



THE CAHPS CHILD HOSPITAL SURVEY
DATABASE

**CAHPS Child Hospital Survey
Submission System User Guide**

AHRQ Contract No.: *HHSP233201500026I/HHSP23337004T*



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov



Hospitals/Health Systems

Submission Instructions



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Registration

To participate in the CAHPS Child Hospital Survey Database, once the submission system opens, all users will need to register for an account. You will receive an email notification once your account is approved that will include your username and password. Once you have received your account username and password, you may start the submission process.

Submission System

The submission system contains five sections: Overview, Hospitals, DUA, Questionnaires, and Data. Instructions for each section are provided in this User Guide.

As a Hospital/Health System you have the ability to:

- Review the status of your hospital(s)
- Add, edit, or delete hospitals
- Submit a DUA
- Submit questionnaires
- Submit data files

1. Overview

Once you have logged into your account, you will arrive in the overview section. It contains submission status, account details, and information about the submission system.

Submission Status

In the submission status tab, you will be able to view your hospital(s) and the status of each hospital. You can view the status of the DUA, questionnaire, data file and final database approval. The status will automatically update based upon the progress in the submission system.

Account Details

In the account details tab, you can view your contact information, password, and account activity information.

2. Hospitals

Hospital Information

You can add and delete hospitals in the hospital information tab.

You are required to enter the hospital name, state and Medicare Provider ID. This hospital name will appear in your hospital/health system report. After entering all the required information, the Submission ID will be auto-populated. This ID will need to be added to your data file prior to submission.

To add a hospital, select the Add Hospital button at the top of the table. To edit a hospital select the Edit or Delete button in the hospital information table. See Example 1-1 for an example of the hospital information table.

Example 1-1: Hospital Information Table

[Add Hospital](#)

Agency Name: RMU

Submission ID [▲]	Hospital Name [▲] 1	Medicare Provider ID [▲] 2	State [▲]	Vendor Email [▲]	Action	Link Questionnaire
CH-0514D31	Grove Tester	111113	KY	jjrterp@gmail.com	Edit	Linked
CH-057D034	Health System Test1	311113	IL	jjrterp@gmail.com	Edit Delete	Link

Deleted hospitals will be displayed at the bottom of the table. If you deleted a hospital by accident, select the Reactivate button that appears in the left most column for deleted hospitals.

Example 1-2: Hospital Information Table, How to Reactivate Hospitals

Submission ID	Hospital Name ¹	Medicare Provider ID ²	State	Vendor Email	Action	Link Questionnaire
CH-04849B2	RMU	999999	MD	testvendorjpr@yahoo.com	Edit	Linked
CH-04CF02C	Waterloo Memorial	111111	DE	jjrterp@gmail.com	Deleted Reactivate	

If you have a vendor that needs access to submit information and files on your behalf, you will need to enter the email address of the vendor in the Vendor Email column. We recommend that you check the status of your account often to ensure that your vendor has provided the necessary items. All required steps must be completed by the submission system close date in order for your data to be accepted in the CAHPS Child Hospital Survey Database. Once you have entered your hospital(s), you should submit a DUA.

3. Data Use Agreement

All hospitals/health systems participating in the CAHPS Child Hospital Survey Database must submit a signed DUA. The DUA states that you will send us the data, we will protect it, and we will give you a report, upon request, at no charge. The respondent-level data submitted to the CAHPS Database is classified by HIPAA as a Limited Data Set, which by definition excludes any personal identifiers and covers confidentiality issues. We encourage you to start this process as soon as possible, especially if your legal department must review the agreement before signing. The DUA should be submitted to the CAHPS Database prior to submitting the data files. Instructions for submitting the DUA are below.

About

Data collection vendors may not sign a DUA on behalf of a participating hospital/health system (even if they have been given permission by the hospital/health system to handle the actual submission of data).

Any changes or modifications to the DUA will require approval and execution by both parties. A new DUA or addendum may be required.

Submit

To submit a DUA, you should first insert all of the requested information in the given fields (hospital/health system name, DUA signer's name, etc.). Then, select the "Choose File" button to locate your DUA. Finally, select "Upload DUA."

