

APPENDIX E
PROVIDER SURVEYS AND LETTERS

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MATHEMATICA
Policy Research, Inc.

**Ninth Scope of Work
QIO Program
Evaluation: Hospital
Survey**

Final Draft Questionnaire

January 5, 2010

A. INTRODUCTION

INITIAL CONTACT WITH HOSPITAL: Hello, may I please speak with [NAME OF CEO/The CEO/or Assistant to the CEO of your hospital]?

**IF YOU DON'T HAVE (HIS/HER) NAME,
ASK FOR IT AND RECORD HERE:** _____

IF NEEDED: My name is _____ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

IF ASKED WHY YOU ARE CALLING: A short time ago, we sent [NAME OF CEO/the CEO or CEO's assistant] a letter from CMS requesting the hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

A1. WHEN SPEAKING WITH CEO/Assistant to the CEO: Hello, [Dr./Mr./Ms.] [LAST NAME], my name is _____, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, you should have received a letter from CMS requesting your hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

FOR PARTICIPATING HOSPITALS: CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

We would like to conduct a brief interview with the QI Director (or whoever is directly involved with quality improvement at the hospital). Would you please give me the name and contact information for this person?

YES 1 → **GO TO A2**
NO 0 } **SET CALLBACK**
DON'T KNOW d }

A2. RECORD NAME AND CONTACT INFORMATION FOR QI DIRECTOR.

ENTER NAME OF QI DIRECTOR

ENTER TELEPHONE NUMBER: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|
Area Code

A3. FOLLOW-UP INFORMATION:

PURPOSE:

FOR PARTICIPATING HOSPITALS: CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how well the QIOs are working to help hospitals improve quality and patient safety and what changes if any, need to be made.

FOR NON-PARTICIPATING HOSPITALS: CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

OR SAY: It is critical that our study understand quality improvement processes and thinking in hospitals that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.

CONFIDENTIALITY: Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

SELECTION: Your hospital was randomly selected from U.S. hospitals so as to support evaluation of CMS' Quality Improvement Program. Some were selected to represent participating hospitals that worked with QIOs and some were selected to represent hospitals that did not work with QIOs.

A4. INTRODUCTION WITH QI DIRECTOR:

Hello, may I please speak with [NAME OF QI DIRECTOR]?

IF NEEDED: My name is _____ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

IF ASKED WHY YOU ARE CALLING: A short time ago, we sent [NAME OF CEO] a letter from CMS requesting the hospital's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

A5. WHEN SPEAKING WITH QI DIRECTOR:

Hello, [Dr. /Mr. /Ms.] [LAST NAME], my name is _____, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. We recently spoke with [NAME OF CEO], who gave us your name as someone directly involved with quality improvement at the hospital. We are conducting a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

FOR PARTICIPATING HOSPITALS: CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **FOR NON-PARTICIPATING HOSPITALS:** CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance from outside organizations even if they are not currently working with CMS programs on quality issues.

The survey interview takes roughly 30 minutes, depending upon your answers. I can conduct it now, or at any time that's convenient for you.

- START INTERVIEW NOW 1 → **GO TO B1**
- NOT NOW, SET UP APPT/CALLBACK..... 2 → **SET APPT.**
- NEEDS MORE INFORMATION 3 → **GO TO FU SCREEN**
- REFUSED r → **REFUSAL**

FOLLOW-UP INFORMATION SCREEN:

PURPOSE:

FOR PARTICIPATING HOSPITALS: CMS is interested in learning about the experience of hospitals involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your hospital's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made.

FOR NON-PARTICIPATING HOSPITALS: CMS is interested in learning how its efforts to support quality improvement in hospitals can be made more effective. This requires understanding hospitals' quality activities and interest in future assistance even if they are not currently working with CMS programs on quality issues.

OR SAY: It is critical that our study understand quality improvement processes and thinking in hospitals that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.

CONFIDENTIALITY: Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

SELECTION: Your hospital was randomly selected from U.S. hospitals so as to support evaluation of CMS' Quality Improvement Program. Some were selected to represent participating hospitals that worked with QIOs and some were selected to represent hospitals that did not work with QIOs.

REFUSAL SCREEN: Thank you for your time. Have a nice day.

B. QIO INTERACTIONS

The first few questions are about staff interactions with [NAME OF QIO].

B1. Is this hospital participating with [NAME OF QIO] on a quality improvement initiative related to any of the following topics... [READ DOWN LIST]

	YES	NO	DON'T KNOW	REFUSED
a. Surgical Care Infection Prevention?.....	1	0	d	r
b. Heart Failure?	1	0	d	r
c. Pressure Ulcers Reduction?	1	0	d	r
d. MRSA Infection Prevention and Transmission Reduction?.....	1	0	d	r
e. Care Transitions (Reducing Readmissions)?....	1	0	d	r
f. Any Other Topic? (SPECIFY)	1	0	d	r

[FOR EACH CATEGORY THAT RECEIVED A 'NO' RESPONSE, ASK B1aa AFTER YOU HAVE READ THROUGH THE ENTIRE LIST IN B1.]

B1aa. Were you invited to participate with [NAME OF QIO] on a quality improvement initiative related to [TOPIC]?

YES	1	}	GO TO B2
NO	0		
DON'T KNOW	d		
REFUSED	r		

B1ab. Why did you choose **not** to participate with [NAME OF QIO] on a quality improvement initiative? **RECORD VERBATIM**

DON'T KNOW d
 REFUSED r

B2. The next few questions ask about how often hospital staff may have met with [NAME OF QIO], either in-person or by telephone. Since August 2008, how many times have hospital personnel met with [NAME OF QIO] **in-person** at this hospital?

PROBE: Your best estimate is fine.

|_|_| TIMES

NONE 0
 DON'T KNOW d
 REFUSED r

} **GO TO B3**

B2a. **[IF B2 = 2 OR MORE, DISPLAY “How often did...”; IF B2 = 1, DISPLAY “Did...”]**
 (How often did/Did) the following people attend the meeting with [NAME OF QIO]
[READ ITEM]?

[IF B2 = 2 OR MORE, DISPLAY: Would you say always, usually, sometimes, or never?**] [IF B2 = 1, DISPLAY ONLY CATEGORIES “ALWAYS” AND “NEVER”]**

	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. Physician leaders for the clinical areas being discussed?	1	2	3	4	d	r
b. One or more members of senior hospital (“C-Suite”) leadership?.....	1	2	3	4	d	r
c. The quality improvement director?	1	2	3	4	d	r
d. Nursing leadership?	1	2	3	4	d	r
e. Any other leadership staff? (SPECIFY)	1	2	3	4	d	r

B3. Since August 2008, how many other in-person meetings have hospital personnel attended where [NAME OF QIO] was an active participant? Please include in-person meetings held inside and outside the hospital.

PROBE: Your best estimate is fine.

|_|_| TIMES

NONE 0

DON'T KNOW d

REFUSED r

B4. Since August 2008, approximately how many times have hospital personnel met **by phone** with [NAME OF QIO]? Please do not include large conference calls.

PROBE: Your best estimate is fine.

|_|_| TIMES

NONE 0

DON'T KNOW d

REFUSED r

B5. Since August 2008, how many other telephone conference calls or web-ex meetings have hospital personnel attended that [NAME OF QIO] convened?

