supports over 500 registered users, who access the site to obtain and examine TRISS results. This tool has generated the following important questions that resonate throughout the TRISS user community:

- What are our ratings? – The first question that arises through access to TRISS
- How do these ratings work and what do they tell me? – A desire to gain understanding about these ratings (how they are derived, what they mean, and whether they are accurate)
- How do our ratings compare? – With other MTFs, PC network hospitals and civilian hospitals, nationwide
- How can we improve our ratings? – A desire to improve satisfaction and quality of care

The experiences of TRISS users and the DHCAPE sponsor over the last reporting year have identified both successes and challenges within the MHS and among DC MTFs and PC network hospitals. These experiences guide our objective of providing best in class and continually improving medical care to MHS beneficiaries world-wide. We recommend that these experiences, described below, be used as a basis for improving patient satisfaction. These experiences can also provide MHS healthcare partners with the information, support, and tools they need to succeed.

The discussion below highlights approaches for improving patient satisfaction throughout the MHS. There are also references listed in Section 12.5 that explore many of these items in greater detail.

I. Overall Routes to Improvement

A. CAHPS Improvement Guide

In recognizing that your facility has continuing opportunities for improvement, there are many levels at which these efforts can be targeted. First and foremost, support from top leadership is critical to making improvements in care and patient satisfaction at the facility. The Agency for Health Care Quality and Research (AHRQ) has sponsored the publication of the CAHPS Improvement Guide, which is an invaluable resource for quality improvement initiatives. The CAHPS Improvement Guide provides five main areas in which the facility, as a whole should work to improve:

1. Focusing on microsystems ("where the action is")
2. Cultivating and supporting Quality Improvement (QI) leaders
3. Training staff in QI concepts and techniques
4. Paying attention to customer service

5. Recognizing and rewarding success

These areas require cultural changes, which enhance potential for creating success by the commitment to improvement, as well a focus on the key processes and their continual review.

Without leadership to guide and emphasize quality improvement, any such changes will be difficult to maintain over the long term. The QI leader is defined as one who is energetic, creative, motivated by mission and will provide a personal example of the quality expected.

Staff, too, need to understand and commit to QI. Thus, a commitment to training in both concepts and the techniques used by all staff, including medical staff, is an important ingredient to making improvements an overarching goal.

Microsystems are the work "unit" (e.g. the OB unit) made up of a specific combination of doctors, nurses, other healthcare professionals and staff who work together to take care of patients. In creating and emphasizing the roles of these microsystems, the approach fosters emphasis on small, replicable, functional service systems that enable front-line staff to provide efficient, high-quality patient-centered clinical care to patients. Identifying and recognizing microsystems that work well within a facility, can provide the less well-functioning systems a role model as well as specific instances of ways to improve.

Understanding and emphasizing customer service is also an important aspect of creating an atmosphere where excellence is valued. As reported in the CAHPS Improvement Guide:

> *The most successful service organizations pay attention to the factors that ensure their success: investing in people with an aptitude for service, technology that supports front-line staff, training practices that incorporate well-designed experiences for the patient or member, and compensation linked to performance.*

Finally, rewarding employees who go above and beyond to provide excellent customer service is highly encouraged. This not only provides an incentive for those employees to continue their good work but also lets other employees know that these behaviors are valued. There are several ways to recognize such an employee: performance based bonuses, promotions, employee of the quarter/year plaques, or paid time off awards as allowed by local policy are all ways of reinforcing to employees that their contributions are valued by their leaders.

12.1 Comparisons to Benchmarks

TRISS is quickly becoming an important benchmarking tool because it incorporates reports of 125 hospitals and compares them to the national civilian benchmarks. Examining hospitals that consistently perform better and those with significant increases in performance over time may provide insights into the key factors that lead to better satisfaction scores. Exhibits 4, 6 and 18, 20 illustrate the highest performing DC MTFs and PC network hospitals. These examples, plus those facilities scoring consistently higher on individual survey questions may provide additional insight into key components of patient satisfaction. Conversely, Exhibits 5, 7 and 19, 21 show the DC MTFs and PC network hospitals scoring below civilian benchmarks. These scores, too, help identify issues common to MTFs that have difficulty with their patient satisfaction scores. Key informant interviews and focus groups may provide considerable insight into these issues and complement quantitative measures.

We recommend examining administrative data and enriching it with such qualitative research to identify the best-practice attributes of these highest performers.

12.2 Improving Individual Components of Satisfaction

The HCAHPS as adapted for use by TRISS encompasses these key areas of satisfaction:

- Overall hospital rating and recommendation;
- How well nurses communicate;
- How well the doctors communicate;
- Communication about medicines;
- Discharge information;
- Pain management;

Each of these components is the subject of a research guide for translating patient satisfaction research to practice.

1. Hospital Satisfaction and Recommendation

According to the literature, overall satisfaction is associated with patients' perception of the quality of care received, whereas patients' willingness to recommend the hospital is more related to the perceptions of communications, personal attention and environmental factors. Clearly, there is overlap in patients' perceptions of these criteria. Thus, satisfaction scores for these two questions may be positively influenced by activities that convey messages of quality and caring, respectively. There is no single technique that can raise satisfaction scores alone. However, one strategy hospitals use is to conduct phone follow-ups with discharged patients. This activity has the potential for identifying patients at risk for readmissions, resolving concerns from unsatisfied patients, improving continuity of care and ensuring post-discharge compliance. Healthcare organizations that provide these follow-up services report increases in satisfaction of several points.

