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| **i-HOPE Survey Questions – Codebook** |  |
| **Disease-Specific Topics** |  |  |  |  |
|  | **Definition** | ***A priori* coding categort (i.e. theory-driven/deductive code)\*** | **Code added to during data analysis (data-driven/inductive code)#**  | **Coding category attributed to a submitted question^**  | **Count** |
| Acute coronary syndromes | Relating to acute coronary syndromes, including chest pain, unstable angina, acute myocardial infarction (MI), ST elevation MI, non-ST elevation MI, elevated troponin | X |  | X | 2 |
| Acute renal failure | Relating to a worsening in kidney function. This topic may include the need for hospitalization because of a worsening in kidney function or may include complications of care in the hospital that impact kidney function. Questions about dialysis in the hospital can also be included. | X |  |  | 0 |
| Alcohol / drug withdrawal | Relating to management of alcohol or drug withdrawal in the hospital. Would include management of these issues on either medical or psychiatric services. | X |  |  | 0 |
| Asthma | Relating to treatment of asthma, bronchospasm, vocal cord dysfunction. | X |  |  | 0 |
| Cancer | Relating to cancer and cancer treatments, including surgery, chemotherapy, and radiation therapy. |  | X | X | 4 |
| Cardiac Arrhythmias | Relating to any cardiac arrhythmias, including electrophysiological testing or need for telemetry monitoring. | X |  | X | 2 |
| Cellulitis | Relating to treatment of cellulitis, skin / soft tissue infections. Includes surgical management of this issue. | X |  |  | 0 |
| Chronic Obstructive Pulmonary Disease | Relating to treatment of chronic obstructive pulmonary disease (COPD), emphysema, CO2 retention. Includes questions regarding use of CPAP / BiPAP, mechanical ventilation for treatment, and arterial blood gas utilization. | X |  | X | 3 |
| Cirrhosis | Relating to treatment of chronic liver disease, including complications of cirrhosis such as upper gastrointestinal (GI) bleeding, hepatic encephalopathy, ascites, spontaneous bacterial peritonitis (SBP). Would also include questions related to procedures relevant to these complications, such as endoscopy or Trans-jugular Intrahepatic Portosystemic Shunt (TIPS). | X |  | X | 1 |
| Congestive Heart Failure | Relating to any type of heart failure: left or right sided, diastolic or systolic, preserved or decreased ejection fraction.  | X |  | X | 7 |
| Delirium  | Relating to acute cognitive issues that lead to or result from hospitalization.  | X |  | X | 7 |
| Dementia | Relating to chronic cognitive impairment issues.  | X |  | X | 22 |
| Diabetes Mellitus | Includes management of diabetes, hyperglycemia, hypoglycemia, insulin or medication management. | X |  | X | 2 |
| Frailty | Frailty is a common geriatric syndrome that embodies an elevated risk of catastrophic declines in health and function among older adults. Frailty is a condition associated with aging. | X |  | X | 2 |
| Gastrointestinal Bleeding | Includes all gastrointestinal (GI) bleeding. If question is related to GI bleeding in the setting of cirrhosis, please code to cirrhosis. | X |  |  | 0 |
| Infection control | Related to preventing spread of bacteria, pathogens, or infection in the hospital |  | X | X | 3 |
| Mental Health | Pertains to mental health issues, including addictions, opioids, pain meds, etc. |  | X | X | 8 |
| Pain management | Includes any question related to pain management. If this occurs in the context of a specific disease (i.e., surgery), please note the disease as well. | X |  | X | 22 |
| Perioperative medicine | Relates to (1) pre-operative risk assessment and (2) assessment and management of medical illnesses in surgical episodes of care. Please code any specific diseases managed. | X |  | X | 3 |
| Pneumonia (community & hospital acquired) | Relates to pneumonia as a reason for admission or as a complication of hospital care. | X |  |  | 0 |
| Sepsis | Relates to treatment of sepsis, infections with hypotension (low blood pressure), or infections with organ system dysfunction. | X |  | X | 1 |
| Stroke | Includes strokes, transient ischemic attacks. | X |  |  | 0 |
| Surgery | Includes any surgical procedure. | X |  | X | 34 |
| Urinary tract infections | Includes cystitis, urinary tract infections, pyelonephritis, infections related to use of acute or chronic urinary catheters. | X |  |  | 0 |
| Venous thromboembolism | Relates to deep vein thrombosis, prevention of deep vein thrombosis (may include a Process / System Topic), complications of venous thromboembolism. | X |  | X | 4 |
| Other | Disease references that do not fit into the above |  | X | X | 20 |

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| **Process / Systems Topics** |  |  |  |  |
|  | **Definition** | ***A priori* category code (i.e. theory-driven/deductive)\*** | **Code added to during data analysis process (data-driven/inductive)#**  | **Coding category attributed to a submitted question^**  | **Count** |
| Advanced Care Planning | Advance care planning are decisions about care patients would want to receive if they became unable to speak for themselves These are patient’s individual decisions to make, regardless of what they choose for their care, and the decisions are based on their personal values, preferences, and discussions with their loved ones | X |  | X | 11 |