PROBE: Your best estimate is fine.

|_|_| TIMES

NONE 0

DON'T KNOW d

REFUSED r

[IF B2 OR B3 =/> 1, GO TO B6. IF B2 AND B3 = 0, GO TO B12]

B6. I'm going to read a list of reasons why you might have met with [NAME OF QIO] since August 2008. After each one, please tell me if this was a reason for (any of) the in-person or phone meeting(s) with [NAME OF QIO]. **[READ LIST]**

[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "n" LAST]

	YES	NO	DON'T KNOW	REFUSED
a. Complaint or case review follow-up	1	0	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate	1	0	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	0	d	r
d. To discuss this hospital's performance data	1	0	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this hospital's routine performance measurement	1	0	d	r
f. Hearing about best practices of other hospitals	1	0	d	r
g. To learn about a new tool or recommended process for quality improvement	1	0	d	r
h. Other staff development or training	1	0	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff.....	1	0	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS.....	1	0	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	0	d	r
l. This hospital asked for and received some assistance or information from the QIO	1	0	d	r
m. To receive assistance regarding reporting of quality data for the Reporting of Hospital Quality Data for Annual Payment Update, or "RHQDAPU"	1	0	d	r
n. Any other reason? (SPECIFY)	1	0	d	r

B7. Which of the following describe the aim(s) of the assistance you received?
[FOR THOSE WHO RESPOND 'YES' TO ANY ITEM IN B6]

- IMPROVE OR ENSURE COMPLETENESS
OF THE REPORTED DATA..... 1
- ADVISE ON ISSUES RELATED TO
TRANSMISSION OF THE DATA 2
- OTHER (SPECIFY) 3

- DON'T KNOW d
- REFUSED r

B7a. How effective was this assistance in achieving its aim(s)?

- VERY EFFECTIVE 1
- SOMEWHAT EFFECTIVE 2
- NOT EFFECTIVE 3
- DON'T KNOW d
- REFUSED r

B8. How valuable to the hospital was meeting (about) **[FILL EACH CATEGORY THAT RECEIVED A YES RESPONSE AT B6]**?

[PROGRAM WILL LIST ALL 'YES' RESPONSES TO B6]

[READ ITEM] Would you say it was very valuable, somewhat valuable, or not valuable?

[IF 'VERY VALUABLE', 'SOMEWHAT VALUABLE', OR 'NOT VALUABLE' IS CHOSEN, ASK B9 OR B10 BEFORE MOVING ON TO NEXT ITEM]

	VERY VALUABLE	SOMEWHAT VALUABLE	NOT VALUABLE	DON'T KNOW	REFUSED
a. Complaint or case review follow-up ...	1	2	3	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate.....	1	2	3	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	2	3	d	r
d. To discuss this hospital's performance data	1	2	3	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this hospital's routine performance measurement....	1	2	3	d	r
f. Hearing about best practices of other hospitals	1	2	3	d	r
g. To learn about a new tool or recommended process for quality improvement	1	2	3	d	r
h. Other staff development or training....	1	2	3	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff	1	2	3	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS	1	2	3	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	2	3	d	r
l. This hospital asked for and received some assistance or information from the QIO.....	1	2	3	d	r
m. Other reason (SPECIFY)	1	2	3	d	r

B9. [IF 'NOT VALUABLE' SELECTED AT B8, ASK B9 IMMEDIATELY AFTER B8:]
Why were these meetings not valuable?

CODE ALL THAT APPLY

- THE MEETING MERELY FULFILLED AN OBLIGATION (SUCH AS COOPERATION WITH CASE REVIEWS)..... 1
- THIS HOSPITAL IS SO ADVANCED, THERE IS NOTHING WE CAN LEARN FROM [NAME OF QIO] 2
- [NAME OF QIO] STAFF DID NOT HAVE ENOUGH EXPERTISE OF THE RIGHT TYPE..... 3
- [NAME OF QIO] STAFF WAS NOT WELL-PREPARED..... 4
- THE RIGHT PEOPLE WERE NOT AT THE MEETING 5
- THE INFORMATION PROVIDED WAS NOT APPLICABLE TO THIS HOSPITAL'S SITUATION 6
- THE MEETING WAS REDUNDANT WITH INFORMATION WE ALREADY HAD 7
- PROGRESS AT THIS HOSPITAL ON THE MEETING TOPIC IS NOT FEASIBLE AT THIS TIME..... 8
- OTHER (SPECIFY) 9

- DON'T KNOW d
- REFUSED r

B10. **[IF 'VERY VALUABLE' OR 'SOMEWHAT VALUABLE' SELECTED AT B8, ASK B10 IMMEDIATELY AFTER B8:]**

In what ways were these meetings valuable?

CODE ALL THAT APPLY

PROVIDED NEW, USEFUL INFORMATION ON HOW TO IMPROVE PERFORMANCE 1

PROVIDED NEW, USEFUL INFORMATION ON ANOTHER TOPIC (SUCH AS QUALITY REPORTING, USE OF EHR).....2

INCREASED MOTIVATION TO IMPROVE FROM ONE OR MORE EXECUTIVES3

INCREASED MOTIVATION TO IMPROVE FROM KEY PHYSICIANS4

INCREASED MOTIVATION TO IMPROVE FROM OTHER KEY HOSPITAL STAFF5

OTHER (SPECIFY)6

DON'T KNOW d

REFUSED r

B11. Did any of the meetings lead to changes at the hospital that ultimately improved patient care?

YES 1

NO 0

DON'T KNOW d

REFUSED r

} **GO TO B12**

B11a. Did the changes contribute to improvements in any particular quality measure?

YES 1

NO 0

DON'T KNOW d

REFUSED r

} **GO TO B12**

B11b. Please tell me which measures were improved.

[READ LIST IF NEEDED]

SCIP (SURGICAL CARE INFECTION PREVENTION)

Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1
Prophylactic antibiotic received on time—within one hour prior to surgical incision.....	2
Prophylactic antibiotic selection for surgical patients	3
Prophylactic antibiotics discontinued within 24 hours after surgery end time.....	4
Cardiac surgery patients with controlled 6 am postoperative serum glucose	5
Surgery patients with appropriate hair removal	6
Surgery patients with recommended VTE prophylaxis ordered	7
Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery	8

HEART FAILURE

Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge	9
---	---

PRESSURE ULCERS

Incidence of pressure ulcers	10
------------------------------------	----

MRSA

MRSA-1 Infection rate	11
MRSA-2 Transmission rate	12
DON'T KNOW	d
REFUSED	r

B12. (In addition to meetings), did you receive other educational materials, tools, or quality improvement news from [NAME OF QIO]?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B13**

B12a. Did you receive these items from . . .

CODE ALL THAT APPLY

- A newsletter, 1
 - An email or listserv, 2
 - At in-person meeting, 3
 - At a teleconference or web-ex, 4
 - Or some other way? (SPECIFY) 5
-
- DON'T KNOW d
 - REFUSED r

B12b. Overall, how valuable were these educational materials and/or tools? Would you say . . .

- Very valuable, 1
- Somewhat valuable, 2
- Not very valuable, or 3
- Not at all valuable? 4
- DON'T KNOW d
- REFUSED r

B12c. Did any of these educational materials or tools from [NAME OF QIO] thus far lead to changes at the hospital that ultimately improved patient care?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B13**

B12d. Did the changes contribute to improvements in any particular quality measure?