The second strategy is to influence patients' perceptions. Bear in mind that patients may have developed an impression of the hospital by prior encounters or through information provided to them by others. To manage perceptions, many hospitals today are actively engaging with their communities through social media, Facebook and Twitter accounts. The hospitals monitor the social media content and maintain a positive dialogue with patients and others. When negative communications do occur, e.g., a dissatisfied patient complaining through Twitter, the hospital can take action to address the complaints that arise and redirect the external communications to correct the message and reframe these communications to positive messages of how the hospital corrected a problem and satisfied the customer.

The CAHPS Improvement Guide also recommends hosting a patient advisory council to gain feedback from patients on hospital performance and suggestions for improving services. MTFs have historically engaged similar councils for gaining feedback, sometimes called Hospital Advisory Councils. With minor reengineering in some cases, hospitals could use TRISS as a basis for creating a new opportunity to reinvigorate their council or start a council to elicit feedback geared to improving patient satisfaction and quality of care.

Hospitals can also influence patients' perceptions through enhancements to the hospital environment that create a warm inviting setting that is aesthetically and psychologically appealing to patients. Such facility enhancements have a calming effect on patients that

can allay anxiety and even promote recovery. Surprisingly, some design enhancements can produce a positive return on a small to medium investment. These enhancements include such things as the arrangement of waiting and patient rooms to resemble hotels, promoting the use of natural lighting, the use of soothing colors and natural wall-coverings such as wood and calming sound, such as running water over stones, as well as barriers to repetitive sounds, such as those made by medical machines. Also, enhancements like sound-proofing material in ceiling and flooring materials can promote a quiet healing environment by helping patients rest without interruptions.

Two other TRISS questions have complementary impact on patient's perceptions of care associated with patients' recommendation of the hospital. These are the cleanliness and quietness of the hospital environment. Suggestions for improving cleanliness include ensuring the patient's room is cleaned every day with extra attention to the bathroom, especially if the patient is sharing a room with another patient. Between cleanings by janitorial staff, hospital staff should ensure that the patient's room is maintained in a state of cleanliness by picking up trash, removing soiled items, leftover food and used laundry. Quietness of the patient's environment can not only be enhanced through the facility designs discussed above but also through training staff to maintain communications discipline in proximity to patients. Staff talking about personal or hospital affairs, laughing or discussing other patients that can be overheard by patients creates an unfavorable impression that can detract from the patient's perception of care and should be stringently avoided.

In all, the keys are for all staff to maintain a focus on sustaining an environment that expresses the pride of a quality staff delivering quality care in a caring way. Any messages that distract from this central one should be rectified immediately, be they an overgrown lawn, a neglected flowerbed, a drab, dingy facility or an uncaring interaction. All these messages contribute to patients' perceptions of the hospital and the care they receive.

2. Communication with Nurses

Nurses play a substantial role in inpatient care. As discussed in Section 11, their communications are the key driver of patient satisfaction in the inpatient setting. Note, however, that in the minds of patients, a nurse might be anyone who frequently attends to them in their room. And while effective communication is irreplaceable when it comes to patients' perceptions of care quality, the processes of communication continue to challenge professionals and healthcare organizations throughout the world. These challenges typically arise from too much work, too little time, and disjointed work processes without sufficient opportunities to synthesize plans and actions among the care team members. These are challenges to consider for hospital QI initiatives.

Initiatives for more immediate impact on patient satisfaction include some basic communication strategies nurses can employ in in their daily work. Here are some techniques nurses can use to increase the effectiveness of their communications with patients and their supporters.

When meeting a patient introduce yourself and explain actions, take time to listen to each patient and ask questions; ask for feedback and confirm that the patient understands. The nurse will need to assess each patient's level of health literacy. Nurses should adjust their explanations as each situation dictates. They will also need to be prepared with what they are going to say and have the right information available when a patient asks a question. During the conversation, nurses should maintain eye contact, observe the patient's body language, and avoid the use of medical jargon. If they are going to be preparing any bad

news, it is important to be emotionally prepared. Also, do not interrupt the patient while s/he is speaking. Nurses should always be sensitive, honest, and compassionate. Nurses need to listen well and ask questions so they can give feedback to medical colleagues later after they have spoken initially to the patient. A technique used by hospitals for this purpose is SBAR. This is where the nurse explains the current SITUATION or diagnosis, what procedures have BEEN performed, ASSESSES the current state of the patient, and RECOMMENDS a plan of care. The hospital should support the nurse by having standardized documentation and care procedures for tailoring to each patient.

3. Communication with Doctors

Results have shown that there is an association between a physician's communication skills and a patient's satisfaction, and adherence to treatment. There are three essential functions to having effective communication between a patient and a physician:

- information gathering
- relationship building, and
- patient education.

Information gathering includes finding out information from the patient and reviewing his/her medical history. Relationship building includes the rapport between the patient and the physician. Patient education may include repeating instructions, providing written instructions and requesting that the patient repeat the instructions back to the doctor.

For each of these, a doctor needs to let the patient know that s/he is for that period of time, the doctor's most important priority. This objective can be achieved in a number of ways, including active listening. It may include reviewing the patient's chart before the visit and making comments about their prior health experiences. Other non-verbal cues, including looking directly at the patient when s/he is talking. Staying seated until the visit is complete is another way to convey the importance of that patient. These are only a few ways in which the doctor can demonstrate to the patient that s/he is their only concern at that moment.

These actions do not necessarily require that more time be spent with the patient. Research findings have demonstrated that physicians can be more responsive to a patient's concerns without lengthening the duration of the visit. Many patients feel that they need to be active participants in their care in order to feel that their problem has been fully discussed. They should be encouraged to ask questions and given clear verbal instructions.

