

Smart

CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey Management, Analysis, Reporting, and Technical Support

Office of Management and Budget
Paperwork Reduction Act Supporting
Information

Patient Safety Survey Under the 9th SOW:
Nursing Homes in Need (NHIN)

Submitted January 20, 2010

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Survey Management, Analysis, Reporting, and Technical Support (SMART)

Office of Management and Budget (OMB) Paperwork Reduction Act Supporting Information

Patient Safety Survey Nursing Homes in Need (NHIN)

a. Background

The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (DHHS) are requesting OMB clearance for the Nursing Homes in Need (NHIN) Survey. The NHIN is a component of the Patient Safety Theme of the Quality Improvement Organization (QIO) Program's 9th Scope of Work (SOW). The statutory authority for this scope of work is found in Part B of Title XI of the Social Security Act (the Act) as amended by the Peer Review Improvement Act of 1982. The Act established the Utilization and Quality Control Peer Review Organization Program, now known as the Quality Improvement Organization (QIO) Program.

The statutory mission of the QIO Program, as set forth in Section 1862(g) of the Act, is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

Based on statutory language and the experience of CMS in administering the QIO Program, CMS has identified the following requirements for the QIO Program:

- Improve quality of care for beneficiaries;
- Protect the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and medically necessary and that are provided in the most appropriate setting;
- Protect beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; Emergency Medical Treatment and Labor Act (EMTALA) violations; and other related statutory QIO responsibilities.

As a general matter, Section 1862(g) of the Act mandates the Secretary enter into contracts with QIOs for the purpose of determining that Medicare services are reasonable and medically necessary, and for the purposes of promoting the effective, efficient, and economical delivery of health care services, and of promoting the quality of services of the type for which payment may be made under Medicare. CMS interprets the term "promoting the quality of services" to involve more than QIOs reviewing care on a case-by-case basis, but as covering a broad range of proactive initiatives that will promote higher quality. CMS has, for example, included in the SOW Themes in which the QIO will provide technical assistance to Medicare-participating providers and practitioners in order to help them improve the quality of the care they furnish to Medicare beneficiaries. Additional authority for these activities appears in Section 1154(a)(8) of the Act, which

requires that QIOs perform such duties and functions and assume such responsibilities and comply with such other requirements as may be required by the Medicare statute. CMS regards these activities as appropriate if they will directly benefit Medicare beneficiaries.

Section 1154(a)(10) of the Act specifically requires QIOs “coordinate activities, including information exchanges, which are consistent with economical and efficient operation of programs among appropriate public and private agencies or organizations, including other public or private review organizations as may be appropriate.” CMS regards this as specific authority for QIOs to coordinate and operate a broad range of collaboratives and community activities among private and public entities, as long as the predicted outcome will directly benefit the Medicare program. In addition, Section 1156(c) of the Act states that it is the duty of each QIO to use such authority or influence as it may possess as a professional organization, and to enlist the support of any other professional or governmental organization having influence or authority over healthcare practitioners or entities furnishing services in its area, in assuring that each practitioner or entity shall comply with all obligations imposed on them under Section 1156(a). Under these obligations, providers and practitioners must assure that they will provide services of a quality that meets professionally recognized standards of care.

The QIO Program aims to improve the quality of care and protect Medicare beneficiaries through the following themes and sub-national requirements:

- Beneficiary Protection;
- Patient Safety;
- Prevention;
- Prevention: Disparities;
- Care Transitions; and
- Prevention: Chronic Kidney Disease (CKD).

The NHIN program exists under the Patient Safety Theme. The QIO in each state will provide special technical assistance to a small number of nursing homes in need of assistance with quality improvement efforts. This is a mandatory component of the QIO SOW under Patient Safety.