YES	1	} GO TO B13
NO	0	
DON'T KNOW	d	
REFUSED	r	

B12e. Please tell me which measures were improved. **[READ LIST IF NEEDED]**

SCIP (SURGICAL CARE INFECTION PREVENTION)

Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period..... 1

Prophylactic antibiotic received on time—within one hour prior to surgical incision..... 2

Prophylactic antibiotic selection for surgical patients 3

Prophylactic antibiotics discontinued within 24 hours after surgery end time..... 4

Cardiac surgery patients with controlled 6 am postoperative serum glucose 5

Surgery patients with appropriate hair removal..... 6

Surgery patients with recommended VTE prophylaxis ordered..... 7

Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery 8

HEART FAILURE

Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge 9

PRESSURE ULCERS

Incidence of pressure ulcers 10

MRSA

MRSA-1 Infection rate 11

MRSA-2 Transmission rate 12

DON'T KNOW d

REFUSED r

B13. Do you routinely receive data feedback from [NAME OF QIO] on this hospital's quality performance?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B14**

B13a. How widely within the hospital do you typically share the feedback [NAME OF QIO] provides, or highlights that you derive from it? Is it . . .

CODE ONE ONLY

- Shared with a wide array of relevant physicians and staff, 1
- Shared with a few key individuals, or 2
- Rarely or never shared? 3
- DON'T KNOW d
- REFUSED r

B13b. Has the feedback from [NAME OF QIO] on this hospital's quality performance been important to the hospital's quality improvement efforts?

- YES 1
- PERHAPS/MAYBE 2
- NO 0
- DON'T KNOW d
- REFUSED r

B14. Did this hospital complete a Hospital Leadership Quality Assessment Tool[®] survey?

PROBE: It is also known as the HLQAT ("HELLCAT") survey.

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO C1**

B15. Did the results help identify things that could be strengthened to better support quality improvements at the hospital?

YES 1
NO 0
DON'T KNOW d
REFUSED r

B16. Have any changes been made as a result of the survey or related follow-up that strengthened quality at the hospital?

YES 1
NO 0
DON'T KNOW d
REFUSED r

} **GO TO C1**

B16a. Would you consider these changes to be important or not very important?

IMPORTANT 1
NOT VERY IMPORTANT 0
DON'T KNOW d
REFUSED r

C. OTHER QI INITIATIVES

EXTERNAL INITIATIVES

The next questions are about quality improvement initiatives that involve **external** organizations.

- C1. Is this hospital part of or affiliated with a larger organization with central quality expertise and an array of quality initiatives that extend to owned or affiliated organizations?

YES, LARGER ORGANIZATION 1
YES, AFFILIATED ORGANIZATION..... 2
NO 0
DON'T KNOW d
REFUSED r

- C1a. To what extent are your hospital's quality improvement actions influenced by this (larger/affiliated organization)? Would you say to a large extent, a moderate extent, or a small or no extent?

LARGE EXTENT 1
MODERATE EXTENT 2
SMALL OR NO EXTENT 3
DON'T KNOW d
REFUSED r

- C2. Setting aside any interactions with [NAME OF QIO] (and the (larger/affiliated) organization just discussed), is the hospital actively involved in any other quality improvement efforts involving outside organizations?

YES 1
NO 0
DON'T KNOW d
REFUSED r

} **GO TO C3**

C2a. Please describe the nature of each of these initiatives and the sponsoring organization.
RECORD VERBATIM

PROBE FOR BOTH INITIATIVE AND SPONSOR.

PROBE: Please do not include efforts where the hospital's participation is not active or that focus on quality reporting but not improvement.

DON'T KNOW d

REFUSED r

INTERNAL INITIATIVES

Now I'd like to ask about **internal** quality improvement initiatives within the hospital.

C3. How many full-time equivalent staff are currently devoted to quality improvement in the hospital?

PROBE: For example, if the hospital has four staff who each devote a quarter time to quality improvement, then the number of full-time equivalent staff at the hospital is one.

PROBE: Your best estimate is fine.

|__|__| NUMBER OF FTE's

LESS THAN ONE (OR A FRACTION) f

DON'T KNOW d

REFUSED r

C4. Since August 2008, please indicate if the hospital has had internal quality improvement efforts that have improved hospital performance on any of the following measures . . .
[READ DOWN LIST]

	YES	NO	DON'T KNOW	REFUSED	NOT APPLICABLE
a. SCIP measures?	1	0	d	r	
IF YES, ASK: Which ones? [IF NO, GO TO g]					
Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	1	0	d	r	
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision	1	0	d	r	
c. Prophylactic antibiotic selection for surgical patients.....	1	0	d	r	
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time	1	0	d	r	
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose.....	1	0	d	r	n
f. Surgery patients with appropriate hair removal	1	0	d	r	
g. VTE prophylaxis measures?	1	0	d	r	
IF YES, ASK: Which ones? [IF NO, GO TO i]					
Surgery patients with recommended VTE prophylaxis ordered.....	1	0	d	r	
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery	1	0	d	r	
i. Heart failure patients prescribed ACEI/ARB at discharge?.....	1	0	d	r	
(heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge).....	1	0	d	r	
j. Incidence of pressure ulcers	1	0	d	r	
k. MRSA-1 Infection rate.....	1	0	d	r	
l. MRSA-2 Transmission rate	1	0	d	r	

C5. Has the hospital undertaken an analysis on any of the measures to identify the reasons why the relevant guideline sometimes is not followed, or why the undesirable outcome sometimes occurs?

- YES 1
 - NO 0
 - NOT APPLICABLE – PERFORMANCE IS 100% RELIABLE..... n
 - DON'T KNOW d
 - REFUSED r
- } **GO TO C7**

C5a. For which measures has the hospital undertaken an analysis? **[READ LIST IF NECESSARY]**

[PROGRAM WILL LIST ALL ‘YES’ RESPONSES FROM C4]

PROBE: IF RESPONDENT SAYS “SCIP MEASURES,” ASK: “Which ones?”

	ANALYSIS
A. SURGERY PATIENTS ON A BETA BLOCKER PRIOR TO ARRIVAL WHO RECEIVED A BETA BLOCKER DURING THE PERIOPERATIVE PERIOD	1
B. PROPHYLACTIC ANTIBIOTIC RECEIVED ON TIME—WITHIN ONE HOUR PRIOR TO SURGICAL INCISION.....	2
C. PROPHYLACTIC ANTIBIOTIC SELECTION FOR SURGICAL PATIENTS.....	3
D. PROPHYLACTIC ANTIBIOTICS DISCONTINUED WITHIN 24 HOURS AFTER SURGERY END TIME	4
E. CARDIAC SURGERY PATIENTS WITH CONTROLLED 6 AM POSTOPERATIVE SERUM GLUCOSE	5
F. SURGERY PATIENTS WITH APPROPRIATE HAIR REMOVAL.....	6
G. SURGERY PATIENTS WITH RECOMMENDED VTE PROPHYLAXIS ORDERED	7
H. SURGERY PATIENTS WHO RECEIVED APPROPRIATE VTE PROPHYLAXIS WITHIN 24 HOURS PRIOR TO SURGERY TO 24 HOURS AFTER SURGERY.....	8
I. HEART FAILURE PATIENTS WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION WITHOUT ACEI AND ARB CONTRAINDICATIONS WHO ARE PRESCRIBED ACEI/ARB AT DISCHARGE.....	9
J. INCIDENCE OF PRESSURE ULCERS.....	10
K. MRSA-1 INFECTION RATE.....	11
L. MRSA-2 TRANSMISSION RATE.....	12

C5b. **[FOR EACH 'YES' RESPONSE AT C4, ASK:]**
 What type(s) of effort(s) has the hospital undertaken to improve on **[ITEM FROM C4]**
[If respondents report the same efforts for multiple measures, use code 13]?