4. Communication about Medicines

Effective communications about medicines builds on the communication approaches for doctors and nurses, discussed above, with a focus on ensuring the patient and hospital staff is fully informed on the medications the patient will be administered during the course of hospitalization. This communication is important to ensure the patient is fully informed but just as important, for avoiding adverse drug events. Hospitals should utilize a patient-centered approach to reconciling medications with the ultimate objective of providing the patient a complete medication list that can be used to guide and facilitate accurate communications with the patient and among hospital staff treating the patient. The reconciliation process should be conducted each time the patient transitions to another level of care. Prior to administering medications to a patient, tell the patient what the medication is for, its risks and benefits, and advise the patient of any side effects s/he may experience. Give the patient adequate opportunities and encourage them to ask

questions. Ensure the patient understands by eliciting the patient's feedback demonstrating their understanding.

5. Discharge Information

Providing effective discharge information relates closely to the effectiveness of communication about medicines. The current evidence indicates that hospital discharge planning improves when interventions address family inclusion and education, communication between healthcare workers and family, interdisciplinary communication, and ongoing support after discharge. Interventions should commence well before discharge. Some studies indicate that providing discharge instructions both verbally and in writing is more effective than either mode alone. Again, when providing discharge information, ensure the patient and any supporting family or care givers present, fully understand the discharge instructions by having them state their understanding of the instructions provided and fully answer any questions they have.

To ensure continuity of the patient's care it is important to maintain ongoing communication with the referring primary care physician whom the patient will be returned to after discharge. When the patient is ready for discharge, hospitals should immediately send the referring physician a summary including discharge diagnosis, current medications and a summary of the hospital stay.

6. Pain Management

Appropriate and effective pain management is an important component of quality patient care. Poor pain management is associated with impaired health, decreased patient satisfaction, and increased healthcare costs. Additionally, inadequate pain management may be associated with lower patient satisfaction. For example, an analysis of predictors of patient satisfaction in a sample of postoperative patients found that lower postoperative pain ratings were the best predictors of satisfaction and helpfulness of treatment. Researchers have found that patients with low postoperative pain ratings who perceived that the physicians and nurses showed concern with how much pain they were feeling reported greatest satisfaction with their care.

In 2000, the Department of Veterans Affairs and Institute for Healthcare Improvement initiated a collaborative project that used learning sessions, monthly team conference calls, and monitoring of results and sharing of improvement methods to promote routine assessment of pain and related goals. These efforts resulted in reduction in moderate or severe pain on study units; increased numbers of completed pain assessments; increased completed pain care plans for patients with at least mild pain; and an increased number of patients provided with pain educational materials.

More recently, the Office of the Army Surgeon General in 2009 implemented a Pain Management Task Force that developed a comprehensive set of recommendations and guidelines for pain management within DoD. The Task Force developed 109 recommendations that led to a comprehensive pain management strategy. Their recommendations are divided into four areas:

- Provide Tools and Infrastructure that Support and Encourage Practice and Research Advancements in Pain Management
- Build a Full Spectrum of Best Practices for the Continuum of Acute and Chronic Pain, Based on a Foundation of Best Available Evidence
- Focus on the Warrior and Family - Sustaining the Force
- Synchronize a Culture of Pain Awareness, Education, and Proactive Intervention

In addition to the above mentioned strategies, adequate and effective staff and patient education regarding pain, pain symptomatology, and methods of pain assessment and management are associated with improved patient satisfaction.

On-going staff education and training is crucial to ensuring compliance with practice standards and clinical guidelines regarding pain management. Additionally, providers must ensure patients have appropriate expectations regarding pain and are informed regarding treatment for and self-management of pain. Individualized education and coaching of patients are associated with improvement in average pain severity in patients.

7. Special Considerations for OB-GYN Patients

Improvement of patient satisfaction among OB inpatients has become a special interest area in light of lagging satisfaction scores for this product line among DC MTFs. Even so, examples from model programs can provide hospitals strategies for improving satisfaction of these patients.

Research findings suggest that women's satisfaction with the birthing process increases as hospitals move closer to the at-home model. Over recent decades hospital birthing units have taken steps to recreate the home environment. Today, the exemplary is single room maternity care where the family is admitted to one room and the infant "sleeps in" throughout the stay.

Single room maternity care is defined as the provision of intrapartum and postpartum care in a single private room throughout the stay. In this configuration, one primary nurse cares for the family consistently through the hospital stay, and as a result, respect for privacy, individual choice and an appreciation for addressing childbirth as a normal and natural process has been shown to increase women's satisfaction. Importantly, while offering a more inviting setting, hospitals that use this model also provide access to advanced support, if needed, and pain medication throughout the birthing and postpartum continuum.

Pain management is a very important part of the birthing experience. Poorly managing pain can damage the hospital's reputation, and patient satisfaction with care. The OB patient should be taught to use a pain intensity scale and to establish a comfort-function goal. Pain management must also reflect patient preferences and sensitivities. Research suggests that labor pain can be managed better with various traditional or non-traditional interventions, with few adverse effects.

Several studies have found that hospitals can also increase satisfaction with the birthing experience through relatively low cost enhancements to the care setting such as providing an adjustable bed for vertical delivery and a bathtub and shower that the family can also use. Families also appreciate attractive and functional furnishings and the move away from an institutional feel through warm décor and natural lighting from an outside view including windows that open. In addition, consider providing food vouchers for the family, closets containing in-room supplies, and overnight sleeping accommodations for family members.

12.3 Successes

TRISS results and the TRISS Website have been at the center of initiatives, working groups, deep dives and questions from individuals and groups about improving patient satisfaction and the patient experience throughout the MHS. These varied associations have:

- Responded to and arisen from leadership emphasis,
- Been accelerated by early adopters,
- Made use of comparative benchmarks,
- Employed a multiple of analytical techniques, and
- Responded with tools to help hospitals improve care.

