

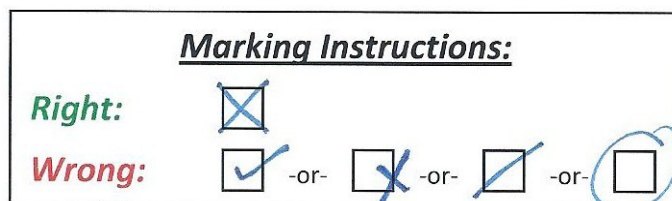


# Nursing Home Quality Improvement Questionnaire

Your answers are being collected by Abt Associates, Inc., a contractor for CMS, who will maintain utmost confidentiality of individual responses. Only anonymous aggregate information will be sent to CMS. The questionnaire is typically completed within 20 minutes. Should you have any questions, Allison Muma at Abt Associates can be contacted at [Allison\\_Muma@abtassoc.com](mailto:Allison_Muma@abtassoc.com). CMS and Abt Associates sincerely appreciate your participation.

## Instructions:

- Please read each question carefully and respond by marking an “X” in the box of the response that most closely represents your opinion.
- Please mark only one “X” for each question, unless it tells you to “Mark all that apply.”
- While you can use a pen, please use a PENCIL in case you want to change your answer.
- Please do NOT use felt tip pens.
- Make solid heavy “X” marks in the box.
- Please erase cleanly or white out any marks you wish to change.
- Please do not make any stray marks on the form.



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-XXXX. Public reporting burden for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**1. Does your facility have a written quality assurance/improvement plan or policy?**

Yes

No **IF NO, SKIP TO QUESTION 4**

**2. Does your current plan/policy specify the roles and responsibilities for the...**

	Yes	No
a. Administrator/Executive Director?	<input type="checkbox"/>	<input type="checkbox"/>
b. Director of Nursing (DON)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical Director?	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality Committee?	<input type="checkbox"/>	<input type="checkbox"/>
e. Residents?	<input type="checkbox"/>	<input type="checkbox"/>
f. Governing Body? A Governing Body is legally responsible for establishing and implementing policies regarding management and operation of the facility (e.g., board of directors, corporation, or owners).	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct care staff?	<input type="checkbox"/>	<input type="checkbox"/>

**3. Does your current plan/policy specify...**

	Yes	No
a. Which staff members serve on the quality committee?	<input type="checkbox"/>	<input type="checkbox"/>
b. How often the quality committee meets?	<input type="checkbox"/>	<input type="checkbox"/>
c. Who is responsible for reviewing quality results?	<input type="checkbox"/>	<input type="checkbox"/>
d. Who is responsible for ensuring quality in the event of a change in facility leadership?	<input type="checkbox"/>	<input type="checkbox"/>
e. When a quality/performance improvement project is required?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
g. Expectations for formal quality improvement training (e.g., who receives training and how often)?	<input type="checkbox"/>	<input type="checkbox"/>
h. New employee orientation practices related to quality?	<input type="checkbox"/>	<input type="checkbox"/>
i. A focus on quality of life?	<input type="checkbox"/>	<input type="checkbox"/>
j. What staff should do if they discover a safety or quality concern?	<input type="checkbox"/>	<input type="checkbox"/>
k. How priorities for quality improvements are established?	<input type="checkbox"/>	<input type="checkbox"/>
l. Which services are reviewed for quality?	<input type="checkbox"/>	<input type="checkbox"/>
m. Sources of data to compare your facility's performance to others?	<input type="checkbox"/>	<input type="checkbox"/>
n. Actions to be taken if an adverse event occurs in your facility?	<input type="checkbox"/>	<input type="checkbox"/>

**4. What staff members, if any, receive formal training in quality improvement methodologies or techniques (e.g., how to do a root cause analysis, interpret data variation, or use a fishbone diagram)?**

**SELECT ALL THAT APPLY**

- Executive Leadership (Nursing Home Administrator or Director of Nursing)
- Quality Committee members
- Certified Nursing Assistants (CNAs)
- Patient care nurses
- Non-clinical staff
- All staff
- No formal quality improvement training provided at this time
- Quality Improvement Coordinator
- Don't know

5. Do you have a dedicated position, such as a Quality Improvement Coordinator, that has been established specifically to manage, coordinate, or oversee quality assurance/improvement activities in your facility (e.g., train staff in quality methods, how to use quality tools, or to lead quality improvement projects)?

- Yes
- No **IF NO, SKIP TO QUESTION 8**

*Please answer the following questions for the staff member that fills the position described above.*

a. Please indicate the percentage of this person's time that is dedicated specifically to quality improvement coordination. \_\_\_\_\_%

c. Does this person have any formal certification or degree related to quality improvement or organizational development?

