

Hospice CAHPS Best / Adverse Survey Definition - A WellSky Hospice Reporting Option

Only surveys meeting CMS Hospice Survey definition of complete (survey must have responses to at least 50% of the following questions: Q1-4, 6-13, 15, 17, 21, 24, 26, 28, 30-32, and 35-47).

- Best = No adverse and 95% of completed questions meet Best Criteria.
- Adverse = Q39 or 2+ questions meet Adverse criteria.

Question #	Text	Best Response(s)	Adverse Response(s)
5	How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?	Always	Never / Sometimes
6	While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?	Always	Never / Sometimes
7	While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?	Always	Never / Sometimes
8	While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?	Always	Never / Sometimes
9	While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?	Always	Never / Sometimes
10	While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?	Never	Usually / Always
11	While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?	Always	Never / Sometimes
12	While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	Always	Never / Sometimes
14	How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?	Always	Never / Sometimes
16	Did your family member get as much help with pain as he or she needed?	Yes, definitely	Yes, somewhat / No
18	Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?	Yes, definitely	Yes, somewhat / No

Question #	Text	Best Response(s)	Adverse Response(s)
19	Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?	Yes, definitely	Yes, somewhat / No
20	Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?	Yes, definitely	Yes, somewhat / No
22	How often did your family member get the help he or she needed for trouble breathing?	Always	Never / Sometimes
23	Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?	Yes, definitely	Yes, somewhat / No
25	How often did your family member get the help he or she needed for trouble with constipation?	Always	Never / Sometimes
27	How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?	Always	Never / Sometimes
29	Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?	Yes, definitely	Yes, somewhat / No
30	Moving your family member includes things like helping him or her turn over in bed, or get in and out of bed or a wheelchair. Did the hospice team give you the training you needed about how to safely move your family member?	Yes, definitely	Yes, somewhat / No
31	Did the hospice team give you as much information as you wanted about what to expect while your family member was dying?	Yes, definitely	Yes, somewhat / No
33	While your family member was in hospice care, how often did the nursing home staff and hospice team work well together to care for your family member?	Always	Never / Sometimes
34	While your family member was in hospice care, how often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?	Never	Usually / Always
35	While your family member was in hospice care, how often did the hospice team listen carefully to you?	Always	Never / Sometimes
36	Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?	Right amount	Too Little
37	While your family member was in hospice care, how much emotional support did you get from the hospice team?	Right amount	Too Little
38	In the weeks after your family member died, how much emotional support did you get from the hospice team?	Right amount	Too Little
39	Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?	9-10	<7
40	Would you recommend this hospice to your friends and family?	Definitely yes	Definitely no Probably no