Leadership Emphasis. TRISS has been leveraged by MHS leadership as a key objective indicator of hospital performance within the health system. This designation has brought with it the distinction of prime focus by hundreds of hospital leaders and managers that now rely on TRISS reports as objective evidence of hospital performance that target improvement goals in care and management actions to these reports. TRISS results are already being established as performance indicators at all levels throughout the MHS.

Benchmarking. Complementing the performance and improvement goals, just stated, TRISS is quickly becoming an important benchmarking tool, through incorporating reports of 125 hospitals and their comparisons to the national benchmarks. MTFs and PC hospitals rating in the top quartile, and even higher, quickly identify natural candidates for examination and potential designation as internal benchmarks with important quality aspects for description and replication across the MHS. We recommend examination of administrative data complimented by qualitative research, such as focus groups and key informant interviews aimed at identifying best practice attributes of these highest performers for replication at other locations.

Early Adopters. The early super users of new applications and tools are an important catalyst to the ultimate success of these technologies. This general principal finds its success in TRISS as well, as these identified champions are not only encouraging and assisting their colleagues in adopting and adapting to the utilities of TRISS, they also assist the TRISS sponsors in enhancing TRISS capabilities to provide a greater level of support as a result of their inputs.

Targeted Analyses. A number of analytical approaches, like the Drivers Analysis in Section 11 are aiding TRISS proponents in accessing how and where to target efforts to improve TRISS results. DHCAPE also conducts other ad hoc analyses to assist MTFs in improving care, such as analysis of TRISS qualitative comments to add additional context to TRISS results.

Translational Research. In response to TRISS users' requests for help in improving TRISS scores, DHCAPE has developed succinct translational vignettes. These short guides are designed to provide short focused actions hospitals can take to improve patient satisfaction. Contact DHCAPE for additional information.

12.4 Challenges

MHS leaders and stakeholders are well aware of the challenges of providing care to military members and their families and some of these may be unique to the patient population.

Lower Ratings by Active Duty. AD Service members and their families tend to give the lowest overall ratings to MTFs, both in the inpatient and outpatient settings. We also know that response rates to surveys are lower among AD Service members. It is possible that the challenges of military life may be a barrier to creating a satisfied patient, due to the complexity of the care required, the short-term nature of the care situation, or the perception that medical care may have detrimental impact on a service member's career. More targeted surveys and qualitative research may help to elucidate some of the issues that make satisfying this population a challenge.

Systems Approach. MTFs are generally managed by their respective military commands, and quality improvement in MTFs is also under the command of the Service. However, the collaboration platform that the TRISS Website represents, presents an opportunity for a Tri-Service Quality Improvement Cell that could benefit all the Services by leveraging the collective knowledge and capabilities of all three Services in conjunction with TMA. The Cell would be advisory, focus on translating research to practice and respond to the current groundswell of requests from MHS leadership and TRISS users who ask, "How can we improve?" The basis for this capability is already in place and warrants strategic attention.

Highest and Lowest Performing MTFs. Examining the facilities that have the highest satisfaction scores as well as those that have the lowest scores may provide special insights into what can be done to improve patient satisfaction. Additional analyses, including targeted administrative data analysis and qualitative analyses should be conducted at these MTFs to gain insights for improving their scores.

12.5 Quality Improvement References

Readers will find helpful references links to resources for improving patient satisfaction and care on the TRISS Website at https://surveys.altarum.org/triss/DoTriss under the Resources Tab. In addition, quality improvement references are listed below.

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Appendix A: Methodology

A.1 Overview

The TRISS survey program is divided into two primary components: The DC Survey and the PC Survey. The total annual sample resource for the survey is 168,000, divided equally among DC and PC. The survey program for TRISS can be summarized by the following:

- DC Mail Survey with Internet Option – Bimonthly Fielding
- PC Mail Survey with Internet Option – Monthly Fielding (Now discontinued)
- DC Non-Response Follow Up Phone Survey – Bimonthly Fielding
- PC Non-Response Follow Up Phone Survey – Monthly Fielding

Direct and Purchased Care Mail Survey with Internet Option and Telephone Follow-up Direct and Purchased Care Mail Survey with Internet Option and Telephone Follow-up

The DC Mail Survey is a bimonthly inpatient satisfaction survey, while the PC Mail component is conducted once per month. Designated respondents include all individuals who have received inpatient care in an MTF worldwide for DC or in a civilian network facility for PC, with the exception of patients who are under the age of 18, those who seek inpatient services for mental health or substance abuse, those who do not have normal discharges, and those who have diagnosis of stillbirth, abortion, false labor, or antepartum. To reduce the burden and confusion of being sampled and asked about more than one visit to the same or different providers in a short period of time, individuals are sampled no more than once every six months. The TRISS Survey follows the CMS HCAHPS Quality Assurance Guide Mixed-Mode survey data collection protocol. Respondents complete and return a self-administered mail survey questionnaire. Sample is delivered bimonthly and surveys are mailed within six days after the sample is processed. If after 21 days in field, a completed questionnaire has not been received, or the questionnaire has come back undelivered, the respondent is contacted by phone. The Mixed-Mode protocol promotes a high survey response rate.