This special technical assistance will be for the QIO to conduct a root cause analysis (RCA) with one nursing home in its state per year (three over three years). Under this component, it is expected that within the first quarter of each year of the 9th SOW contract period, CMS will assign one nursing home to each QIO. The determination of which nursing homes are eligible under this component will be made by CMS. Some of these facilities may meet criteria for Special Focus Facilities (SFF). The intent of this component is that each state QIO will work with three nursing homes over the three-year contract period; these assignments are expected to be spaced out so that each state QIO will get one nursing home assigned approximately every 12 months.

b. Justification – NHIN Survey

1. Need and Legal Basis

As mentioned in Section 1, the legal basis for this data collection is contained in Section 1862(g) of the Act. The CMS designee, QualMed Surveys, LLC, (QMS) of Rockville, MD, will administer the NHIN Survey to nursing homes to evaluate nursing home satisfaction with the technical assistance process (NHIN Survey data) and their perception of effectiveness of QIO technical assistance.

Note that the NHIN Survey is not intended to generate statistics about the nursing home population. The NHIN Survey is being used as a tool for obtaining feedback for performance improvement activities. The goal is to collect information from the nursing homes participating in the QIO program to help CMS and the QIOs improve the interventions.

2. Information Users

The NHIN Survey constitutes a new information collection that will be used by CMS to obtain information on nursing home satisfaction with technical assistance strategies delivered as a component of the NHIN. The information collected through this survey will allow CMS to help focus the NHIN task to maximize the benefit to participating nursing homes.

3. Use of Information Technology

The NHIN Survey will be administered via telephone by trained and experienced interviewers. Responses will be entered into a pre-programmed Computer-Assisted Telephone Interviewing (CATI) interface.

The NHIN Survey is being administered via telephone for three main reasons. First, the population size (53 nursing homes surveyed one time each during Years 1 and 2 of the 9th SOW and twice during Year 3) is not large enough to justify the cost of programming a Web survey. Second, respondents to the NHIN Surveys are to be the most knowledgeable respondent in each respective nursing home. Telephone screening would be required to identify this person. Due to agency turnover, this individual may not be the same person at each data collection interval. Finally, data collections coordinated during the 8th SOW have found that not all nursing homes use the internet for conducting business. To maximize response rates, we will collect data via the telephone.

4. Duplication of Information

This is a new data collection measuring the satisfaction with technical assistance offered to nursing homes as a component of the NHIN program. The information

collected does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

While the administration of the NHIN Survey may have an impact on small nursing homes, this impact will be minimal as the survey is expected to take no more than 20 minutes to administer.

6. Less Frequent Collection

The NHIN Survey will be used to evaluate nursing homes’ satisfaction with technical assistance received as a component of the NHIN program. Given that technical assistance is delivered to participating nursing homes based on individual need, it has been deemed, in consultation with CMS that a bi-annual data collection will serve to meet the needs of the NHIN participants in providing feedback on technical assistance and the needs of CMS in refining their technical assistance delivery.

QIOs will use the results as a process improvement tool to note areas for improvement during the 9th SOW and inform the 10th SOW.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

The 60-day Federal Register Notice was published on March 22, 2010. The development of the NHIN Survey was conducted in consultation with CMS personnel and QMS personnel. Please see Attachment 1 for a copy of the Federal Register Notice.

Table 1-1. Personnel Consultation

Organization	Name	Contact Information
Centers for Medicare & Medicaid Services	Robert Kambic	Phone: 410-786-1515 Email: Robert.Kambic@cms.hhs.gov
Centers for Medicare & Medicaid Services	Francina Spencer	Phone: 410-786-4614 Email: Francina.Spencer@cms.hhs.gov
Centers for Medicare & Medicaid Services	Maaden Eshete	Phone: 410-786-0045 Email: Maaden.Eshete@cms.hhs.gov
Centers for Medicare & Medicaid Services	Jade Perdue	Phone: 410-786-5611 Email: Jade.Perdue@CMS.hhs.gov

Organization	Name	Contact Information
QualMed Surveys, LLC	William Strang	Phone: 301-251-0300, x212 Email: Bill.Strang@amsaq.com
QualMed Surveys, LLC	David Bercham	Phone: 301-251-0300, x215 Email: David.Bercham@amsaq.com
QualMed Surveys, LLC	Vasudha Narayanan	Phone: 510-204-9920 Email: Narayav1@wesat.com
QualMed Surveys, LLC	Stephanie Fry	Phone: 301-294-2872 Email: Frysl@westat.com
QualMed Surveys, LLC	Sherman Edwards	Phone: 301-294-3993 Email: ShermanEdwards@westat.com

9. Payment/Gifts to Respondents

There will be no payments or gifts to respondents.

