



January 11, 2016

Mr. Andrew Slavitt  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: Medicare Program; Request for Information to Aid in the Design and Development of a Survey Regarding Patient and Family Member Experiences With Care Received in Long Term Care Hospitals**

Dear Mr. Slavitt,

On behalf of the long term care hospitals in New Jersey, all but one of which are members of the New Jersey Hospital Association (NJHA), we appreciate the opportunity to provide information on the development of a patient and family member experience of care (PEC) survey for long term care hospitals (LTCHs). New Jersey's LTCHs provide extensive medical services for the most vulnerable populations in our state.

It is important to NJHA's members that the survey that is developed truly measures patient and family member experiences, rather than satisfaction. There are significant differences between assessment of experience versus satisfaction. To that end, NJHA believes it is important that the survey asks what occurred during the episode of care, rather than how the patient felt about what occurred.

NJHA members believe that CMS has captured most of the essential LTCH-specific items that should be included in the LTCH PEC survey. We respectfully recommend that the survey be designed to capture information about the physical environment in which the patient received their care including spaciousness, cleanliness, lighting, noise level, types of equipment available. These are important parts of the experience of care. In addition, it is important to identify whether the patient and family experience included respect for their dignity and privacy. As proposed by CMS in CMS-3317-P regarding revisions to requirements for discharge planning for hospitals, critical access hospitals and home health agencies, it is critical that patients and families are integrally engaged in the care process, including the planning for transition back to the community or to another setting of care. Therefore, items should focus on whether the patient and family received information that ensured they understood the expected outcomes of

care, received communication throughout the course of care at the LTCH, and received follow-up communication post-discharge.

Once the survey is developed, NJHA believes it must be undergo validity and reliability testing to make sure that the questions asked are clear in their language and intent, and that there is internal consistency in the survey document. In addition, the survey must produce data that providers can use to take action to continue to improve quality, and must be administered in a standardized manner so that benchmarking can occur across LTCHs.

In terms of usability, the survey must be accessible for the different patient populations served in LTCHs, including those with physical and cognitive impairments. Additionally, since LTCH patients are so frail, CMS should consider that most of the respondents will be caregivers, not the patients themselves. A caregiver often has a very different perspective on the care experience from that of the patient.

NJHA has no objection to the use of a modified HCAHPS, especially since most of the surveys already used are based on HCAHPS. It may be helpful to look at the home health and nursing home CAHPS for items related to the patient's ability to perform certain activities of daily living given that LTCHs serve many patients with physical and cognitive limitations.

NJHA appreciates CMS' efforts to develop the LTCH PEC. If you have any questions about our comments, please feel free to reach out to me at 609-275-4102 or at [tedelstein@nha.com](mailto:tedelstein@nha.com)

Sincerely,

A handwritten signature in black ink that reads "Theresa Edelstein". The signature is written in a cursive style with a long horizontal flourish at the end.

Theresa Edelstein, MPH

Vice President