A.2 Sampling and Weighting

A.2.1 Sample Frame

The sample frame is constructed using discharge records for PC and DC. The raw discharge records from CHCS are used to provide a listing of all relevant dispositions in MTFs both in the United States and outside the United States. The data represent all discharges at MTFs as defined by parent DMIS identifiers. This file serves as the sample frame for DC inpatient dispositions. Approximately eight weeks after the end of each calendar month, a list of all relevant PC inpatient visits made in that month and the month prior is compiled based on claims submitted by providers. The PC data is extracted from the TRICARE Encounter Data-Institution (TED-I) dataset and serves as the sample frame for the monthly PC survey. Exclusions are applied to the initial sample frame constructed from these resources in order to generate the final sampling frame.

A.2.2 Sample Design and Selection

The TRISS sample design follows the CMS Quality Assurance Guide sampling protocol, and targets a final annual completed case count of 300. The CMS protocol also allows

collecting more than 300 completed cases, as the discretion of the individual facility. Some smaller facilities do not have the patient volume to obtain 300 completed cases per year, and for these smaller facilities, all discharged patients are included in the sample; this is referred to as a "census" sample. The sampling process for TRISS, for DC and PC, is summarized in the table below. The sampling plan categorizes MTFs, in each cycle, as either a 600-response facility, a 300-response facility, or a census facility. Similarly for PC, a census is taken for PC facilities with fewer than 100 patients in a cycle.

For sampling purposes, the individual MTF or civilian facility is defined as the "stratification" variable. The samples are generated using the SAS SURVEYSELECT procedure. Within each stratum, a Simple Random Sample (SRS) is constructed. Table A.1 summarizes the sampling process.

Table A.1: Overview of the TRISS Sampling Process

Design	Direct Care	Purchased Care
Strata	MTF	Civilian facility
Number of PSUs	58 MTFs	67 hospitals
Cycles Frequency	24 cycles (2 per month)	12 cycles (1 per month)
Sampling Strategy within Stratum	Simple Random Sampling	Simple Random Sampling
Sample size (per cycle)	Census up to 100 inpatients for those facilities with less than 100 discharges. 100 for any facility with over 100 discharges.	Census up to 100 inpatients for those facilities with less than 100 discharges. 100 for any facility with over 100 discharges.

A.3 Estimation

Estimation in the TRISS consists of estimates of means, proportions and their standard errors.

Means and their Standard Errors

Under the sampling plan, estimation is very simple for overall or regional estimates. The estimator for the stratified sample mean is

$$\bar{x} = \sum_{i=1}^{n} w_i x_i \Big/ \sum_{i=1}^{n} w_i ,$$

Where

$\bar{x}$ is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the weights are as described below in the weighting section. The variance estimator is that for the stratified sample mean,

$$\text{var}(\bar{x}) = \sum_{h=1}^{H} \left(N_h / N \right)^2 (1 - f_f) \, s_h^2 / n_h ,$$

where

var ($\bar{x}$) is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum

n_h is the sample size of a particular stratum

Proportions and their Standard Errors

The estimator for proportions such as proportion Excellent and Very Good is handled by defining the response variable Xi as a dichotomous variable where Xi = 1, if excellent or very good, or Xi = 0 if good, fair or poor. The estimator for the stratified proportion is the same as before, where

$$\bar{x} = \sum_{i=1}^{n} w_i \, x_i \Big/ \sum_{i=1}^{n} w_i ,$$

Where

$\bar{x}$ is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the variance estimator is still

$$\text{var}(\bar{x}) = \sum_{h=1}^{H} \left(N_h / N \right)^2 (1 - f_f) \, s_h^2 / n_h .$$

where

var ($\bar{x}$) is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum
n_h is the sample size of a particular stratum

For potential future analysis of the survey data, variance estimation of regression coefficient can be estimated by using either Taylor series method or replication method, such as balance repeated replication or jackknife repeated replication. These estimation methods can be conducted by SUDAAN or other statistical software that can account for complex sample survey design.

Expected Precision

Given the variance estimation formula above, we need estimates of variance stratum by stratum to calculate the expected precision. These estimates can be derived from TRISS base year historical variance when the study is underway.

A.4 Effective Sample Size

Effective sample size for a statistic is the simple random sample (SRS) sample size that would yield the same sampling variance as achieved by the actual design.

Effective sample size $n_{eff} = \frac{n}{deff}$, where $deff = \frac{var(\bar{x})}{var_{srs}(\bar{x})}$

The *deff* is referred to as the design effect. It is a widely used tool in survey sampling in summarizing the effect of stratification and/or cluster design features. It is defined to be the ratio of the sampling variance for a statistic computed under the actual sample design (in our case, $(\bar{x})$) divided by the sampling variance that would have been obtained from an SRS (simple random sampling) of exactly the same size ($var_{srs}(\bar{x})$). The stratified sampling design is efficient compared to a simple random sampling design, because the design effect might be smaller than 1 depending on the homogeneity within each stratum in terms of a particular survey variable.

A.5 Weighting Plans

A.5.1 Patient Mix Adjustment

To facilitate comparison of hospitals HCAHPS developed an algorithm to adjust scores, referred to as patient mix adjustment. The adjustment is designed to yield the most comparable satisfaction measures by simultaneously eliminating differences between the patient mix of hospitals and the way in which the hospital surveyed their patients (mode). The algorithm covers only the 10 items which are considered the HCAHPS measures. Those include

- Overall Hospital Rating
- Recommend the Hospital
- Communication about Doctors (composite)
- Communication about Nurses (composite)
- Communication About Medicines (composite)
- Discharge Information (composite)
- Pain Management (composite)
- Responsiveness of Hospital Staff (composite)
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment

For each measure the unadjusted percent satisfied is computed using the HCAHPS criterion for that measure. In general the HCAHPS criterion is the "top box" such as "Always" for the composites; "Yes" for Discharge Information; "9" or "10" for Overall Hospital Rating; and "Definitely" for Recommend the Hospital. To measure dissatisfaction the algorithm can also be applied to the "bottom" box on each of these measures.