Summary

After you submit a DUA, you may view the summary page. On this page, you can view the status of your DUA, which will indicate whether your DUA is accepted, pending, or rejected. If your DUA is pending, it is still being processed. If your DUA has been rejected, we will reach out to you, and you will have the chance to upload a new DUA.

4. Questionnaires

The questionnaire section contains information on the questionnaire submission process, how to submit a questionnaire, and how to view a summary of the questionnaires you have submitted.

About

Each hospital requires a copy of the CAHPS Child Hospital questionnaire used.

You will need to complete two steps to submit a questionnaire: 1) Upload a questionnaire, and 2) Link the questionnaire to a hospital.

Step 1

To upload a questionnaire locate your questionnaire file by selecting the Browse button.

Step 2

After you have uploaded the questionnaire, you will be taken to the next page where you will link the questionnaire to a hospital. Select the hospitals you would like to link with the check box in the Link to Hospital column and select the Link Questionnaire button at the bottom of the page. (Note: Once you link a hospital to a questionnaire, you will not be able to delete the hospital from the hospital information table until you unlink it from the questionnaire.)

Summary

After you submitted a questionnaire you will be taken to the summary page where you can view all of your uploaded questionnaires. On this page, you can:

- View the number of hospitals a questionnaire is linked to
- View the status of the questionnaire
- Link the questionnaire to additional hospitals

Example 1-3: Questionnaire Summary Table

Action	File Name ^	Date Received ^	SubmissionCount	Linked To ^	Status ^
Link	child-hcahps-english-survey-954a.pdf	3/30/2022 4:38:19 PM	9		Approved
Link	Child-HCAHPS-DataSpecifications.pdf	4/19/2022 1:55:26 PM	1		Approved

5. Data

Submit

Data files submitted to the CAHPS Database must conform to the [Data File Specifications](#). For additional information on CAHPS protocols, please visit: https://www.ahrq.gov/cahps/surveys-guidance/hospital/about/child_hp_survey.html.

There are two ways that you can submit data. You can either submit data by clicking on the ‘Submit Individual Data File’ tab to submit your data file(s) individually, or if you have multiple hospitals, you click on the ‘Submit Zip File Data’ tab to submit a zip file with multiple data files.

For submitting individual hospital data files, click on the ‘Submit Individual Data file’ tab. Here you will see a list of all your hospitals. Select the Submit button to the left of the hospital name to begin the data file submission process. Your questionnaire must have been approved and linked to submit data for that hospital.

Example 1-4: Data Submission Table (for individual data files)

The screenshot shows the 'Data' tab selected in the top navigation bar. Below it, the 'Submit Individual Data File' and 'Submit Zip File Data' buttons are highlighted with a red circle. The main content area is titled 'Hospital Data' and contains instructions on how to submit data. Below the instructions is a table with the following data:

Action	Hospital Name ^	Submission ID ^	Medicare Provider ID ^	State ^	Data File Status ^
View Submit	Centre Belle	CH-059AD2E	232323	DE	Failed
View	Grove Tester	CH-0514D31	111113	KY	Passed
Submit	Health System Test1	CH-057D034	311113	IL	

For submitting hospital data files via zip file, click on the ‘submit zip file data’ tab. Here you will see a list of all your hospitals. Select the Submit button to begin the data file submission process. All hospitals must be linked to an approved questionnaire to enable zip file submission.

Example 1-5: Submit Zip File Data Table

Submitted Zip Files

To submit your zip file data, start by selecting "Submit zip file".

Action	Zip File Name [▲]	Upload Date [▲]	Unzip File Counts [▲]	Status [▲]
View Zipped Files	RMU_pass.zip	4/6/2022 10:32:47 AM	1	Processed
View Zipped Files	Centre Bell_pass.zip	4/28/2022 10:43:20 AM	1	Processed

To submit a data file, use the Browse button to locate your data file to upload. Once you have entered the information and selected the data file, select the Submit button and the database will immediately process the data file. For submitted zip files, these will be processed separately and you will receive an email once they have been processed and are ready for review in the submission system.

Once your data file has been processed, an evaluation summary will appear. The evaluation summary will tell you if your data file passed or failed. Review the file information, header level report and the sample level report. After you have reviewed the data and confirmed information is correct, select the Confirm button at the bottom of the page. If you need to cancel the data submission, select the Cancel button at the bottom of the page. See Example 1-6 for example of a data file evaluation summary report.