CODE ALL THAT APPLY

- AN IMPROVEMENT TEAM USED A
 PLAN-DO-STUDY-ACT (OR SIMILAR)
 TECHNIQUE 1
 - USED SIX SIGMA 2
 - USED LEAN PROCESS 3
 - ADJUSTED ELECTRONIC HEALTH RECORD
 OR OTHER ELECTRONIC SYSTEM TO
 INCLUDE AND DISPLAY KEY INFORMATION
 IN A SEARCHABLE FIELD 4
 - IMPLEMENTED A CHECKLIST 5
 - ESTABLISHED A PROTOCOL THAT IS
 USED ROUTINELY 6
 - CHANGED WHO IS RESPONSIBLE FOR
 KEY TASKS RELATED TO THE MEASURE 7
 - CHANGED ANOTHER ASPECT OF THE
 PROCESS (BUT NOT THROUGH A
 FORMAL PROTOCOL) 8
 - DEPARTMENT HEADS OR OTHER KEY
 PHYSICIANS MET WITH OTHER
 PHYSICIANS TO GAIN THEIR BUY-IN TO
 IMPROVEMENT 9
 - PRODUCED AND SHARED
 PHYSICIAN-SPECIFIC DATA
 ON THE MEASURE 10
 - PERFORMED CONCURRENT CHART
 REVIEWS TO IDENTIFY FAILING
 CASES FOR FOLLOW-UP 11
 - OTHER (SPECIFY) 12
-
- SAME EFFORTS AS FOR PREVIOUS
 MEASURE 13
 - DON'T KNOW d
 - REFUSED r

C6. To what extent have you had both the leadership support and resources you needed to accomplish the improvements you sought on these measures?

On improvements for **[READ ITEM]**, would you say you had all the leadership support and resources you needed, somewhat less than you needed, or a lot less than you needed?

[PROGRAM WILL DISPLAY FOR EACH 'YES' RESPONSE TO C4]

	ALL THE LEADERSHIP SUPPORT AND RESOURCES YOU NEEDED	SOMEWHAT LESS THAN YOU NEEDED	A LOT LESS THAN YOU NEEDED	DON'T KNOW	REFUSED
SCIP MEASURES					
a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1	2	3	d	r
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision	1	2	3	d	r
c. Prophylactic antibiotic selection for surgical patients.....	1	2	3	d	r
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time	1	2	3	d	r
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose	1	2	3	d	r
f. Surgery patients with appropriate hair removal.....	1	2	3	d	r
VTE PROPHYLAXIS MEASURES					
g. Surgery patients with recommended VTE prophylaxis ordered	1	2	3	d	r
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery.....	1	2	3	d	r
HEART FAILURE MEASURE					
i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge	1	2	3	d	r
j. Incidence of pressure ulcers.....	1	2	3	d	r
k. MRSA-1 Infection rate	1	2	3	d	r
l. MRSA-2 Transmission rate	1	2	3	d	r

C7. Does the hospital provide physicians with physician-level data for any of the SCIP, heart failure or MRSA measures?

IF YES, ASK: Which ones? [PROGRAM WILL LIST ALL ‘YES’ RESPONSES FROM C4] [READ LIST IF NECESSARY]

IF NO, GO TO C8

	YES	NO	DON'T KNOW	REFUSED
SCIP MEASURES				
a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period.....	1	0	d	r
b. Prophylactic antibiotic received on time—within one hour prior to surgical incision.....	1	0	d	r
c. Prophylactic antibiotic selection for surgical patients	1	0	d	r
d. Prophylactic antibiotics discontinued within 24 hours after surgery end time.....	1	0	d	r
e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose.....	1	0	d	r
f. Surgery patients with appropriate hair removal.....	1	0	d	r
VTE PROPHYLAXIS MEASURES				
g. Surgery patients with recommended VTE prophylaxis ordered	1	0	d	r
h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery	1	0	d	r
HEART FAILURE MEASURE				
i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge	1	0	d	r
j. Incidence of pressure ulcers.....	1	0	d	r
k. MRSA-1 Infection rate	1	0	d	r
l. MRSA-2 Transmission rate	1	0	d	r

C8. In general, how well do the hospital's electronic health record or other information systems support measurement on the SCIP, heart failure, and MRSA measures?

Would you say very well, somewhat well, not very well, or not at all well?

- VERY WELL 1
- SOMEWHAT WELL 2
- NOT VERY WELL 3
- NOT AT ALL WELL 4

C8a. Are there any specific measures where the hospital's information systems support the measure well?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO C9**

C8b. Which ones?

[PROGRAM WILL LIST FOR EACH 'YES' RESPONSE TO C4]

**HOSPITAL INFORMATION
SYSTEM SUPPORTS
MEASURES WELL**
(CHECK ALL THAT APPLY)

SCIP MEASURES

- a. Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period 1
- b. Prophylactic antibiotic received on time—within one hour prior to surgical incision..... 1
- c. Prophylactic antibiotic selection for surgical patients 1
- d. Prophylactic antibiotics discontinued within 24 hours after surgery end time 1
- e. Cardiac surgery patients with controlled 6 AM postoperative serum glucose 1
- f. Surgery patients with appropriate hair removal..... 1

VTE PROPHYLAXIS MEASURES

- g. Surgery patients with recommended VTE prophylaxis ordered..... 1
- h. Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery 1

HEART FAILURE MEASURE

- i. Heart failure patients with left ventricular systolic dysfunction without ACEI and ARB contraindications who are prescribed ACEI/ARB at discharge..... 1
- j. Incidence of pressure ulcers 1
- k. MRSA-1 Infection rate..... 1
- l. MRSA-2 Transmission rate 1

C10. Is this hospital potentially interested in future technical assistance sponsored by CMS to help reduce any remaining barriers and thereby boost its performance?

- YES 1
 - PERHAPS/MAYBE 2
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO C11b**

C11a. What would be the two most important topics on which this hospital would like additional support?

- 1. _____
- 2. _____
- DON'T KNOW d
- REFUSED r

GO TO C12

C11b. Please tell us if any of the following are reasons why you would not be interested in future technical assistance to boost the hospital's performance.

- Hospital already has plans to use supporting initiatives or organizations that should be sufficient 1
- No assistance from external organizations is needed—just internal work 2
- Existing outside organizations lack the necessary expertise 3
- Hospital has other more important priorities 4
- Hospital lacks staff resources to participate in any more improvement initiatives 5
- Other (SPECIFY) 6
- _____
- DON'T KNOW d
- REFUSED r

IMPORTANT SOURCES OF QI INFORMATION

C12. The last few questions are about sources of information that may have improved the quality of care at this hospital.

Do you believe the quality of care at this hospital in one or more clinical areas is better this year than last year?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO END**

C13. In addition to your own experience and data, what were the three most important sources of information that have helped your hospital improve its quality of care over the past year?