The algorithm adjusts the demographic distribution for each Hospital on its sample's distribution of Education, Self-rated Overall Health, Non-English Language, Age, Product Line, Product Line by Age, Lag time (Response Percentile) to match the corresponding national mean/percentage. National means/percentages come from the latest available version of Table 3 from www.hcahpsonline.org.

For each measure the algorithm adds or subtracts a weighted percent for each of the demographic categories. They are based on a logistic regression analysis and estimated with a linear model. We use the latest available version from Table 1 from www.hcahpsonline.org.

All TRISS interviews are conducted with mailed questionnaires with optional response online and follow up telephone call when needed. We used the "mixed" mode adjustment to account for the mode differences.

The HCAHPS algorithm normally applies a final adjustment of averaging scores across the last four quarters. This method is used for the TRISS Report of Findings. The user can optionally choose this by rolling four quarters together. If a single quarter is selected the score is not averaged.

More detail on the patient mix adjustment algorithm can be found on www.hcahpsonline.org. The patient mix adjustment is only applicable to hospital and higher units of analysis. It is not designed to be applied to sub units such as product lines. Applications to levels lower than the hospital should be viewed and translated with caution.

Patient mix adjusted scores will be available for MTFs, though they will not be available below the Parent-MTF level. For PC, patient mix adjusted scores will be available only for the TRICARE Regions. Each region will be treated as a unit. Analogously for DC, each Service will be treated as a unit. And for MHS-Wide, adjustment will consist of a single unit. All patient mix adjusted scores will only be available for the ten HCAHPS Measures.

A.5.2 Traditional Weighting Strategy

The nature of MHS data is unique and there are known response biases among various age groups, beneficiary categories, and other subpopulations reflected in MHS data. Patient mix adjustment is based on specific subgroups and is not always feasible for subgroups of interest in our population, for example, beneficiary category and product line. When patient mix adjustment was not feasible, we used weighting methodology to control for these biases using a three step weighting process.

A.5.2.1 Base Weights

The inverse of selection probability of each respondent was calculated as the base weight for each respondent, which is the inverse of (stratum sample size / stratum population size)

A.5.2.2 Nonresponse weighting

Altarum used SUDAAN's WTADJUST procedure which regresses response participation variable (1 for response, 0 for nonresponse) on all variables existing for both respondents and nonrespondents to find the significant response predictors. Then a response propensity model is constructed. The nonresponse adjustment for each respondent is the predicted response probabilities computed from the model.

A.5.2.3 Post-stratification

The raking scheme of SUDAAN's WTADJUST procedure was used to correct the potential under-coverage of the sampling frame. The process uses an iterative adjustment algorithm called iterative proportional fitting. The algorithm adjusts the sample weights such that the sample distribution matches the MHS region population distribution, it then adjusts weights to match the gender and age population distribution, and finally it adjusts the weights to match the beneficiary category population distribution. Since the last adjustment to weights may have caused the gender or age distribution to no longer match the population distribution, the process is repeated until there is negligible change in the weights. It has been shown that using this algorithm converges to the joint distribution of MHS region by age by sex by beneficiary category. This process is repeated each month. The algorithm uses the actual percent of users for MHS region, the beneficiary categories, age categories, gender, etc., for the month of sampling.

For DC, post-stratification weights were calculated for age, beneficiary category, and service branch affiliated with MTFs. PC weighting presented more of a challenge. PC facilities were originally selected based on the average number of monthly inpatient records and were not intended to represent all civilian network facilities. Therefore, weights for PC respondents were adjusted to match the population distribution of the 67 facilities originally selected for inclusion and were calculated for age, gender, beneficiary category, and TRICARE region.

Summary of Weighting Process

Weighting Component	Direct Care	Purchased Care
Sampling Weight	(# MTF admissions) (MTF sample size)	(# hospital admissions) (hospital sample size)
Non-response Weight	Logistic regression model (marital status)	Logistic regression model (marital status)
Post-Stratification Weight	Uses "raking" algorithm (through SUDAAN) to approximate subtotals for the following variables: Age (<65 years, 65 years and over) Beneficiary category (Active Duty, Reserve/Guard, Dependents of AD and R/G vs. all other) MTF Service branch (Army, Navy, Air Force)	Uses "raking" algorithm (through SUDAAN) to approximate subtotals for the following variables: Age (<65 years, 65 years and older) Gender Beneficiary category (Active Duty, Reserve/Guard, Dependents of AD and R/G vs. all other) Facility TRICARE region (North, South, West)

The aggregated weights for each respondent is Base weight * Nonresponse weight * Post-stratification weight.

A.6 Composites and Composite Score Calculation

A composite is an overall score or rating, created by combining scores from subset questions that measure particular areas of the overall domain. There are currently six Composites that measure different domains of satisfaction on the TRISS. These are standard measures created by HCAHPS to ensure comparability of satisfaction assessments. The six Composites include:

- **Communications with Nurses –** This composite focuses on questions relating to how well nurses communicate. This composite is composed of three questions (Q1, Q2, and Q3): how often nurses treated you with courtesy and respect; how often nurses listened carefully to you; and how often nurses explained things in a way you could understand.
- **Communications with Doctors** – This composite focuses on questions relating to how well doctors communicate. This composite is composed of three questions (Q5, Q6, and Q7): how often doctors treated you with courtesy and respect; how often doctors listened carefully to you; and how often doctors explained things in a way you could understand.
- **Responsiveness of Hospital Staff** – This composite focuses on questions relating to the courtesy and helpfulness of hospital staff. This is composed of two questions (Q4 and Q11): how often you got help as soon as you wanted it after pressing the call button & how often you got help in getting to the bathroom, or in using a bedpan as soon as you wanted.
- **Pain Management** – This composite focuses on questions relating to the management of pain. This is composed of two questions (Q13 and Q14): how often

your pain was well controlled & how often the hospital staff did everything they could to help you with your pain.

