Patient Understanding of Key Information Related to Recovery After a Hospital-Based Outpatient Procedure or Surgery Patient-Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)

Hospital Outpatient Quality Reporting (Hospital OQR) Program

Frequently Asked Questions (FAQs)

April 2026

The content included in this document aims to assist hospitals participating in voluntary reporting to prepare to meet requirements for the first mandatory reporting period associated with the calendar year (CY) 2029 payment determination in the **Hospital OQR Program** for the Information Transfer PRO-PM.

1 MEASURE BACKGROUND

Overview

1. What is a PRO-PM?

A Patient-Reported Outcome-Based Performance Measure (PRO-PM) assesses the quality of healthcare based on what patients themselves report about their health and well-being. It uses data collected from patient-reported outcome measures (PROMs), which are questionnaires or surveys that ask patients about their symptoms, quality of life, and other aspects of their health. Aggregated patient-reported outcome (PRO) data from patients are combined into a reliable, valid measure of performance for the hospital. PRO-PMs are patient-centered and provide complimentary information that is not captured by other quality outcome measures. PRO-PMs can be used by your hospital to identify areas where quality of care can be improved.

2. What is the aim or goal of the Information Transfer PRO-PM?

The Information Transfer PRO-PM aims to assess the level of clear, personalized recovery information provided to patients aged 18 years or older who had surgery or a procedure at a hospital outpatient department (HOPD). The measure reports the average score of a patient's ratings on a three-domain, nine-item survey to evaluate the clarity of the clinical information patients are given before, during, and after an outpatient surgery or procedure. The survey covers three domains for patients or their caregivers to rate the clarity of information received regarding their post-discharge recovery: applicability to patient needs, medication, and daily activities. The applicability to patient needs domain assesses whether the recovery information considered a patient's health needs and personal circumstances. The medications domain examines the clarity of medication information provided, specifically guidance on taking new medications, potential side effects, and discontinuing medication. The daily activities domain assesses the clarity of guidelines around diet, physical activity, returning to work, and driving. Results from the survey provide hospitals with PRO data designed to assess communication efforts and enable hospitals to reduce the risk of patient harm that may occur if the patient does not fully understand the recovery information.

3. Why measure PROs for the level of clear, personalized recovery information provided to patients who had surgery or a procedure?

Recent studies have shown that compared to inpatient settings, outpatient settings are associated with worse patient understanding and lower patient activation (that is, an individual's understanding, competence, and willingness to participate in care decisions during their recovery), indicating an area for quality-of-care improvement. One study found that providers in the inpatient setting provided more complete discharge instructions and end-of-visit summaries to patients when compared to providers in the ambulatory setting, including continuing medication names and instructions (96 percent vs. 40 percent), new medication names and instructions (99 percent vs. 29 percent), and pending diagnostic test names and instructions (90 percent vs. 61 percent). A lack of understanding of recovery information, meaning clinical care instructions provided to patients or their caregivers after the completion of surgery or a non-surgical procedure, and other aspects of health literacy have been linked

to poor adherence to treatment, decreased patient safety, increased return to the emergency department (ED), lower levels of patient satisfaction, and disproportionate effects on patients with limited English proficiency and patients over age 65, who face additional barriers and recovery issues after their receipt of a hospital outpatient service. Reduced patient engagement and a deficiency in detailed discharge information in the inpatient setting were also associated with a higher risk of readmissions to an inpatient setting. Research indicates that information that is simpler to read and more complete has been associated with fewer follow-up calls to providers as well as less frequent hospital readmissions.

4. When will the Information Transfer PRO-PM be implemented?

In the CY 2025 OPPS Final Rule, the Centers for Medicare & Medicaid Services (CMS) adopted the Information Transfer PRO-PM into the Hospital OQR Program as a voluntary measure for the CY 2026 reporting period followed by mandatory reporting beginning with the CY 2027 reporting period affecting CY 2029 payment determination.

5. How is a hospital outpatient department (HOPD) defined?

An HOPD is a department, or unit, of a hospital that provides medically necessary services to registered outpatients. A key distinction from inpatient care is that the patient is not formally admitted to the hospital and does not require an overnight stay. Within the HOPD, surgeries or procedures are billed as Medicare Fee-for-Service (FFS) Part B services using the hospital's CMS Certification Number (CCN).