| Being known as a person | A patient being known as a unique individual outside of their illnesses, knowing about a patient’s priorities and life goals, outside of their care goals.  |  | X | X | 6 |
| Care of vulnerable populations | Pertains to the care of vulnerable populations and related disparities. This category includes when low-income people, the uninsured, or racial and ethnic minorities have greater difficulty accessing health care, receive worse care overall, or experience poorer health outcomes than other groups. | X |  | X | 14 |
| Care Transitions  | Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Includes the process for admissions, discharges, and readmissions. | X |  | X | 37 |
| Care Transitions * Admissions
 | Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Includes the process for admissions.  |  | X |  | 0 |
| Care Transitions * Discharges
 | Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Includes the process for discharges. |  | X | X | 175 |
| Care Transitions * Readmissions
 | Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Includes the process for readmissions.  |  | X | X | 18 |
| Catheter-associated infections | Infections associated with the placement of catheters  | X |  |  | 0 |
| Communication: Physician – Patient / Family | Relates to communication between physicians and patient/family  | X |  | X | 37 |
| Communication: Nurse – Patient / Family  | Relates to communication between nurses and patient/family | X |  | X | 8 |
| Communication: Care team – Patient / Family | Relates to communication between care team and patient/family (note if communication specific to physicians or nurses check other communication codes). Includes discharge process interactions with social worker. | X |  | X | 83 |
| Communication: Between care team / health care providers | Relates to communication between care team/health care providers (note if communication specific to patient check other communication codes) | X |  | X | 28 |
| Communication:Between inpatient (hospital) and outpatient (ambulatory / specialist) providers | Relates to communication between inpatient (hospital) and outpatient (ambulatory/specialist) providers | X |  | X | 47 |
| Communication:Discussing Results | Relates to communications specifically related to discussing results. |  | X | X | 7 |
| Decision making: diagnostic | Clinical decision making based on diagnostic tests (e.g. blood tests, X-rays, CT scans, imaging) | X |  | X | 1 |
| Decision making:Shared responsibilities | Decision making based on clinician-patient working together, collaborating, and sharing in a decision making concern or issue. |  | X | X | 37 |
| Evidence-based practice | Evidence based medicine (EBM) is the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information. This category includes questions about best practices. | X |  | X | 94 |
| Fall prevention | Interventions aiming to reduce the risk or prevent falls | X |  | X | 3 |
| Family / Caregiver Experience | Family / caregiver experiences with the healthcare system. Includes patient advocacy by the family / caregiver. For self-advocacy by patient, use Patient Agency. |  | X | X | 34 |
| Financial / Insurance Matters | Relates to how care is paid for. Can be from any perspective. Would not include policy questions of whether certain things are reimbursed. |  | X | X | 45 |
| Hospital acquired conditions | Hospital-acquired condition (HAC) is an undesirable situation or condition that affects a patient and that arose during a stay in a hospital or medical facility. | X |  | X | 1 |
| Goals of care | Relates to patient / caregiver goals of care related to this hospitalization / treatment plan.  |  | X | X | 16 |
| Health policy | Related to health policy questions – would include decisions about whether certain types of care is covered. |  | X | X | 11 |
| Information management / Electronic health records | Includes anything related to the electronic health record or to how health information is managed / transferred between parts of the healthcare system (this may also need to be coded as communication) | X |  | X | 41 |
| Making Sense of the Hospitalization | Relates to questions or concerns looking back on a hospitalization or in real time. Include how patients make meaning of what is happening. |  | X | X | 7 |
| Management practices | Includes anything related to operations / management of care delivery, for example, staffing ratios, diagnostic scheduling, and discharge time of day. Includes organizational principles and standard operating procedures. | X |  | X | 93 |
| Medication and Device related safety | Issues or concerns related to medication or device related safety including the collection, detection, assessment, monitoring, and prevention of Adverse Effects (AEs) or Serious Adverse Effects (SAEs) with pharmaceutical products and / or medical devices. | X |  | X | 7 |
| Medications | Anything related to medications |  | X | X | 143 |
| Models of Care | “Model of Cares” broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group, community, or patient cohort as they progress through the stages of a condition, injury or event. Also includes tele-health. | X |  | X | 56 |