- **Communication about Medications** – This composite focuses on questions relating to communication by the hospital staff regarding medications. This is composed of two questions (Q16 and Q17): how often the hospital staff told you what the medicine was for & how often hospital staff described possible side effects in a way you could understand.
- **Discharge Information** – This composite focuses on questions relating to receiving adequate information about discharge. This is composed of two questions (Q19 and Q20): did hospital staff talk with you about whether you would have the help you needed when you left the hospital & did you get information in writing about what symptoms or health problems to look out for after you left the hospital.

In addition to these six HCAHPS-based composites, two individual questions are benchmarked by HCAHPS, including:

- **Cleanliness of Hospital Environment** – Q8: During this hospital stay, how often were your room and bathroom kept clean?
- **Quietness of Hospital Environment** – Q9: During this hospital stay, how often was the area around your room quiet at night?

Composites are calculated using the responses from all of the questions contained in the composite. The proportion of favorable responses corresponding to the proportion of respondents answering "always" is calculated.

The formal method of calculating the proportions is as follows –

Xi = 100, if respondent answered "always

= 0, if respondent answered "never", "sometimes", or "usually".

Ii = 1, if response is not missing for level of reporting

= 0, if response is missing for level of reporting

wi = Sampling weight

The estimator for P1 is b

Proportions are then combined from the individual questions to form the composite using the following equation:

C = Composite proportion = (Proportion 1 + Proportion 2 +…..) / (number of questions in the composite)

This means that each question is equally important to the composite.

A.7 Benchmarks

The TRISS study is designed to facilitate the comparison of healthcare delivered to inpatient beneficiaries of TRICARE. Hospitals are the basic focus. TRISS includes all major hospitals providing inpatient healthcare in the MHS, as well as the 67 highest-volume non-military hospitals providing PC to TRICARE beneficiaries. In addition to following HCAHPS protocols and CMS guidelines TRISS also facilitates comparison of hospitals by including CMS benchmarks, which are designed to be only a basis for comparison. The CMS Benchmarks are the national averages of all major hospitals participating in the CMS database. The database houses the data for all participating hospitals. The CMS Benchmarks are available for the ten items designated as the Composites and Individual Items. CMS publishes both the Satisfaction and Dissatisfaction national averages. The averages listed below are the latest available. These come from the CMS Database.

Composites and Individual Items	National Satisfaction Average	National Dissatisfaction Average
Overall Hospital Rating	68%	9%
Recommend Hospital	70%	5%
Communication with Nurses	77%	5%
Communication with Doctors	81%	4%
Responsiveness of Hospital Staff	65%	10%
Pain Management	70%	7%
Communication About Medicines	62%	20%
Discharge Information	83%	17%
Cleanliness of Hospital Environment	72%	9%
Quietness of Hospital Environment	59%	11%

Appendix B: Survey Instrument

RCS Number: DD-HA (A) 2076
Expiration Date: February 28, 2014

TRICARE Inpatient Satisfaction Survey

Survey Instructions

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes
☒ No ➔ ***If No, Go to Question 1***

According to the Privacy Act of 1974, as amended, the Department of Defense is required to inform you of the purposes and use of this survey. Please read this Privacy Act Statement carefully.

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1071 (NOTE), Annual Beneficiary Survey; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. 11131-11152, Health Care Improvement Act of 1986; 32 CFR 199.16, TRICARE Program; and DoDD 6025.13, Medical Quality Assurance (MQA) in the Military Health System (MHS).

PURPOSE: The information collected in this survey helps health policy makers gauge beneficiary satisfaction with inpatient care within the Military Health System's direct care and the purchased care network facilities. Responses will be used to facilitate beneficiary comparisons of hospitals, guide Military Treatment Facility quality improvement efforts, and improve the Military Health System.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

☒ Never
☒ Sometimes
☒ Usually
☒ Always

2. During this hospital stay, how often did nurses listen carefully to you?

☒ Never
☒ Sometimes
☒ Usually
☒ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

☒ Never
☒ Sometimes
☒ Usually
☒ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

☒ Never
☒ Sometimes
☒ Usually
☒ Always
☒ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

☒ Never
☒ Sometimes
☒ Usually
☒ Always

6. During this hospital stay, how often did doctors listen carefully to you?

☒ Never
☒ Sometimes
☒ Usually
☒ Always

7. **During this hospital stay, how often did doctors explain things in a way you could understand?**
   - ☒ Never
   - ☒ Sometimes
   - ☒ Usually
   - ☒ Always

THE HOSPITAL ENVIRONMENT

8. **During this hospital stay, how often were your room and bathroom kept clean?**
   - ☒ Never
   - ☒ Sometimes
   - ☒ Usually
   - ☒ Always

9. **During this hospital stay, how often was the area around your room quiet at night?**
   - ☒ Never
   - ☒ Sometimes
   - ☒ Usually
   - ☒ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. **During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?**
    - ☒ Yes
    - ☒ No ➔ ***If No, Go to Question 12***

11. **How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?**
    - ☒ Never
    - ☒ Sometimes
    - ☒ Usually
    - ☒ Always

12. **During this hospital stay, did you need medicine for pain?**
    - ☒ Yes
    - ☒ No ➔ ***If No, Go to Question 15***