6. Will my performance on this measure impact payments in the future?

No. This measure is part of the Hospital Outpatient Quality Reporting (Hospital OQR) program, which is a pay-for-reporting initiative that requires hospitals to submit quality data on outpatient services to receive their full annual payment update. Therefore, the performance on this measure will not impact payments. However, hospitals must report data on the measures during mandatory reporting, and failure to report can result in a 2 percent reduction in the annual payment update.

Voluntary Reporting

7. What are the benefits of participating in voluntary reporting?

CMS encourages all hospitals eligible for the Hospital OQR Program to participate in voluntary reporting periods to get experience with PRO data collection and submission prior to mandatory reporting**.** The voluntary reporting periods will provide hospitals with an opportunity to:

- Gain familiarity with the measure and data collection
- Test PRO data submission
- Receive confidential feedback reports that include their PRO data responserates and measure results
- Review the data used to calculate Information Transfer PRO-PM results
- Get information on how to interpret their measure results
- Ask questions and provide feedback on the measure

8. What information will hospitals who participate receive?

Hospitals participating in voluntary reporting will receive confidential feedback reports on their data submission. These reports will include the hospital-level measure score, as well as other results (e.g., a breakdown by the three domains and nine questions) prior to public reporting, as technically feasible. If your hospital submits PRO data by the deadline, your confidential report will include your PRO data submissions and your overall response rate and measure results, if feasible to calculate for your hospital.

9. What will be publicly reported during voluntary reporting?

During voluntary reporting, measure results will not be publicly reported. During mandatory reporting, CMS will publicly report measure results and overall response rate starting in 2029. Hospitals will also receive confidential feedback reports prior to public reporting that detail results from the reporting period.

2 MEASURE SPECIFICATIONS

Measure Cohort

10. Which patients are included in the Information Transfer PRO-PM cohort? What are the cohort inclusion criteria?

The measure cohort includes patients 18 years or older who had an eligible procedure or surgery in an HOPD (see Question 11 below), left the HOPD alive, and responded to the survey. Only fully completed surveys are included in the measure calculation.

11. Which procedures are captured by this measure?

The measure aims to encourage providers to improve discharge planning and communication processes, and as such, includes all types of procedures or surgeries completed in the hospital outpatient department. The specific definition is patients receiving procedures using Current Procedural Terminology (CPT) codes between 10004 and 69990 or one of the following G-Codes: G0104, G0105, G0121 or G0260. This specific range of codes was specified during measure testing to align with the initial Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey. In contrast, the Information Transfer PRO-PM includes all eligible procedures performed in hospital outpatient departments and does not apply the additional inclusion or exclusion criteria or sampling rules used for OAS-CAHPS survey administration. The measure does not have any exclusion criteria, and patients with post-surgical, unplanned admissions are eligible for measure inclusion.

12. Is this measure linked to claims data?

No, this measure is not linked to claims data. As the survey is confidential and web-based, the data that hospitals submit for this measure will include respondents' responses to the nine survey items and no direct connection or link to claims data. Therefore, hospitals must verify that patients are eligible to receive the survey (see Question 10 and Question 11 for more information). In addition, the "Who Do I Collect PRO Data on?" document provides hospitals with clarity on which patients to administer the

Information Transfer PRO-PM survey to, and this can be found on Quality Net > Hospitals – Outpatient Measures > Measures > PRO-PMs > Resources.

13. Is this measure risk adjusted?

No, this measure is not risk adjusted. The intent of the measure is to encourage HOPDs to provide individualized recovery instructions regardless of the patient's unique characteristics; therefore, there is no need for risk adjustment.

Testing of the measure results including for risk adjustment need, response rates, and data missingness was conducted and is described in the methodology report. As the outcome for this measure is the patient's rating of the clarity of information about their recovery process, it is important to test for certain patient characteristics that may bias results. Analysis of factors that are and are not correlated with the measure is critical in assessing whether the measure should be risk adjusted. Evaluation of risk adjustment in pilot testing survey results found no statistically significant differences between adjusted and unadjusted result scores. Additionally, non-response bias, which is the likelihood of a patient responding to a survey based on patient characteristics, was also analyzed during pilot testing. Non-responders were significantly younger and more likely to be male, but these factors were not significant toward measure results. During measure testing, the measure developer engaged in extensive discussions with clinicians and patient stakeholders regarding the need to risk-adjust. After discussion and analysis of pilot data, risk adjustment was not added to the measure because it could unintentionally encourage disparate outcomes between different patient populations. The performance differences between the adjusted and unadjusted measures in testing were also minimal.