10. Confidentiality

All data collected via the NHIN Survey will be kept in physically secured storage areas. All electronic data and related databases will be password protected and maintained on secure servers.

The institutional review board (IRB) convened by Westat, Inc., of Rockville, Maryland, has granted approval for this data collection under the auspices of U.S. Department of Health and Human Services (DHHS) regulation 45 CFR § 46.

11. Sensitive Questions

The proposed data collection contains no questions of a sensitive nature.

12. Burden Estimate (Hours and Wages)

The total estimated annualized hour burden of this data collection is approximately 17.5 hours based on 53 respondents (one respondent each from the 53 nursing homes participating in the NHIN program annually) being surveyed annually during Years 1 and 2 of the 9th SOW. Average survey administration time is estimated to be 20 minutes, or 0.33 burden hours. The respondents will be interviewed over the telephone.

Table 1-2. Estimated annual burden – Years 1 and 2 of the 9th SOW

Respondents by Role/occupation	Estimated Number of Respondents	Estimated Burden per Respondent (Hours)	Total Burden Estimate (Hours)	Annualized Cost Estimate
Administrators of nursing homes participating in the NHIN program.	53	.33	17.5 annually	\$1050 annually (@\$30/hr)

The total estimated annualized hour burden of this data collection is approximately 35 hours based on 53 respondents (one respondent each from the 53 nursing homes participating in the NHIN program annually) being surveyed bi-annually during Year 3 of the 9th SOW. Average survey administration time is estimated to be 20 minutes, or 0.33 burden hours. The respondents will be interviewed over the telephone.

Table 1-3. Estimated annual burden – Year 3 of the 9th SOW

Respondents by Role/occupation	Estimated Number of Respondents	Estimated Burden per Respondent (Hours)	Total Burden Estimate (Hours)	Annualized Cost Estimate
Administrators of nursing homes participating in the NHIN program.	53	.33	17.5 hours per round 35 hours annually	\$1050 per round \$2100 annually (@\$30/hr)

13. Capital Costs

There are no capital and startup nor operation and maintenance cost associated with this data collection.

14. Cost to the Federal Government

The annualized cost to the Federal Government is \$90,598 for the contractor (QMS) to conduct, analyze, and report on this data collection activity. This figure includes the following costs as outlined in the budget submitted by QMS and approved by CMS: direct labor, fringe, computer, telephone, overhead, and general and administrative costs.

15. Program/Burden Changes

This is a new data collection.

16. Publication and Tabulation Duties

There are no publication or tabulation agreements in place other than CMS-mandated reporting duties.

17. Expiration Date

The expiration date and the PRA disclosure notice will be printed on all hard copy versions of the survey. Survey respondents will be notified that the NHIN Survey has been approved by OMB and will be provided with the expiration date of the approval.

18. Certification Statement

The certification is included in this submission. No exceptions apply.

c. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling

The NHIN Survey will be a census of 53 nursing homes (one respondent at each nursing home) working with their respective QIOs. The survey will be conducted one time for each of the nursing homes assisted in the first two years under the 9th SOW and twice with nursing homes assisted in the third year yielding a total of approximately 159 nursing homes. The survey will elicit satisfaction data only and will not involve sampling. Nursing home contact information will be provided by the QIOs. The response rate for the NHIN Survey is expected to be 80%.