| Nutrition | Includes any questions related to nutrition in the hospital, including both enteral and parenteral nutrition. May include strategies for nutrition, such as through a PICC or Central Line. | X |  | X | 6 |
| Patient agency | Patient’s role in health outcomes. May include issues related to accountability or responsibility. Includes patient advocacy by the patient themselves. Includes issues of adherence and related environmental restraints.For patient advocacy by others, use Family/Caregiver experience. |  | X | X | 32 |
| Patient centeredness | Care revolving around needs of patient, such as executing a process of care in a patient-centered way, or developing care plans in a patient-centered way. |  | X | X | 36 |
| Patient education | Patient education is the process by which health professionals and others impart information to patients and their caregivers that will alter their health behaviors or improve their health status. | X |  | X | 79 |
| Patient experience | Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities.  | X |  | X | 56 |
| Patient safety  | Patient Safety endeavors to prevent harm to patients during the process of health care itself | X |  | X | 13 |
| Patient understanding | Patient expressing lack of understanding of some aspect of care or of their illnesses. It does not imply that patient education was not done. |  | X | X | 138 |
| Patient understandingSelf-Management | Patient expressing lack of understanding of some aspect of care or of their illnesses. It does not imply that patient education was not done. Includes patient self-management. |  | X | X | 8 |
| Physical Function  | This includes the functioning of one's upper extremities (dexterity), lower extremities (walking or mobility), and central regions (neck, back), as well as instrumental activities of daily living (ADL), such as running errands. | X |  | X | 4 |
| Post-acute care | Post-acute care (PAC) includes rehabilitation or palliative services that patients’ receive after, or in some cases instead of, a stay in an acute care hospital. Includes specialty / consultant follow up, continuity of care issues, and readmission prevention. | X |  | X | 81 |
| Post-acute care* Who do I call?
 | Post-acute care (PAC) includes rehabilitation or palliative services that patients’ receive after, or in some cases instead of, a stay in an acute care hospital. Includes specialty / consultant follow up, continuity of care issues, and readmission prevention. |  | X | X | 25 |
| Post-acute care* What do I do?
 | Post-acute care (PAC) includes rehabilitation or palliative services that patients’ receive after, or in some cases instead of, a stay in an acute care hospital. Includes specialty / consultant follow up, continuity of care issues, and readmission prevention. |  | X | X | 27 |
| Post-acute care* Readmission Prevention
 | Post-acute care (PAC) includes rehabilitation or palliative services that patients’ receive after, or in some cases instead of, a stay in an acute care hospital. Includes specialty / consultant follow up, continuity of care issues, and readmission prevention. |  | X | X | 1 |
| Provider experience | Provider’s descriptions of experiences with health care delivery. Would include emotional reactions to patients, families, or care delivery. |  | X | X | 12 |
| Quality improvement | Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance | X |  | X | 14 |
| Stories | A narrative or story is shared in the survey question in order to illustrate a question, conflict, or situation. |  | X | X | 15 |
| Stories* Family / Caregivers
 | A narrative or story is shared by a family member/caregiver in the survey question in order to illustrate a question, conflict, or situation. |  | X | X | 11 |
| Stories * Patients
 | A narrative or story is shared by a patient in the survey question in order to illustrate a question, conflict, or situation. |  | X | X | 6 |
| Stories* Providers
 | A narrative or story is shared by a provider in the survey question in order to illustrate a question, conflict, or situation. |  | X |  | 0 |
| Team-based health care | Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient | X |  | X | 17 |
| Time, delays, and waiting | Pertains to understanding timing, delays, and waiting. |  | X | X | 9 |
| Transparency / Trust | Open communication among providers, patients, families, caregivers. Expressions of vulnerability. Also includes trust issues or concerns about a lack of transparent communications. |  | X | X | 23 |
| What to expect | Relates to questions or concerns about an upcoming care plan / hospitalization. |  | X | X | 52 |
| Why do we do things this way? | Any questions related to why care processes are done the way they are done. Consider making this a subcategory under “Management Practices” or “Models of Care.” |  | X | X | 44 |
| Workforce | Relates to any workforce issue, including recruitment and retention, development, training, staffing, and planning.  | X |  | X | 26 |

\*category included in code book a priori

#category added to code book during analysis

^category was atrribiuted (coded) to a submitted survey question