Measure Outcome

14. What questions does the Information Transfer PRO-PM survey ask patients (or their caregivers) to respond to? Does a patient (or caregiver) need to respond to all of the questions from the survey, including the ones that aren't applicable to them?

The Information Transfer PRO-PM survey, including the full list of questions, is included in Appendix A of the Measure Information Form (MIF) available on the QualityNet website. For reference, the nine items from the survey are presented and divided by their three domains in Table 1 below.

Table 1. Information Transfer PRO-PM Survey Questions by Domain

Domain	Questions
Applicability to Patient Needs The information you got about your recovery considered:	1. Your health needs (for example: medical conditions, pain management, treatment preferences, etc.) 2. Your personal situation (for example: transportation needs, insurance coverage, financial status, etc.)
Medications How clear was the following information about your recovery:	3. Why you should take any new medications 4. Possible side effects of new medications 5. When to stop any medications
Daily Activities How clear was the following information about your recovery:	6. Changes to your diet 7. Changes to physical activities, including exercise 8. When you could return to work 9. When you could drive

In order for a response to be considered complete, the respondent must respond to all questions on the survey. For questions in the "Medications" and "Daily Activities" domains, the respondent has an option to indicate "Does not apply" if a question does not apply to their experience. The questions in the "Applicability to Patient Needs" domain, however, will be applicable to all respondents.

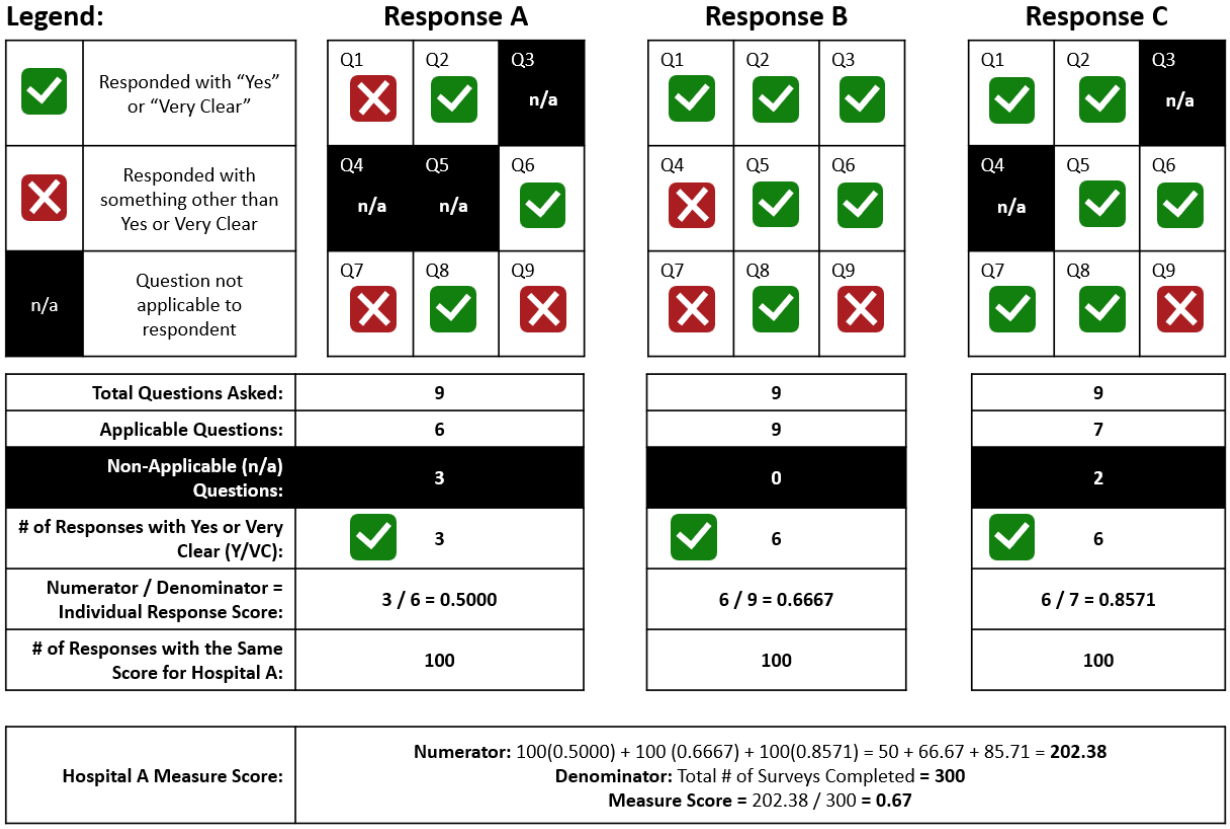
As an example, if a patient had an eligible procedure that did not require any new medications or changes to their current medications, then the three questions for the "Medications" domain would not be applicable to the patient's experience. The patient (or their caregiver or proxy) would be able to indicate "Does not apply" for each question in this domain. Of note, the questions for which the respondent indicated "Does not apply" would not impact the patient's individual score (see Question 15 for more information).

