



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 Inpatient Rehabilitation Facilities

Dear Mr. Slavitt,

On behalf of the inpatient rehabilitation facilities in New Jersey, all 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 inpatient rehabilitation facilities (IRFs). New Jersey's IRFs provide rehabilitation services on both an inpatient and outpatient basis. In addition, NJHA has members who provide rehabilitation services across multiple health care settings including IRFs, hospital outpatient departments, skilled nursing facilities and home health agencies.

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 rehabilitation-specific items that should be included in the IRF PEC survey. In the IRF environment, there is a considerable amount of interaction with the patient pre-admission. Therefore, we recommend that CMS consider including an item to capture whether the IRF's nurse liaison prepared the patient for what to expect during their IRF stay. We also 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 rehabilitation experience in the rehabilitation gym, as well as throughout the facility. 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 IRF, 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 IRFs.

In terms of usability, the survey must be accessible for the different patient populations served in IRFs, including those with physical and cognitive impairments.

Most of NJ's IRFs use either eRehabData® or a survey developed by Press Ganey. 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 IRFs serve many patients with physical and cognitive limitations.

NJHA appreciates CMS' efforts to develop the IRF 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

Sincerely,

A handwritten signature in black ink that reads "Theresa Edelstein". The signature is written in a cursive, flowing style.

Theresa Edelstein, MPH

Vice President

Post-Acute Care Policy & Special Initiatives