2. Procedures for Collecting Information

The NHIN Survey will be a census administered to administrators of the 53 nursing homes taking part in the NHIN program during each year of the 9th SOW. The data collection protocol for the NHIN Survey will be a telephone-based survey with telephone followup reminders to maximize the response rate. QIOs are present in 53 states and territories. Through the NHIN program, QIOs are working with one nursing home per year in their state/territory. The NHIN survey respondent will be the person who interacts with the QIO most frequently, typically the nursing home administrator or a member of the senior management staff.

Sample file. CMS will receive a list containing respondent contact information.

Data Collection. Data collection will begin with telephone calls to the respondents who will be asked if they would like to take the survey at the present time of the phone call or if they would like to schedule an appointment at a later

time. CMS contact information will be given to the respondents should they have any questions regarding NHIN Survey itself. The respondents will also be provided with the OMB expiration date for the NHIN Survey.

3. Non-Response Follow-up

One week after the nursing home administrator receives the initial phone call, CMS will make a reminder phone call. A notice will also be sent to the Quality Improvement Coordinator at the respective QIO informing him/her that the nursing home administrator has not responded to the initial phone call. The Quality Improvement Coordinator will then remind the nursing home administrator about the survey. During the remaining data collection period, CMS will conduct followup telephone calls using experienced and well-trained telephone interviewers. The Quality Improvement Coordinator at the respective QIOs will receive a notice every time a followup phone call is made.

4. Tests of Procedures

No tests of procedures will be carried out.

5. Personnel Consultation

Individuals contained in Table 1-4 consulted on the development of the NHIN Survey and administration procedures.

Table 1-4. Personnel Consultation

Organization	Name	Contact Information
Centers for Medicare & Medicaid Services	Robert Kambic	Phone: 410-786-1515 Email: Robert.Kambic@cms.hhs.gov
Centers for Medicare & Medicaid Services	Francina Spencer	Phone: 410-786-4614 Email: Francina.Spencer@cms.hhs.gov
Centers for Medicare & Medicaid Services	Maaden Eshete	Phone: 410-786-0045 Email: Maaden.Eshete@cms.hhs.gov
Centers for Medicare & Medicaid Services	Jade Perdue	Phone: 410-786-5611 Email: Jade.Perdue@CMS.hhs.gov
QualMed Surveys, LLC	William Strang	Phone: 301-251-0300, x212 Email: Bill.Strang@amsaq.com
QualMed Surveys, LLC	David Bercham	Phone: 301-251-0300, x215 Email: David.Bercham@amsaq.com
QualMed Surveys, LLC	Vasudha Narayanan	Phone: 510-204-9920 Email: Narayav1@wesatat.com
QualMed Surveys, LLC	Stephanie Fry	Phone: 301-294-2872 Email: Frysl@westat.com

Organization	Name	Contact Information
QualMed Surveys, LLC	Sherman Edwards	Phone: 301-294-3993 Email: ShermanEdwards@westat.com

6. Survey Materials

Please see Attachment 2 for a copy of the Patient Safety NHIN Survey.

Since there are no sensitive data being collected through the NHIN survey and there is little to no risk to respondents, CMS has requested and received a waiver of formal informed consent from the IRB of record for the study. Passive consent will be implied as respondents choose to participate in the voluntary telephone study. Respondents are informed that they may skip any questions they do not wish to answer and they may terminate the interview at any time.

The NHIN Survey will include questions to determine if the QIO has conducted a root cause analysis and developed an action plan. These will be followed by questions about their satisfaction with the QIO and their perceived value of the QIO's assistance. The NHIN Survey will address the following:

- Background information;
- Current work;
- Satisfaction with QIOs;
- Value of QIO assistance;
- Sources of information; and
- Respondent comments.

All survey protocol and correspondence will be translated into Spanish and bi-lingual telephone interviewers will be used as needed.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey Management, Analysis, Reporting, and Technical Support

Attachment 1

Office of Management and Budget
Federal Register Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: <#####>]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request: New*

Title of Information Collection: Survey Management, Analysis, Reporting and Technical Support (SMART) Patient Safety Nursing Homes in Need (NHIN) Survey.