CODE UP TO THREE

- DIRECT SHARING OF EXPERIENCES AND BEST PRACTICES AMONG HOSPITALS..... 1
- IHI WEBSITE..... 2
- OTHER WEBSITES VISITED ROUTINELY..... 3
- USE OF SEARCH ENGINES TO IDENTIFY RELEVANT MATERIAL ON THE WEB..... 4
- CONFERENCE OR MEETING MATERIALS 5
- WEBINARS OR TELECONFERENCE PRESENTATIONS 6
- MEETING WITH CONSULTANTS 7
- OTHER (SPECIFY)..... 8
- _____
- DON'T KNOW d
- REFUSED r

[IF C13=1]

C13a. You mentioned direct sharing of experiences and best practices as one of three most important sources of information that have helped your hospital. Who facilitated the sharing? Was it . . .

- The hospital association, 1
- [NAME OF QIO], or 2
- Another organization? 3
- DON'T KNOW d
- REFUSED r

[IF C13=3]

C13b. You mentioned other websites that were visited routinely as one of three most important sources of information that have helped your hospital. What are those websites? **RECORD VERBATIM**

- DON'T KNOW d
- REFUSED r

[IF C13=5]

C13c. You mentioned conferences or meeting materials as one of the three most important sources of information that have helped your hospital. Who sponsored the conference or provided the meeting materials? Was it . . .

- IHI, 1
- The hospital association, 2
- [NAME OF QIO], or 3
- Another organization? 4
- DON'T KNOW d
- REFUSED r

[IF C13=6]

C13d. You mentioned webinars or teleconference presentations as one of the three most important sources of information that have helped your hospital. Who sponsored the webinar or teleconference? Was it . . .

- IHI,..... 1
- The hospital association,..... 2
- [NAME OF QIO], or 3
- Another organization? 4
- DON'T KNOW d
- REFUSED r

END. Those are all the questions I have. Do you have any final comments you'd like to share?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO THANK**

RECORD VERBATIM

THANK. Thank you very much for participating in this survey, and taking the time to speak with me. Have a great (day/evening).

Mathematica Reference No.: 06514.260

MATHEMATICA
Policy Research, Inc.

**Ninth Scope of Work
QIO Program
Evaluation: Nursing
Home Survey**

Final Draft Questionnaire

January 5, 2010

A. INTRODUCTION

A1. INITIAL CONTACT WITH NURSING HOME: Hello, may I please speak with [NAME OF ADMINISTRATOR/The administrator of the nursing home]?

IF YOU DON'T HAVE (HIS/HER) NAME, ASK FOR IT.

RECORD NAME AND CONTACT INFORMATION FOR ADMINISTRATOR.

NAME OF NURSING HOME ADMINISTRATOR

IF NEEDED: My name is _____ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS.

IF ASKED WHY YOU ARE CALLING: A short time ago, we sent [NAME OF ADMINISTRATOR/the administrator] a letter from CMS requesting the nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

We would like to conduct a brief interview with the QI Director (or whoever is directly involved with quality improvement at the nursing home). Would you please give me the name and contact information for this person?

IF ADMINISTRATOR IS UNAVAILABLE, BUT YOU ARE SPEAKING WITH (HIS/HER) SECRETARY OR ASSISTANT.

A1a. My name is _____ and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, we sent [NAME OF ADMINISTRATOR] a letter from CMS requesting the nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

We would like to conduct a brief interview with the QI director, director of nursing, or whoever is directly involved with quality improvement at the nursing home. I was hoping to speak with the director to obtain the name and contact information for this person. Since (he/she) is unavailable, would you be able to give me the name and contact information of the QI director or director of nursing?

CAN TALK NOW 1 → **GO TO A2**
SET CALLBACK..... 0 } **SET CALLBACK**
DON'T KNOW d }

A2. RECORD NAME AND CONTACT INFORMATION FOR QI/NURSING DIRECTOR.

ENTER NAME OF QI OR NURSING DIRECTOR

ENTER TELEPHONE NUMBER: |_|_|_|-|_|_|_|-|_|_|_|_|_|
Area Code

A2a. WHEN SPEAKING WITH QI/NURSING DIRECTOR: Hello, [Dr./Mr./Ms.] [LAST NAME], my name is _____, and I'm calling on behalf of the Centers for Medicare & Medicaid Services or CMS. A short time ago, you should have received a letter from CMS requesting your nursing home's participation in a survey for an evaluation of the Ninth Scope of Work of the Quality Improvement Organization Program.

Your nursing home's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made. **[FOR NON-PARTICIPATING NURSING HOMES:** It is critical that our study understand quality improvement processes and thinking in nursing homes that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.]

We would like to conduct a brief interview with you (or whoever is directly involved with quality improvement at your nursing home). The survey interview takes roughly 28 minutes, depending upon your answers. I can conduct it now, or at any time that's convenient for you.

- START INTERVIEW NOW 1 → **GO TO B1**
- NOT NOW, SET UP APPT/CALLBACK..... 2 → **SET APPT.**
- NEEDS MORE INFORMATION 3 → **GO TO A2b**
- REFUSED r → **REFUSAL**

A2b. FOLLOW-UP INFORMATION

PURPOSE: CMS is interested in learning about the experience of nursing homes involved in the Ninth Scope of Work of the Quality Improvement Organization Program. Your nursing home's input is crucial to assure that CMS learns all it can about how the QIOs are working and what changes if any, need to be made.

[FOR NON-PARTICIPATING NURSING HOMES: It is critical that our study understand quality improvement processes and thinking in nursing homes that have not been working with QIOs as well as those that have, in order to understand the added value of the QIO program.]

CONFIDENTIALITY: Please be assured that your responses to the survey will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

SELECTION: Your nursing home was randomly selected from U.S. nursing homes eligible for the study. Some were selected to represent participating nursing homes that worked with QIOs and some were selected to represent nursing homes that did not work with QIOs.

REFUSAL SCREEN: Thank you for your time. Have a nice day. END CALL.

B. QIO INTERACTIONS

The first few questions are about staff interactions with [NAME OF QIO].

B1. Is this nursing home participating with [NAME OF QIO] on a quality improvement initiative related to any of the following topics . . . **[READ DOWN LIST]**

	YES	NO	DON'T KNOW	REFUSED
a. Physical restraint use	1	0	d	r
b. Pressure ulcer reduction	1	0	d	r
c. Reducing re-hospitalizations	1	0	d	r
d. General assistance improving quality	1	0	d	r
e. Any other topic? (SPECIFY)	1	0	d	r

[FOR EACH CATEGORY THAT RECEIVED A 'NO' RESPONSE, ASK B1aa AFTER YOU HAVE READ THROUGH THE ENTIRE LIST IN B1.]

B1aa. Were you invited to participate with [NAME OF QIO] on a quality improvement initiative related to [TOPIC]?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B2**

B1ab. Why did you choose **not** to participate with [NAME OF QIO] on a quality improvement initiative? **RECORD VERBATIM**

- DON'T KNOW d
- REFUSED r

B2. The next few questions ask about how often nursing home staff may have met with [NAME OF QIO], either in-person or by telephone. Since August 2008, how many times have nursing home personnel met with [NAME OF QIO] **in-person** at this nursing home?