Example 1-6. Data File Evaluation Summary Report

Survey Data File Evaluation Summary

Submission ID: CH-0550A49	Submitted file name: RMU_pass.csv
Hospital Name: no link questionnaire	File size: 3 KB
Hospital/Health System: RMU	Time submitted: 4/25/2022 6:21:24 PM
Medicare Provider ID: 711113	
State: IL	

File Status: ⚠ Failed, Data rows in file: 5, Survey Completes:4

Select Report: [Header Report](#) [Sample level report](#)

Column	Field	Value in File	Status	Comment
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Vendor Submission Instructions

This section provides instructions for vendors.

Registration

Vendors must register for an account. The CAHPS Database will review your request and get back to you within one business day. Once approved you will receive an e-mail with your username and password that will allow you access to the submission system.

Submission System

The submission system contains four sections: Overview, Hospitals, Questionnaires, and Data. Instructions for each section are provided in this User Guide.

Vendors have the ability to:

- Review the status of hospitals they are assigned to by a hospital/health system
- Submit questionnaires
- Submit data files

Data Use Agreement (DUA). Vendors cannot submit a DUA on behalf of a hospital. However, you can view the status of a hospital's DUA within the Submission System.

1. Overview

Once you have logged into your account, you will arrive in the overview section. It contains submission status, account details, and information about the submission system.

Submission Status

In the submission status tab, you will be able to view the hospitals assigned to you by each of your hospital/health system clients and view the status of each hospital

You will only see the hospitals that a hospital/health system has assigned to you as the vendor. The DUA status, questionnaire status, data file status, and final approval status will automatically update based upon progress in the submission system.

Account Details

In the account details tab, you can view you contact information, password, and account activity information.

2. Hospitals

Hospital Information

You will only see the hospitals that your hospital/health system has entered. You cannot edit, add, or delete hospitals. You can only review the hospitals that have been entered. See Example 2-1.

Example 2-1. Vendor View of Hospital Information Table

Hospital/Health System Name: Test Vendor Bender					
Submission ID ^	Hospital/Health System ^	Hospital Name ^ 1	Medicare Provider ID ^ 2	State ^	Link Questionnaire
CH-04849B2	RMU	RMU	999999	MD	Link
CH-04CF02C	RMU	Waterloo Memorial	111111	DE	Linked

3. Questionnaires

The questionnaire section contains information on the questionnaire submission process, how to submit a questionnaire, and how to view a summary of the questionnaires you have submitted.

About

Each hospital requires a copy of the CAHPS Child Hospital Survey questionnaire to be used.

Submit

You will need to complete two steps to submit a questionnaire: 1) Upload a questionnaire, and 2) Link the questionnaire to a hospital.

Step 1

To upload a questionnaire, locate your questionnaire file by selecting the Browse button.

Step 2

After you have uploaded the questionnaire you will be taken to the next page where you can link the questionnaire to a hospital. Select the hospitals that you would like to link with the check box in the Link to Hospital column and select the Link Questionnaire button at the bottom of the page.

Summary

After you submitted a questionnaire you will be taken to the summary page where you can view all of your uploaded questionnaires. On this page, you can:

- View the number of hospitals the questionnaire is linked to
- View the status of the questionnaire
- Link the questionnaire to additional hospitals

Example 2-2. Questionnaire Summary Table

Action	File Name ^	Date Received ^	SubmissionCount	Linked To ^	Status ^
Link	child-hcahps-english-survey-954a.pdf	3/30/2022 4:38:19 PM	9		Approved
Link	Child-HCAHPS-DataSpecifications.pdf	4/19/2022 1:55:26 PM	1		Approved