Use: The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (DHHS) are requesting OMB clearance for the Nursing Homes in Need (NHIN) Survey. The NHIN is a component of the Patient Safety Theme of the Quality Improvement Organization (QIO) Program's 9th Scope of Work (SOW). The statutory authority for this scope of work is found in Part B of Title XI of the Social Security Act (the Act) as amended by the Peer Review Improvement Act of 1982. The Act established the Utilization and Quality Control Peer Review Organization Program, now known as the Quality Improvement Organization (QIO) Program.

The QIO in each state will provide special technical assistance to a small number of nursing homes in need of assistance with quality improvement efforts. This special technical assistance will be for the QIO to conduct a root cause analysis (RCA) with one nursing home in its state per year (three over three years). Under this component, it is expected that within the first quarter of the contract period, CMS will assign one nursing home to each QIO. The determination of which nursing homes are eligible under this component will be made by CMS. Some of these facilities may meet criteria for Special Focus Facilities (SFF). The intent of this component is that each state QIO will work with three nursing homes over the three-year contract period; these assignments are expected to be spaced out so that each state QIO will get one nursing home assigned approximately every 12 months.

The NHIN Survey is a new information collection to be used by CMS to obtain information on nursing home satisfaction with technical assistance strategies delivered as a component of the NHIN. The NHIN Survey will be a census of 53 nursing homes working with their respective QIOs. The survey will be conducted one time for each of the nursing homes assisted in the first two years under the 9th SOW and it will be conducted twice with nursing homes assisted in the third year. The information collected through this survey will allow CMS to help focus the NHIN task to maximize the benefit to participating nursing homes. The NHIN Survey will be administered via telephone by trained and experienced interviewers. Responses will be entered into a pre-programmed Computer-Assisted Telephone Interviewing (CATI) interface.

The NHIN Survey will include questions to determine if the QIO has conducted a root cause analysis and developed an action plan. These will be followed by questions about their satisfaction with the QIO and their perceived value of the QIO's assistance. The NHIN Survey will address the following:

- Background information;
- Current work – *information and assessment*;
- Satisfaction with QIOs;
- Value of QIO assistance;
- Sources of information; and
- Respondent comments.

All survey protocol and correspondence will be translated into Spanish and bi-lingual telephone interviewers will be used as needed.

Form Number: <#####>

Frequency: 4 times in 3 years

Affected Public: Businesses and other for-profit and not-for-profit institutions.

Number of Respondents: 53

Total Annual Respondents: 53

Total Annual Hours (years 1 and 2 of the 9th SOW): 17.5 hours

Total Annual Hours (year 3 of the 9th SOW): 35 hours

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E- mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office at (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by <DATE>:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.
2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: <DATE>

<CONTACT NAME>

<TITLE>

[FR Doc. <###-#####>, Filed <DATE>, <TIME OF DAY>]

BILLING CODE: <#####>

Date

<CMS SIGNATORY>

<TITLE>

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey Management, Analysis, Reporting, and Technical Support

Attachment 2

Nursing Homes in Need Survey

The questionnaire that follows maps to the following reporting sub-composites:

Satisfaction with the QIO Questions C4, C6, C7, C8, 10

Value - does the provider perceive value in the QIO's interventions?

Root Cause Analysis	Question B3
Action Plan	Questions B7, B8
Across All interventions and Assistance	Questions D1, D2, D3, D4

Other data not rolled up into composite score but required for analysis:

Background information Questions A1, A2, A3

Current work

About Root Cause Analysis and Action Plans	Questions B1, B2, B5, B6
Methods used to assist practices	Questions C2, C3

Other information about the assistance/intervention

Usefulness	Question C1
Frequency of contact	Question C5
Ease of access	Question C9

Sources of information Questions E1, E2, E3

Open ended comment Questions B4, B9, F1

NOTE: THESE SCORING PARAMETERS WILL NOT APPEAR ON THE FINAL SURVEY

INTRODUCTION

Hello, May I speak with {NAME}? My name is {INTERVIEWER NAME}. I am calling for the Centers for Medicare & Medicaid Services (CMS). We are conducting a brief survey with administrators of nursing homes receiving technical assistance via CMS' Nursing Homes in Need program. Thank you for agreeing to speak with us today.