15. How is the measure outcome calculated?

The measure numerator, or outcome, is the sum of all individual scores an HOPD receives from eligible respondents, which could be patients or caregivers. Individual scores are calculated using a top-box approach; each individual score is calculated for each respondent by taking the sum of items for which the respondent gave the most positive response ("Yes" or "Very Clear") and dividing by the number of items the respondent deemed applicable to their procedure or surgery. Applicable items are calculated by subtracting the sum of items for which the respondent selected "Does not apply" from the total number of survey items (nine).

Figure 1 below depicts an example calculation for Hospital A.

Figure 1: Example Measure Calculation for the Information Transfer PRO-PM



In the example in Figure 1, Hospital A received 300 completed survey responses from patients or caregivers. For the sake of simplicity, Hospital A received 100 identical responses for each of the 3 depicted responses in the figure. For each survey, all patients were asked all 9 of the questions from the survey. Seven of the 9 total questions have a response option of "Does not apply," meaning the patient or caregiver can indicate that the question is not applicable to their experience for those questions. The respondents for responses A and C indicated that 3 and 2 questions were not applicable to their experiences, respectively. Therefore, while response B had all 9 questions applicable to them, responses A and C had only 6 and 7 applicable questions, respectively. To calculate an individual response score, you divide the total number of questions indicated with a response of "Yes" or "Very Clear" from the total number of applicable questions (i.e., the total number of questions for which the respondent did not indicate "Does not apply"). For response A, there were only 6 applicable questions, and only 3 of which were indicated with a response of "Yes" or "Very Clear," so their individual response score is 3 divided by 6, which is 0.5. The bottom row of Figure 1 depicts how the hospital's measure score is calculated, assuming that they received 100 total completed responses for each of the depicted responses. The sum of all individual response scores (i.e., 202.38) is divided by the total number of completed surveys (i.e., 300), which results in a hospital-level measure score of 0.67.

Missing Data

16. How should hospitals handle partial response or incomplete data?

Only fully completed surveys are included in the measure calculation. Partial responses are not considered for this measure.

3 IMPLEMENTATION

Data Collection

17. What are possible modes of collecting PRO data? How can hospitals collect this?

The measure uses a web-based survey instrument. HOPDs may choose to: (i) directly submit their PRO-PM data to CMS using the Hospital Quality Reporting (HQR) system, or (ii) utilize a third-party entity, such as a vendor or registry, to submit their data using the HQR system. Of note, data collection for this survey is meant to be confidential (see Question 19 for more information). Also, for hospitals using a vendor, the vendor may be the same as the one used for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey administration.

While PRO-PMs may require providers to integrate data collection into clinical workflows, this integration provides an important opportunity for patient-reported outcomes to inform clinical decision-making and benefits patients by engaging them in discussions about potential outcomes. Data would be collected and reported electronically by administrative staff and quality officers engaged in data sharing activities, outside of the clinical workflow, before being integrated into a clinical information system. Additionally, to provide more flexibility, HOPDs are not required to collect data in a standardized way; they may use a variety of data collection, storage, and submission approaches, and we encourage HOPDs to use processes best suited to them. Therefore, the burden of developing processes (such as a facilities' time strategizing, reviewing and updating policies, building technology, training staff, and implementing change management processes) for the Information Transfer PRO-PM should be minimal. Additional actions an HOPD may take in the process of implementing this measure will vary among HOPDs due to, for example, an HOPD's size, services, and current processes and policies in place.