PROBE: Please do not include telephone conference calls or web-ex meetings.

____ TIMES

NONE 0
 DON'T KNOW d
 REFUSED r

} **GO TO B3**

Bracket grouping No, Don't Know, and Refused responses and pointing to.

[IF B2 = 2 OR MORE, DISPLAY “How often did...”; IF B2 = 1, DISPLAY “Did...”]

B2a. (How often did/Did) the following people attend the meeting with [NAME OF QIO]?
[READ ITEM]

[IF B2 = 2 OR MORE, DISPLAY: Would you say always, usually, sometimes, or never?] [IF B2 = 1, DISPLAY ONLY CATEGORIES “ALWAYS” AND “NEVER”]

	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. The administrator	1	2	3	4	d	r
b. The director of nursing	1	2	3	4	d	r
c. The medical director.....	1	2	3	4	d	r
d. The quality improvement coordinator	1	2	3	4	d	r
e. The staff developer	1	2	3	4	d	r
f. Any other staff? (SPECIFY)	1	2	3	4	d	r

B3. Since August 2008, how many other in-person meetings have nursing home personnel attended where [NAME OF QIO] was an active participant? Please include in-person meetings held inside and outside the nursing home.

____ TIMES

NONE 0
 DON'T KNOW d
 REFUSED r

B4. Since August 2008, approximately how many times have nursing home personnel met **by phone** with [NAME OF QIO]? Please do not include large conference calls.

|_|_| TIMES

NONE 0

DON'T KNOW d

REFUSED r

B5. Since August 2008, how many other telephone conference calls or web-ex meetings have nursing home personnel attended that [NAME OF QIO] convened?

|_|_| TIMES

NONE 0

DON'T KNOW d

REFUSED r

[IF B2 OR B3 = OR >1, GO TO B6. IF B2 AND B3 = 0, GO TO B12]

B6. I'm going to read a list of reasons why you might have met with [NAME OF QIO] since August 2008. After each one, please tell me if this was a reason for (any of) the in-person or phone meeting(s) with [NAME OF QIO]. **[READ LIST]**

[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "L" LAST]

	YES	NO	DON'T KNOW	REFUSED
a. Self-referral to [NAME OF QIO]	1	0	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate	1	0	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort	1	0	d	r
d. To discuss this nursing home's performance data.....	1	0	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this nursing home's quality measures	1	0	d	r
f. Hearing about best practices of other nursing homes.	1	0	d	r
g. To learn about a new tool or recommended process for quality improvement.....	1	0	d	r
h. Other staff development or training.....	1	0	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff....	1	0	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS.....	1	0	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant	1	0	d	r
l. Some other reason? (SPECIFY).....	1	0	d	r

B7. Which of the following describe the aim(s) of the assistance you received?
[FOR THOSE WHO RESPOND 'YES' TO ANY ITEM IN B6]

- IMPROVE OR ENSURE COMPLETENESS OF
THE REPORTED DATA..... 1
- ADVISE ON ISSUES RELATED TO
TRANSMISSION OF THE DATA 2
- OTHER (SPECIFY) 3

- DON'T KNOW d
- REFUSED r

B7a. How effective was this assistance in achieving its aim(s)?

- VERY EFFECTIVE 1
- SOMEWHAT EFFECTIVE 2
- NOT EFFECTIVE 3
- DON'T KNOW d
- REFUSED r

B8. How valuable to the nursing home were each of these types of meetings?

[PROGRAM WILL LIST ALL ‘YES’ RESPONSES TO B6.]

[READ ITEM] Would you say it was very valuable, somewhat valuable, or not valuable?

[IF ‘VERY VALUABLE’, ‘SOMEWHAT VALUABLE’, OR ‘NOT VALUABLE’ IS CHOSEN, ASK B9 OR B10 BEFORE MOVING ON TO NEXT ITEM.]

	VERY VALUABLE	SOMEWHAT VALUABLE	NOT VALUABLE	DON'T KNOW	REFUSED
a. Self-referral to [NAME OF QIO]	1	2	3	d	r
b. Understanding [NAME OF QIO]'s plans for activities and opportunities to participate.....	1	2	3	d	r
c. Routine meetings as part of participating with [NAME OF QIO] on a quality improvement effort.....	1	2	3	d	r
d. To discuss this nursing home's performance data	1	2	3	d	r
e. Applying [NAME OF QIO] staff's expertise to improve this nursing home's quality measures	1	2	3	d	r
f. Hearing about best practices of other nursing homes.....	1	2	3	d	r
g. To learn about a new tool or recommended process for quality improvement	1	2	3	d	r
h. Other staff development or training....	1	2	3	d	r
i. Presentation(s) to help create buy-in to quality improvement beyond the quality improvement staff	1	2	3	d	r
j. To discuss issues, methods, and/or timeframes for quality reporting to CMS	1	2	3	d	r
k. To attend a broad-based regional or statewide meeting on quality improvement where [NAME OF QIO] was an active participant.....	1	2	3	d	r
l. Other reason (SPECIFY)	1	2	3	d	r

B9. **[IF 'NOT VALUABLE' SELECTED AT B8, ASK B9 IMMEDIATELY AFTER B8:]**
 Why were these meetings not valuable?

CODE ALL THAT APPLY

- THE MEETING MERELY FULFILLED AN OBLIGATION (SUCH AS GUIDANCE OR DIRECTION FROM THE STATE SURVEY AGENCY) 1
- THIS NURSING HOME IS SO ADVANCED, THERE IS NOTHING WE CAN LEARN FROM [NAME OF QIO]..... 2
- [NAME OF QIO] STAFF DID NOT HAVE ENOUGH EXPERTISE OF THE RIGHT TYPE..... 3
- [NAME OF QIO] STAFF WAS NOT WELL-PREPARED..... 4
- THE RIGHT PEOPLE WERE NOT AT THE MEETING 5
- THE INFORMATION PROVIDED WAS NOT APPLICABLE TO THIS NURSING HOME'S SITUATION 6
- THE MEETING WAS REDUNDANT WITH INFORMATION WE ALREADY HAD 7
- PROGRESS AT THIS NURSING HOME ON THE MEETING TOPIC IS NOT FEASIBLE AT THIS TIME 8
- OTHER (SPECIFY) 9

- DON'T KNOW d
- REFUSED r

B10. **[IF 'VERY VALUABLE' OR 'SOMEWHAT VALUABLE' SELECTED AT B8, ASK B10 IMMEDIATELY AFTER B8:]**

In what ways were these meetings valuable?

CODE ALL THAT APPLY

PROVIDED NEW, USEFUL INFORMATION ON HOW TO IMPROVE PERFORMANCE 1

PROVIDED NEW, USEFUL INFORMATION ON ANOTHER TOPIC (SUCH AS QUALITY REPORTING, USE OF EHR) 2

INCREASED MOTIVATION TO IMPROVE FROM ONE OR MORE EXECUTIVE LEADERS..... 3

INCREASED MOTIVATION TO IMPROVE FROM MEDICAL DIRECTOR 4

INCREASED MOTIVATION TO IMPROVE FROM KEY NURSING STAFF 5

OTHER (SPECIFY) 6

DON'T KNOW d

REFUSED r

B11. Did any of the meetings lead to changes at the nursing home that ultimately improved resident care?