13. **During this hospital stay, how often was your pain well controlled?**
    - ☒ Never
    - ☒ Sometimes
    - ☒ Usually
    - ☒ Always

14. **During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?**
    - ☒ Never
    - ☒ Sometimes
    - ☒ Usually
    - ☒ Always

15. **During this hospital stay, were you given any medicine that you had not taken before?**
    - ☒ Yes
    - ☒ No ➔ ***If No, Go to Question 18***

16. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**
    - ☒ Never
    - ☒ Sometimes
    - ☒ Usually
    - ☒ Always

17. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**
    - ☒ Never
    - ☒ Sometimes
    - ☒ Usually
    - ☒ Always

WHEN YOU LEFT THE HOSPITAL

18. **After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?**
    - ☒ Own home
    - ☒ Someone else's home
    - ☒ Another health facility ➔ ***If Another, Go to Question 21***

19. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?**
    - ☒ Yes
    - ☒ No

20. **During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?**
    - ☒ Yes
    - ☒ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- ☒ 0 Worst hospital possible
- ☒ 1
- ☒ 2
- ☒ 3
- ☒ 4
- ☒ 5
- ☒ 6
- ☒ 7
- ☒ 8
- ☒ 9
- ☒ 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?

- ☒ Definitely no
- ☒ Probably no
- ☒ Probably yes
- ☒ Definitely yes

YOUR HEALTH CARE

The next few questions cover some topics specifically about your experience during your recent hospital stay.

23. For this stay, were you admitted to the hospital for childbirth (including C-section), a surgical procedure or operation, or another medical condition or illness?

- ☒ Childbirth (including C-section)
- ☒ Surgical procedure or operation
- ☒ Another medical condition or illness
- ☒ I don't know

24. During this hospital stay, how often did staff check your identification before taking your blood, starting your IV or giving you medicine(s), even over the counter medicines like Tylenol® or ibuprofen?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always
- ☒ I did not have blood taken, have an IV or get any medicine(s)

25. During this hospital stay, how often did you see staff wash or otherwise sanitize their hands or use gloves before treating or checking you?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always
- ☒ I was not treated or checked by staff

26. During this hospital stay, did you feel that there was at least one doctor who had an understanding of your condition and treatment?

- ☒ Definitely yes
- ☒ Somewhat yes
- ☒ Somewhat no
- ☒ Definitely no

27. During this hospital stay, how often did doctors or surgeons involve you as much as you wanted in decisions about treatment?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always
- ☒ I did not want to be involved in decisions
- ☒ There were no decisions about treatment during my hospital stay

28. During this hospital stay, how often did doctors treat your family or close friend with courtesy and respect?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always
- ☒ I did not have visits from family or a close friend

29. During this hospital stay, how often did nurses treat your family or close friend with courtesy and respect?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always
- ☒ I did not have visits from family or a close friend

30. During this hospital stay, how often did doctors, nurses and other hospital staff make sure that you had privacy when they took care of you or talked to you?

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always

31. **During this hospital stay, did hospital staff teach you what you needed to know to take care of yourself after you left the hospital?**

- ☒ Definitely yes
- ☒ Somewhat yes
- ☒ Somewhat no
- ☒ Definitely no

32. **During this hospital stay, when doctors, nurses or other hospital staff first came to your room, how often did they introduce themselves?**

- ☒ Never
- ☒ Sometimes
- ☒ Usually
- ☒ Always

33. **Before you left the hospital, did you receive information in writing about what activities you could and could not do?**

- ☒ Yes
- ☒ No
- ☒ I did not have any limitations in my activities

34. **If you were told to take any medicine at home that you had not taken before this hospital stay, did you receive information in writing before you left the hospital about how to take this medicine?**

- ☒ Yes
- ☒ No
- ☒ I was not told to take any medicine at home that I had not taken before

35. **If you were in the hospital for childbirth, did someone on the hospital staff talk with you about the signs and symptoms of postpartum depression before you left the hospital?**

- ☒ Yes
- ☒ No
- ☒ I was not in the hospital for childbirth

ABOUT YOU

36. **In general, how would you rate your overall health?**

- ☒ Excellent
- ☒ Very good
- ☒ Good
- ☒ Fair
- ☒ Poor

37. **What is the highest grade or level of school that you have completed?**

- ☒ 8th grade or less
- ☒ Some high school, but did not graduate
- ☒ High school graduate or GED
- ☒ Some college or 2-year degree
- ☒ 4-year college graduate
- ☒ More than 4-year college degree

38. **Are you of Spanish, Hispanic or Latino origin or descent?**

- ☒ No, not Spanish/Hispanic/Latino
- ☒ Yes, Puerto Rican
- ☒ Yes, Mexican, Mexican American, Chicano
- ☒ Yes, Cuban
- ☒ Yes, other Spanish/Hispanic/Latino

39. **What is your race? Please choose one or more.**

- ☒ White
- ☒ Black or African American
- ☒ Asian
- ☒ Native Hawaiian or other Pacific Islander
- ☒ American Indian or Alaska Native

40. **What language do you mainly speak at home?**

- ☒ English
- ☒ Spanish
- ☒ Chinese
- ☒ Russian
- ☒ Vietnamese
- ☒ Some other language (please print):

_____

COMMENT

41. **Tell us more! If there is anything else we can do to improve our health care services to you, or if you would like to explain your answers further, please attach a separate sheet with your comments and ideas.**

_____

_____

_____

_____

THANK YOU

Please return the completed survey in the postage-paid envelope.

TRICARE Inpatient Satisfaction Survey
Survey Operations
PO BOX 5720
Hopkins, MN 55343

Data Recognition Corp.-2G0463-11427-54321