18. When should patients receive the survey? How long do they have to submit their response?

The survey should be administered 2 to 14 days post-procedure. This aims to strike a balance between patient recovery and minimizing the influence of variables related to the surgery or procedure, such as medications that could affect comprehension, fatigue, or acute pain, while ensuring timely reporting of patient experience related to recovery information. This timeframe also offers HOPDs sufficient time to confirm whether a certain procedure is eligible for this measure (see Question 10 and Question 11 for more information).

Patients have 65 days to respond to the survey. This is based on the measure's pilot testing where the survey remained open until pilot testing was completed, with the mean length of time between the procedure date to the survey response date being 65 days (approximately 2 months).

19. How can hospitals administer this survey confidentially, especially if they are not working with an outside vendor? How can they follow up with patients for targeted action plans?

We understand that contact information must be used to invite and remind patients to complete the survey. To reduce possible confusion and patient distrust, and to align with language used in other CMS patient surveys, we revised the survey instrument introduction and associated text to clarify that: (i) contact information is used only to invite and remind eligible patients, (ii) individual survey responses will be protected and will not be reported to CMS or published with personal identifiers, and (iii) aggregate or de-identified data will be used for measure calculation and reporting.

When a hospital administers the survey directly (without a vendor), it may leverage existing survey tools that include features that protect patient confidentiality (e.g., pseudo-anonymization[1]). Hospitals administering the survey themselves can follow-up with all eligible patients throughout the 65-day response window based on the procedure date, rather than the survey administration date. When vendors are used, we expect vendors and hospitals to comply with all applicable privacy protections and business-associate agreements under the Health Insurance Portability and Accountability (HIPPA) Act. They must meet any minimum business and quality requirements outlined in CMS guidance for vendor administered surveys.

20. Who can fill out the PRO data on behalf of a patient if they are unable to fill them out themselves?

A patient's caregiver can be the respondent to the patient's survey. The intention is that the PRO data reflect the patients' response to the survey questions included. While the hope is that all patients are able to directly respond to the survey questions themselves, there is currently an allowance for a surrogate response if needed (e.g., a caregiver, spouse, or family member). If the surrogate has limited English proficiency, the hospital would then be required to provide a qualified interpreter or qualified translator. Overall, the patient or the surrogate should be encouraged to answer every question from the nine-item survey to the best of their ability.

21. What if a patient declines to complete the PRO data?

There is no requirement to document patient refusal and there is no data element to submit related to patient refusal. If an eligible patient does not respond to the required PRO data items in full, they will not be considered in the hospital's eligible denominator.

22. Should we collect PRO data on all eligible patients or on a sample of patients?

Hospitals should offer all patients meeting the measure's denominator specifications the opportunity to complete the survey. For hospitals with sufficient volume of patients meeting the measure's denominator specifications, there is a minimum random sample size of 300 completed surveys to ensure reliability of the measure. Hospitals that are unable to collect 300 completed surveys will not be able to

[1] Pseudo-anonymization is a feature in certain survey software where responses are tied to a contact record in the system; however, all personal data for the contact is deleted from the user interface, such that the link between the results and the personal information is not visible to software users, even if they have administrator access. This feature also allows for the use of an authenticator element so the individual completing the survey can validate their identity.

perform random sampling; instead, those hospitals are required to submit data on survey responses from all completed surveys received.

23. Can we add custom add-on questions to the nine-item survey to gather more information on the patients?

To provide more flexibility, hospitals are not required to collect data in a standardized way for the measure. Therefore, hospitals may include additional custom questions to the nine required questions for this measure's survey (e.g., to gather useful supplemental information from the patients). However, there are some key considerations to keep in mind. First, only responses to the nine required questions will be used to calculate performance for this measure. Custom add-on questions cannot alter or replace the core survey items, as the official measure score is based on the standard set of questions. Data from any custom add-on questions should not be part of the official submission. Second, if a hospital decides to add custom add-on questions, it is recommended to manage the administration of those custom questions carefully to avoid negatively impacting the patient response rate for the required questions. This is because all questions on the nine-item survey need to be completed for the response to be included in the measure calculation, as well as to meet the 300-survey minimum.

PRO Data Elements

24. Where can I find more information on the survey instrument?

The survey instrument can be found within the Measure Information Form (MIF), available on the QualityNet website.

25. If a PROM does not have a validated translation in the individual's preferred language, can we use a qualified translator?