4. Data

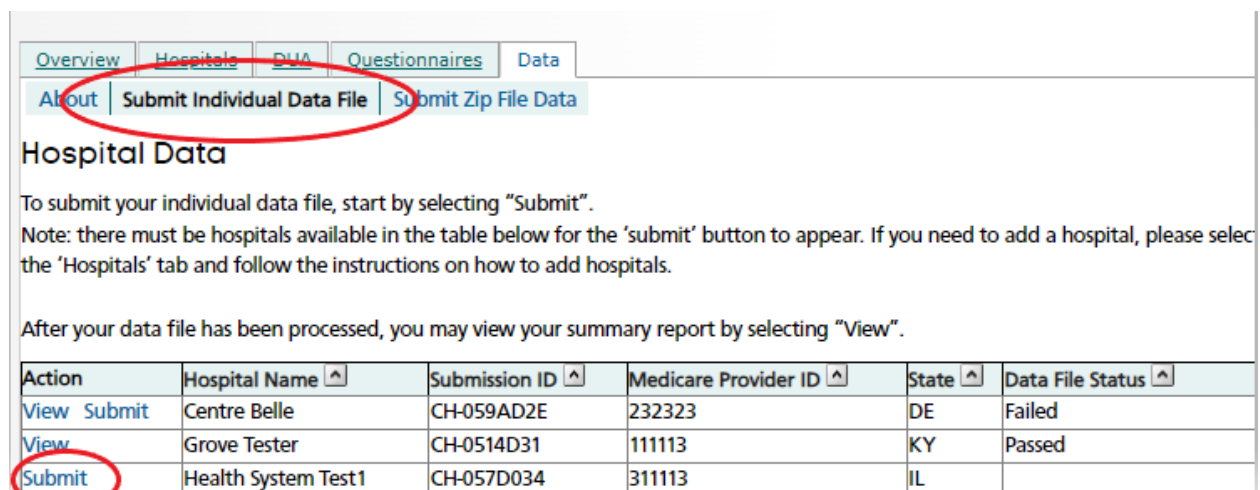
Submit

Data files submitted to the CAHPS Database must conform to the [Data File Specifications](#). For additional information on CAHPS protocols, please visit: https://www.ahrq.gov/cahps/surveys-guidance/hospital/about/child_hp_survey.html.

There are two ways that you can submit data. You can either submit data by clicking on the ‘Submit Individual Data File’ tab to submit your data file(s) individually, or if you have multiple hospitals, you click on the ‘Submit Zip File Data’ tab to submit a zip file with multiple data files.

For submitting individual hospital data files, click on the ‘Submit Individual Data file’ tab. Here you will see a list of all your hospitals. Select the Submit button to the left of the hospital name to begin the data file submission process. Your questionnaire must have been approved and linked to submit data for that hospital.

Example 2-3 Data Submission Table (for individual data files)



Overview Hospitals **Submit Individual Data File** Questionnaires Data

About Submit Individual Data File Submit Zip File Data

Hospital Data

To submit your individual data file, start by selecting "Submit".

Note: there must be hospitals available in the table below for the 'submit' button to appear. If you need to add a hospital, please select the 'Hospitals' tab and follow the instructions on how to add hospitals.

After your data file has been processed, you may view your summary report by selecting "View".

Action	Hospital Name [▲]	Submission ID [▲]	Medicare Provider ID [▲]	State [▲]	Data File Status [▲]
View Submit	Centre Belle	CH-059AD2E	232323	DE	Failed
View	Grove Tester	CH-0514D31	111113	KY	Passed
Submit	Health System Test1	CH-057D034	311113	IL	

For submitting hospital data files via zip file, click on the ‘submit zip file data’ tab. Here you will see a list of all your hospitals. Select the Submit button to begin the data file submission process. All hospitals must be linked to an approved questionnaire to enable zip file submission.

Example 2-4: Submit Zip File Data Table

Submitted Zip Files

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Once your data file has been processed, an evaluation summary will appear. The evaluation summary will tell you if your data file passed or failed. Review the file information, header level report and the sample level report. After you have reviewed the data and confirmed information is correct, select the Confirm button at the bottom of the page. If you need to cancel the data submission, select the Cancel button at the bottom of the page. See Example 2-5 for example of a data file evaluation summary report.

Example 2-5. Data File Evaluation Summary Report

Survey Data File Evaluation Summary

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Hospital Name: no link questionnaire	File size: 3 KB
Hospital/Health System: RMU	Time submitted: 4/25/2022 6:21:24 PM
Medicare Provider ID: 711113	
State: IL	

File Status: ⚠ Failed, Data rows in file: 5, Survey Completes:4

Select Report: [Header Report](#) [Sample level report](#)

Column Field	Value in File	Status	Comment
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