YES 1

NO 0

DON'T KNOW d

REFUSED r

} **GO TO B12**

B11a. Did the changes contribute to improvements in any particular quality measure?

YES 1

NO 0

DON'T KNOW d

REFUSED r

} **GO TO B12**

B11b. Please tell me which measures were improved at least partly due to help from [NAME OF QIO].

[READ LIST IF NEEDED]

CODE ALL THAT APPLY

- PHYSICAL RESTRAINT USE 1
- PRESSURE ULCER RATES 2
- RATE OF RE-HOSPITALIZATIONS 3
- OTHER (SPECIFY) 4

- DON'T KNOW d
- REFUSED r

B12. (In addition to meetings), did you receive other educational materials, tools, or quality improvement news from [NAME OF QIO]?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B13**

B12a. Did you receive these items from . . .

CODE ALL THAT APPLY

- A newsletter, 1
- An email or listserv, 2
- At an in-person meeting, 3
- At a teleconference or web-ex, 4
- Or some other way? (SPECIFY) 5

- DON'T KNOW d
- REFUSED r

B12b. Overall, how valuable were these educational materials and/or tools? Would you say . . .

- Very valuable,..... 1
- Somewhat valuable, 2
- Not very valuable, or 3
- Not at all valuable? 4
- DON'T KNOW d
- REFUSED r

B12c. Did any of these educational materials or tools from [NAME OF QIO] thus far lead to changes at the nursing home that ultimately improved resident care?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B13**

B12d. Did the changes contribute to improvements in any particular quality measure?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO B13**

B12e. Please tell me which measures were improved at least in part due to changes that stemmed from the educational materials or tools from [NAME OF QIO].

[READ LIST IF NEEDED]

CODE ALL THAT APPLY

- PHYSICAL RESTRAINT USE 1
- PRESSURE ULCER RATES 2
- RATE OF RE-HOSPITALIZATIONS 3
- OTHER (SPECIFY) 4

- DON'T KNOW d
- REFUSED r

B13. Do you routinely receive data feedback from [NAME OF QIO] on this nursing home's quality performance?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } **GO TO C1**

B13a. How widely within the nursing home do you typically share the feedback [NAME OF QIO] provides, or highlights that you derive from it? Is it . . .

CODE ONE ONLY

- Shared with a wide array of relevant nursing and direct care staff, 1
- Shared with a few key individuals, or 2
- Rarely or never shared? 3
- DON'T KNOW d
- REFUSED r

B13b. Has the feedback from [NAME OF QIO] been important to the nursing home's quality improvement efforts?

- YES 1
- PERHAPS/MAYBE 2
- NO 0
- DON'T KNOW d
- REFUSED r

C. OTHER QI INITIATIVES

EXTERNAL INITIATIVES

The next questions are about quality improvement initiatives that involve **external** organizations.

- C1. Is this nursing home part of a corporate chain or otherwise-affiliated group of nursing home providers?

YES, CORPORATE CHAIN	1	
YES, AFFILIATED GROUP	2	
NO	0	} GO TO C2
DON'T KNOW	d	
REFUSED	r	

- C1a. To what extent are your nursing home's quality improvement actions influenced by this (larger corporate chain/affiliated group) of nursing homes? Would you say to a large extent, a moderate extent, or a small or no extent?

LARGE EXTENT	1
MODERATE EXTENT	2
SMALL OR NO EXTENT	3
DON'T KNOW	d
REFUSED	r

- C2. Setting aside any interactions with [NAME OF QIO] (and the (larger corporate chain/affiliation) just discussed), is your nursing home actively involved in any other quality improvement efforts involving outside organizations?

YES	1	
NO	0	} GO TO C3
DON'T KNOW	d	
REFUSED	r	

C2a. Is your nursing home involved with any of the following?

CODE ALL THAT APPLY

- The Advancing Excellence in Nursing Homes Campaign 1
 - The Pressure Ulcer Collaborative..... 2
 - State-initiated quality improvement projects on pressure ulcer reduction, restraint use, or other issues..... 3
 - Any other quality improvement effort with an outside organization? (SPECIFY)..... 4
-
- DON'T KNOW d
 - REFUSED r

INTERNAL INITIATIVES

Now I'd like to ask about **internal** quality improvement initiatives within the nursing home.

C3. How many full-time equivalent staff are currently devoted to quality improvement in the nursing home?

PROBE: For example, if the nursing home has four staff who each devote a quarter time to quality improvement, then the number of full-time equivalent staff at the nursing home is one.

PROBE: Your best estimate is fine.

- |_|_| NUMBER OF FTE's
- LESS THAN ONE (OR A FRACTION) f
- DON'T KNOW d
- REFUSED r

C4. Since August 2008, please indicate if the nursing home has had internal quality improvement efforts that have improved nursing home performance on any of the following measures. **[READ DOWN LIST]**

	YES	NO	DON'T KNOW	REFUSED
a. Physical restraint use	1	0	d	r
b. Pressure ulcers	1	0	d	r
c. Influenza (flu) vaccination	1	0	d	r
d. Pneumococcal vaccination.....	1	0	d	r
e. Urinary tract infection	1	0	d	r
f. Urinary catheter use.....	1	0	d	r
g. Depression or anxiety	1	0	d	r
h. Moderate to severe pain	1	0	d	r
i. Patient mobility.....	1	0	d	r
j. Weight loss.....	1	0	d	r
k. Help with daily activity	1	0	d	r
l. Any other measure? (SPECIFY)	1	0	d	r

[IF C4a THROUGH C4l ALL EQUAL 'NO,' GO TO C7. ELSE GO TO C5]

C5. Has the nursing home performed an analysis on any of the measures to identify the reasons why the relevant guideline sometimes is not followed, or why the undesirable outcome sometimes occurs?

YES	1	} GO TO C7
NO	0	
NOT APPLICABLE – PERFORMANCE IS 100% RELIABLE.....	2	
DON'T KNOW	d	
REFUSED	r	

C5a. For which measures has the nursing home performed an analysis?

[READ LIST IF NECESSARY]

[PROGRAM WILL LIST ALL 'YES' RESPONSES FROM C3a]

PHYSICAL RESTRAINT USE	1
PRESSURE ULCER RATES	2
INFLUENZA (FLU) VACCINATION RATES.....	3
PNEUMOCOCCAL VACCINATION RATES	4
URINARY TRACT INFECTION RATES.....	5
URINARY CATHETER USE.....	6
DEPRESSION OR ANXIETY RATES	7
MODERATE TO SEVERE PAIN RATES	8
PATIENT MOBILITY RATES	9
WEIGHT LOSS RATES.....	10
DAILY ACTIVITY RATES.....	11
OTHER (SPECIFY)	12
<hr/>	
DON'T KNOW	d
REFUSED	r

C5b. **[FOR EACH 'YES' RESPONSE AT C4, ASK:]**
 What type(s) of effort(s) has the nursing home undertaken to improve on **[ITEM FROM C4]** **[If respondents report the same efforts for multiple measures, use code 10]?**

CODE ALL THAT APPLY

- AN IMPROVEMENT TEAM USED A PLAN-DO-STUDY-ACT (OR SIMILAR) TECHNIQUE 1
 - ADJUSTED ELECTRONIC HEALTH RECORD OR OTHER ELECTRONIC SYSTEM TO INCLUDE AND DISPLAY KEY INFORMATION IN A SEARCHABLE FIELD2
 - IMPLEMENTED A CHECKLIST 3
 - ESTABLISHED A PROTOCOL THAT IS USED ROUTINELY4
 - [HIRED A CLINICAL CONSULTANT TO] TRAIN NURSING AND DIRECT CARE STAFF ON IMPROVING CARE IN THE MEASURE AREA..... 5
 - CHANGED ANOTHER ASPECT OF THE PROCESS (BUT NOT THROUGH A FORMAL PROTOCOL) 6
 - PRODUCED AND SHARED UNIT LEVEL DATA WITH NURSING STAFF ON THE MEASURE 7
 - PERFORMED CHART REVIEWS TO IDENTIFY ASSESSMENT ERRORS OR OTHER POTENTIAL PROCESS IMPROVEMENTS..... 8
 - OTHER (SPECIFY) 9
-
- SAME EFFORTS AS FOR PREVIOUS MEASURE 10
 - DON'T KNOW d
 - REFUSED r

C6. To what extent have you had both the leadership support and resources you needed to accomplish the improvements you sought on these measures?

