Attachment E: Semi Structured Telephone Protocol

Form Approved OMB No. XXXX-XXXX Exp. Date xx/xx/20xx

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

- Introduction and verification of state government representative's name, agency, and position.
- Explain why calling
 - We are asking for your help as we construct the residential care sampling frame. The sampling frame will be used to draw a nationally representative sample for a planned new survey, the NSLTCP, and to produce state-level summary estimates on residential care facilities.
 - Phone call takes on average 30 minutes to complete, and there may be an additional 2 hours needed for building an updated or more complete electronic listing that includes the needed information on each facility.
- Share confidentiality, informed consent, and voluntary participation information
 - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent. If you have any questions about your rights as a participant in this research study, call NCHS' Confidentiality Officer at ______.
 - Participation is voluntary, but will assist greatly in helping further our nation's understanding of residential care facilities and state infection control practices
- Begin interview:
 - Provide study definition of residential care facilities.
 - Discuss current licensure categories for residential care facilities and whether they meet the study definition and/or challenges in determining this.
 - Discuss website listing. Verify information on website list is current.
 - Ask for additional/missing information (complete listing will have the name and address
 of the residential care facility, name of facility director, licensure category, chain
 affiliation, and ownership).
 - Come up with action plan and timeline for electronic file development/delivery
- Thank you and closure.
 - Verify phone number and mailing/email address for followup