The CMS Quality Improvement Organization (QIO) in your state, {QIO NAME}, has been working with your nursing home to help you improve the quality of care. Your responses to the survey questions will help CMS understand what technical assistance you have received and how effective you perceive the technical assistance to be. Additionally, we want to gain insight on how you have communicated with your QIO and how effective you perceive the communication to be.

Your participation in this interview is voluntary. You may choose to skip any question you do not wish to answer or decline to participate at any time. No individual data collected will ever be reported. The survey should take about 20 minutes.

I would like to confirm that you have given your permission to participate in this interview.

Are you willing to participate in this interview? (Yes / No)

Thank you.

Do you have any questions before we get started?

SECTION A: Background Information

A1. How long have you been the main contact for the QIO?

- Less than 3 months
- 3 months to less than 6 months
- 6 to 12 months
- More than 12 months

A2. What is your job title? _____

A3. What is the size of your nursing home?

- Less than 50 beds
- 50-99 beds
- 100-199 beds
- 200 or more beds

SECTION B: Current Work with the QIO

B1. Are you familiar with the root cause analysis (RCA) performed by {QIO NAME} for your facility?

EXPLAIN IF NEEDED: A root cause analysis is performed by the QIO to identify where changes to the processes of care may yield improved performance of the nursing home. The root cause analysis is the framework from which technical assistance is provided by the QIO to the nursing home.

- Yes
- No → **Please Go to Question C1**

B2. Which of the following issues were addressed in the RCA? Please check all that apply.

- Management capabilities, e.g., corporate, facility and the relationship between the two
- Financial capabilities, e.g., fiscal structure and controls
- Staffing, e.g., level of staffing, skills/education, recruitment and retention
- Procedures and processes of care, e.g., adequacy, correlation between admission policy and staff capabilities
- Communication, e.g., among management and staff, and staff to staff
- Processes of care and outcomes for reducing pressure ulcers
- Processes of care and outcomes for reducing use of physical restraints

B3. Did the RCA appropriately identify the key areas in which you could improve? Would you...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

B4. Please give us your comments on the RCA

B5. Are you familiar with the Action Plan to address issues in the RCA that {QIO NAME} developed for your facility?

- Yes
- No → **Please Go to Question C1**

B6. Which of the following issues were addressed in the RCA? Please check all that apply.

- Management capabilities, e.g., corporate, facility and the relationship between the two
- Financial capabilities, e.g., fiscal structure and controls
- Staffing, e.g., level of staffing, skills/education, recruitment and retention
- Procedures and processes of care, e.g., adequacy, correlation between admission policy and staff capabilities
- Communication, e.g., among management and staff, and staff to staff
- Processes of care and outcomes for reducing pressure ulcers
- Processes of care and outcomes for reducing use of physical restraints

B7. Did the Action Plan correctly identify the areas in which you most needed improvement? Would you...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

B8. Was the Action Plan effective in improving quality at your facility? Would you...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

B9. Please give us your comments on the Action Plan

SECTION C

This section asks about how your received assistance from your QIO and your satisfaction with the assistance.

C1. Thinking about all the information you received from the QIO, {QIO NAME}, how useful was the information you received? Would you say it was ...

- Very Useful
- Useful
- Somewhat Useful
- Not Useful At All

C2. Through which of the following methods of communication have you received information or assistance from {QIO NAME}?

	Yes	No
a. Site visits	<input type="checkbox"/>	<input type="checkbox"/>
b. Training workshops, seminars or conferences	<input type="checkbox"/>	<input type="checkbox"/>
c. One-to-one telephone communication	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone conference calls	<input type="checkbox"/>	<input type="checkbox"/>
e. Email	<input type="checkbox"/>	<input type="checkbox"/>
f. From the QIO's website	<input type="checkbox"/>	<input type="checkbox"/>
g. Other:	<input type="checkbox"/>	<input type="checkbox"/>
Please describe _____		

C3. Of these methods, which one method do you prefer?