On improvements for **[READ ITEM]**, would you say you had all the leadership support and resources you needed, somewhat less than you needed, or a lot less than you needed?

[PROGRAM WILL DISPLAY FOR EACH 'YES' RESPONSE TO C4]

	ALL THE LEADERSHIP SUPPORT AND RESOURCES YOU NEEDED	SOMEWHAT LESS THAN YOU NEEDED	A LOT LESS THAN YOU NEEDED	DON'T KNOW	REFUSED
a. Physical restraint use.....	1	2	3	d	r
b. Pressure ulcers.....	1	2	3	d	r
c. Influenza (flu) vaccination	1	2	3	d	r
d. Pneumococcal vaccination	1	2	3	d	r
e. Urinary tract infection.....	1	2	3	d	r
f. Urinary catheter use	1	2	3	d	r
g. Depression or anxiety	1	2	3	d	r
h. Moderate to severe pain	1	2	3	d	r
i. Patient mobility	1	2	3	d	r
j. Weight loss	1	2	3	d	r
k. Help with daily activity.....	1	2	3	d	r
l. Any other measure? (SPECIFY)..	1	2	3	d	r

BARRIERS TO IMPROVEMENT AND INTEREST IN EXTERNAL ASSISTANCE

C7. I'm going to read a list of barriers that nursing homes may face in improving their performance on these measures. As I read each one, please tell me whether each is currently a major barrier, a minor barrier, or not a barrier for this nursing home.

[ROTATE ORDER OF LIST, BUT ALWAYS END WITH CATEGORY "J" AND "K"]

CODE ONE FOR EACH

	MAJOR BARRIER	MINOR BARRIER	NOT A BARRIER	DON'T KNOW	REFUSED
a. The nursing home lacks enough staff trained in quality improvement.....	2	1	0	d	r
b. Resource constraints, other than staffing, limit improvement strategies.....	2	1	0	d	r
c. Lack of nursing staff interest or involvement.....	2	1	0	d	r
d. Documentation of the care that is given is a problem	2	1	0	d	r
e. Staff at the nursing home disagree with selection of the measure or its definition.....	2	1	0	d	r
f. The nursing home has other higher priorities.....	2	1	0	d	r
g. The nursing home is unsure of how to improve performance	2	1	0	d	r
h. The nursing home has no incentive to improve	2	1	0	d	r
i. Insufficient senior management leadership and support	2	1	0	d	r

	YES	NO	DON'T KNOW	REFUSED
j. Any other barrier I haven't mentioned? (SPECIFY).....	1	0	d	r

	MAJOR	MINOR	DON'T KNOW	REFUSED
k. IF YES, ASK: Was this a major or a minor barrier?.....	2	1	d	r

C8a. Is this nursing home potentially interested in future technical assistance sponsored by CMS to help reduce any remaining barriers and thereby boost its performance?

- YES 1
- PERHAPS/MAYBE 2
- NO 0 → **GO TO C9**
- DON'T KNOW d } **GO TO C10**
- REFUSED r }

C8b. What would be the two most important topics on which this nursing home would like additional support?

- 1. _____
- 2. _____
- DON'T KNOW d
- REFUSED r

C9. Please tell me if any of the following are reasons why you would not be interested in future technical assistance to boost the nursing home's performance.

CODE ALL THAT APPLY

- Our nursing home already has plans to use other supporting initiatives or organizations 1
- No assistance from external organizations is needed, just internal work 2
- Existing outside organizations lack the necessary expertise 3
- Our nursing home has other more important priorities 4
- Our nursing home lacks staff resources to participate in any more improvement initiatives 5
- Any other reason? (SPECIFY) 6
- _____
- DON'T KNOW d
- REFUSED r

IMPORTANT SOURCES OF QI INFORMATION

The last few questions are about sources of information that may have improved the quality of care at this nursing home.

- C10. Do you believe the quality of care at this nursing home in one or more clinical areas is better this year than last year?

YES	1	} GO TO END
NO	0	
DON'T KNOW	d	
REFUSED	r	

- C11. In addition to your own experience and data, what were the three most important sources of information that have helped your nursing home improve its quality of care over the past year?

CODE UP TO THREE

DIRECT SHARING OF EXPERIENCES AND BEST PRACTICES AMONG NURSING HOMES	1
MedQIC WEBSITE	2
OTHER WEBSITES VISITED ROUTINELY	3
USE OF SEARCH ENGINES TO IDENTIFY RELEVANT MATERIAL ON THE WEB	4
CONFERENCES OR SEMINARS	5
WEBINARS OR TELECONFERENCE PRESENTATIONS	6
MEETING WITH CONSULTANTS	7
OTHER (SPECIFY)	8
<hr/>	
DON'T KNOW	d
REFUSED	r

[IF C11=1]

C11a. You mentioned direct sharing of experiences and best practices as one of three most important sources of information that have helped your nursing home. Who facilitated the sharing? Was it . . .

- The nursing home trade association, 1
 - [NAME OF QIO], 2
 - AANAC, or 3
 - Another organization? 4
-
- DON'T KNOW d
 - REFUSED r

[IF C11=3]

C11b. You mentioned other websites that were visited routinely as one of three most important sources of information that have helped your nursing home. What are those websites?
RECORD VERBATIM

- DON'T KNOW d
- REFUSED r

[IF C11=5]

C11c. You mentioned conferences or seminars as one of the three most important sources of information that have helped your nursing home. Who sponsored the conference or seminar? Was it . . .

- The nursing home trade association, 1
 - [NAME OF QIO], 2
 - AANAC, or 3
 - Another organization? 4
-
- DON'T KNOW d
 - REFUSED r

[IF C11=6]

C11d. You mentioned webinars or teleconference presentations as one of the three most important sources of information that have helped your nursing home. Who sponsored the webinar or teleconference? Was it . . .

The nursing home trade association, 1

[NAME OF QIO], 2

AANAC, or 3

Another organization? 4

DON'T KNOW d

REFUSED r

END. Those are all the questions I have. Do you have any final comments you'd like to share? **RECORD VERBATIM**

THANK. Thank you very much for participating in this survey, and taking the time to speak with me. Have a great (day/evening).

YES 1

NO 0

DON'T KNOW d

REFUSED r

} **GO TO THANK**