Yes, to ensure that hospitals are administering the survey in the patient's preferred language, hospitals or their vendors are permitted to use interpretation and translation services. Hospitals or their vendors can offer the survey using a translator, proxy, or caregiver.

26. Does the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey meet the requirements for collecting the data required for this measure? How should hospitals handle this measure's survey along with the OAS CAHPS survey?

Currently, the OAS CAHPS survey does not meet the data collection requirements for this measure. As clarified in the 2025 OPPS/ASC Final Rule, because specifications for administering the OAS CAHPS (such as the survey timing, allowing multiple submission modes, and requiring a CMS-approved vendor) do not align with the Information Transfer PRO-PM, CMS decided against incorporating the Information Transfer PRO-PM survey into the OAS CAHPS survey.

For hospitals administering both the Information Transfer PRO-PM and OAS CAHSP surveys, the FAQ document for the OAS CAHPS survey contains additional information on how to field that survey alongside other surveys (see pages 14 and 15).

Data Submission

27. How will hospitals submit PRO data to CMS?

Hospitals have the flexibility to submit PRO data themselves or to utilize an external entity such as a vendor. Hospitals or vendors will utilize the Hospital Quality Reporting (HQR) system to submit the data. We will share further information (e.g., on file formats and more specific directions) as we get closer to the deadline.

Data submission resources will eventually be made available on QualityNet, including data submission templates and instructions on QualityNet > Hospitals – Outpatient > Measures > PRO-PMs > Resources.

Please note: If a hospital elects to use an external entity (such as a vendor) to submit its PRO data for the Hospital OQR Program, the hospital will need to complete a process to authorize the other party to submit data on its behalf.

28. How often should our hospital submit data?

You may submit PRO at any time when the annual data submission period is open, which for the Hospital OQR Program occurs annually from January 1 to May 15. For example, for procedures occurring between January 1, 2026 and December 31, 2026, the data submission period opens in January 1, 2027 and ends May 15, 2027. If you have not already done so, please subscribe to the Hospital OQR and Improvement Listserv on QualityNet (https://www.qualitynet.org/listserv-signup) to receive notifications about measures in the Hospital OQR program.

29. How many completed survey responses are required to submit for this measure? Do all survey questions need to be completed? What happens if a hospital doesn't receive enough completed surveys?

The minimum random sample size is 300 completed surveys for a performance period. A minimum random sample size of 300 completed surveys is recommended for a population of 1,500 to provide a 95 percent confidence interval and a 90 percent confidence interval for a population of over 10,000 by reducing the standard error. It is important for the Information Transfer PRO-PM to be administered to every patient following an outpatient surgery or procedure, as recent studies show outpatient settings are associated with worse patient understanding, and that a lack of understanding of patient recovery information is associated with worse outcomes, including poor adherence to treatment, decreased patient safety, increased return to the emergency department, lower levels of patient satisfaction, and disproportionate effects on patients with limited English proficiency and patients over age 65. All questions on the survey need to be completed to meet the 300-survey minimum. Partially completed surveys should not be counted towards the 300-survey minimum. Hospitals that are unable to collect 300 completed surveys will not be able to perform random sampling, and would instead be required to submit data on survey responses from all completed surveys received.

30. Can Critical Access Hospitals (CAHs) participate in voluntary and mandatory reporting?

Yes, Critical Access Hospitals (CAHs) may voluntarily report this measure during voluntary or mandatory reporting even though CAHs are statutorily excluded from the Hospital OQR Program.

31. Does CMS provide a list of vendors that support reporting of the Information Transfer PRO-PM?

As there is no contractual agreement between CMS and vendors, there is no list of vendors identified as available to submit data to CMS. Although CMS does not publish a list of approved third-party vendors for Hospital OQR data submission, there are resources available for review if you do not already have one such as:

- Information available on the QualityNet Data Submission Overview page: https://qualitynet.cms.gov/outpatient/data-management/data-submission
- Successful Reporting in the Hospital OQR Program: A Step-by-Step Guide for new Facilities: (https://www.qualityreportingcenter.com/en/hospital-oqr-program/hospital-oqr-program-tools-and-resources/new-to-reporting/).

4 ADDITIONAL INFORMATION AND RESOURCES

Resources

32. Where can I find additional resources about this measure, including data submission resources and templates to submit the data?