- C4. Thinking about all the ways through which you received information about quality improvement projects from the QIO, how satisfied or dissatisfied were you with the way in which information was presented to you?**
- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied Nor Dissatisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied
- C5. Since {DATE}, thinking about all types of interactions, how frequently have you been in contact with {QIO NAME}? Would you say about ...**
- Once a week or more
 - Once every two weeks
 - Once per month
 - Less than once per month
- C6. Since {DATE}, how satisfied are you with the amount of contact between your organization and {QIO NAME}? Would you say you are ...**
- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied Nor Dissatisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied
- C7. Thinking about all of the times you have tried to contact the QIO, how satisfied are you with the ease of access to the QIO?**
- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied Nor Dissatisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied
- C8. How satisfied are you with the timeliness of the QIO's response to your question or request for assistance? Would you say you are ...**
- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied Nor Dissatisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied

C9. Thinking about all the times you contacted the QIO, how often were you able to get through to the person you were trying to reach or to someone who could help you?

- Always
- Usually
- Sometimes
- Never

C10. Thinking about all interactions with {QIO NAME}, how satisfied are you with your relationship with the QIO overall?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

SECTION D

Please indicate your level of agreement with the following statements about the information and assistance provided by the QIO.

D1. When implementing our quality improvement projects, we used the information provided by {QIO NAME}. Would you...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

D2. The assistance we received from (QIO NAME} was worth the time and effort required on the part of our staff. Would you ...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

D3 We were able to implement this intervention because of the assistance from {QIO NAME}? Would you...

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

D4. In general, the assistance we received from the QIO was key to the efficient implementation of our quality improvement projects. Would you....

- Strongly Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Strongly Disagree

D5 Using a scale of 1 to 10, where 1 is “The QIO did not contribute at all” and 10 is “The QIO’s contribution was indispensable,” please rate the contribution of the QIO to your quality improvement projects.

1 = The QIO did not contribute at all
10 = The QIO’s contribution was indispensable

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please mark the box that corresponds to your rating

SECTION E: Sources of Information

E1. Is there an organization that you would prefer to use for quality improvement assistance, rather than the QIO, {QIO NAME}?

- Yes
- No
- It would depend on cost and other factors
- I don’t know

E2. What organizations or information sources do you turn to when you need information or assistance for your quality improvement initiatives?

	Yes	No
a. Centers for Medicare & Medicaid Services (CMS)	<input type="checkbox"/>	<input type="checkbox"/>
b. CMS Nursing Home Compare	<input type="checkbox"/>	<input type="checkbox"/>
c. {QIO NAME}	<input type="checkbox"/>	<input type="checkbox"/>
d. MedQIC	<input type="checkbox"/>	<input type="checkbox"/>
e. The Agency for Health Research and Quality (AHRQ)	<input type="checkbox"/>	<input type="checkbox"/>
f. The Institute for Health Improvement (IHI)	<input type="checkbox"/>	<input type="checkbox"/>
g. The American Health Quality Association (AHQA)	<input type="checkbox"/>	<input type="checkbox"/>
h. The National Quality Forum	<input type="checkbox"/>	<input type="checkbox"/>
i. Other membership association websites (including AMDA, AAHSA, AHCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
j. Advancing Excellence in America’s Nursing Homes campaign	<input type="checkbox"/>	<input type="checkbox"/>
k. Other:	<input type="checkbox"/>	<input type="checkbox"/>
Please describe _____		

E3. Of these organizations or information sources listed in the previous question, which one organization provides you with the most useful information and assistance?

COMMENTS

F1. Please use the space below to provide additional comments on how you view the services received from the QIO.

Thank you for completing this survey.