The measure methodology and Measure Information Form (MIF) for this measure can be found on

Quality Net > Hospitals – Outpatient Measures > Measures > PRO-PMs > Methodology.

Measure-specific resources, including data submission resources can be found on Quality Net > Hospitals – Outpatient Measures > Measures > PRO-PMs > Resources.

If you have not already done so, please subscribe to the Hospital OQR Listserv on QualityNet (https://www.qualitynet.org/listserv-signup) to receive notifications about measures in the Hospital OQR program, and future webinars about PRO-PMs.

CMS also posts webinars on data submission, confidential reporting, and more which can be found on the Quality Reporting Center at https://www.qualityreportingcenter.com/en/events-calendar/

33. Where do I send questions?

For questions regarding the HQR System, including questions regarding user roles, reports, data upload, and troubleshooting file errors, please contact the Center for Clinical Standards and Quality Service Center Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

For measure-specific questions (measure methodology or implementation), access the QualityNet Question & Answer tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

- Select “OQR- Outpatient Quality Reporting” under the Program field
- Select “Information Transfer PRO-PM” under the Topic field

Other

34. How should hospitals use the measure score to improve patient care?

The hospital-level score can be used to drive critical decisions about patient conversations post-procedure as well as improve discharge and education processes for patients. The measure score is meant to inform hospitals about the quality of discharge/post-procedure information provided to patients receiving an outpatient procedure or surgery. Specifically, the survey allows for tracking and improvement on discharge instructions related to information specific to the patient, medication, and daily activities, which is a gap in measured quality. A higher score indicates better performance and a lower score indicates worse performance. Your hospital can compare your score to the national results (once available). After interpreting the results, hospitals may implement focused strategies for effective discharge planning, recovery, patient education, and appropriate care transition and coordination for patients undergoing eligible procedures. Hospital assessment of measure score, including breakdowns by domain and survey question, can provide the hospital with useful information on patterns of success as well as further indicating areas for improvement. Using the results, providers can engage patients in shared decision-making to implement appropriate practices to improve the level of clear, personalized recovery information patients (and their caregivers) receive post-procedure.

During the pilot test of this measure, the measure developer interviewed quality officers of participating organizations, and they indicated that the scores aligned with known issues raised by patients in an open-ended survey and accurately quantifies known issues with the discharge process. Each quality officer was interested in their overall score, its correlation with OAS CAHPS, and in learning how to improve their process of communicating discharge instructions based on feedback of the survey. Literature demonstrates that providers can effectively improve patient’s understanding of instructions for self-care by giving clear, personalized instruction via more than one medium, such as conversation, written instruction, or video. Discharge instructions are better retained and understood by patients (and their caregivers) when they receive the same instructions on different occasions. Providers would need to ask patients about their home environment and ask patients about their preferences concerning pain medication, physical therapy, and other medical problems, before advising them accordingly.

5 GLOSSARY

Medicare fee-for-service (FFS): Original Medicare plan in which providers receive a fee or payment for each individual service provided directly from Medicare. Only beneficiaries in Medicare FFS, not in managed care (Medicare Advantage), are included in the measure.

Patient- Reported Outcome Measures (PROMs): PROMs are tools used to collect patient- reported outcomes

Patient-Reported Outcome-Based Performance Measure (PRO-PM): A PRO-PM is a quality measure which aggregates PROM data from patients into a reliable, valid measure of performance at the measured entity level, e.g., hospital.

Qualified interpreter: An interpreter who has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language. This individual can interpret effectively, accurately, and impartially, both receptive and expressly, to and from such language(s) and English, using any specialized vocabulary, terminology and phraseology.

Qualified translator: A translator who has demonstrated *proficiency in writing and understanding both written* English and at least one other written non-English language. This individual can translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

Risk adjustment: A method to account for variation in how sick patients were when they were admitted for their initial hospital stay. Patients' degree of sickness increases or decreases the probability of observing the measure's outcome. When rates are risk adjusted, it means that hospitals that usually take care of sicker patients won't have a worse rate just because their patients were sicker when they arrived at the hospital. When rates are risk-adjusted, it helps make comparisons among hospitals fair and meaningful.

Top-box approach: A survey analysis method that focuses on the share of respondents who selected the most positive option(s) on a rating scale, such as "Yes" or "Very Clear." It is used to measure strong sentiment, often to see how many people are highly or strongly satisfied with a certain topic, event, or item.