- Yes
- No
- Don't Know

6. Is this position shared with a second person?

- Yes
- No **IF NO, SKIP TO QUESTION 7**

*Please answer the following questions for this additional staff member.*

a. Please indicate the percentage of this person's time that is dedicated specifically to quality improvement coordination. \_\_\_\_\_%

c. Does this person have any formal certification or degree related to quality improvement or organizational development?

- Yes
- No
- Don't Know

7. If the questions on this page do not adequately capture the nature of quality improvement coordination at your facility, please describe:

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8. Select the frequency that most closely matches how often performance data are routinely reviewed by the Nursing Home Administrator (during QA meetings or otherwise) for each of the topics listed below.

**FREQUENCY OF REVIEW**

**SELECT ONE ANSWER FOR EACH TOPIC**

<b>SATISFACTION DATA</b>								
a. Resident satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> b.
Family satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> c. Staff
satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Consistent assignment of CNAs or other caregivers (monitoring whether consistent assignments actually occur as scheduled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Call light response times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Quality of food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL DATA</b>								
h. Quality Measures from MDS (QMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adverse events (e.g., medication error, falls with injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Near misses (could have caused harm, e.g., medication filled incorrectly but not given)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Data related to rehabilitative therapy outcomes (e.g., return to community/previous residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Healthcare-Associated Infections (including multi-drug resistant organisms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Antipsychotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Hospital admissions/readmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item 8 (Continued)**

**FREQUENCY OF REVIEW**

**SELECT ONE ANSWER FOR EACH TOPIC**

<b>STAFFING and OPERATIONAL DATA</b>								
p. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Staff absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Quality Improvement Project A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. QA Committee meeting minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Direct care nursing hours per resident day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Use of agency/temp staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Resident census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STATE SURVEY &amp; PUBLIC DATA</b>								
y. State survey deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
z. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
aa. Occurrences or incidents reportable to survey agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
bb. Advancing Excellence Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
cc. Five Star Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
dd. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you currently have specific, measurable improvement targets established for any of the following topics?

SELECT ONE ANSWER FOR EACH TOPIC						
a. Resident satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> b.			
Family satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> c.			
Staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Consistent assignment of CNAs or other caregivers (monitoring whether consistent assignments actually occur as scheduled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e. Call light response times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f. Quality of food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g. Quality Measures from MDS (QMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Adverse events (e.g., medication error, falls with injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i. Near misses (could have caused harm, but identified before event, e.g., medication filled incorrectly but not given)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Healthcare-Associated infections (including multi-drug resistant organisms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
k. Antipsychotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
l. Data related to rehabilitative therapy outcomes (e.g., return to community/previous residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
m. Hospital admissions/readmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
n. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> o.			
Staff absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> p.			
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
q. Quality Improvement Project(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
r. Direct care nursing hours per resident day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
s. Use of agency/temp staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
t. Resident census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
u. State survey deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
v. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
w. Occurrences or incidents reportable to survey agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
x. Advancing Excellence Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
y. Five Star Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**10. Select the extent to which you Agree or Disagree with each of the following statements about your facility's practices related to ADVERSE EVENTS and follow up ACTION PLANS.**

**NOTE:**

An Adverse Event is an untoward, undesirable, and usually unanticipated event that actually or potentially causes serious harm, affecting a resident's quality of life or quality of care.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
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**UNDERSTANDING ADVERSE EVENTS**

a. Our facility has defined what we consider to be an adverse event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Our facility has a specified methodology to evaluate adverse events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our facility does a root cause analysis when an adverse event occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Our facility tracks data related to adverse events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Our facility provides training to key staff on how to investigate an adverse event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Our facility has a policy that protects staff who report adverse events from retaliation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RESPONDING TO AN ADVERSE EVENT**

g. Our facility develops an improvement action plan or project after an adverse event occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Our facility's improvement action plans routinely include measurable goals or targets for desired improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
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i. Our facility monitors the <u>progress</u> of improvement action plans to determine if desired results are being obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Our facility has a process to ensure that improvement action plans are implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. We almost always make changes to systems or processes when adverse events occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Our facility has a process to ensure that improvement action plans are implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Disciplinary action is not taken when adverse events are reported by staff, unless the outcome was the result of deliberate intent to harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Staff members are encouraged to report an adverse event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Staff feel safe when reporting an adverse event (do not feel they will be disciplined or fear losing their jobs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Our Governing Body reviews all adverse event findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. We have set clear expectations of staff to ensure resident safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. It is easy to make changes to improve resident safety in this nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Who would perform a root cause analysis (RCA) and action plan following an adverse event in your facility?

**SELECT THE ONE ANSWER THAT MOST CLOSELY MATCHES THE PRACTICE THAT OCCURS IN YOUR FACILITY.**

- We would not perform a RCA
- An individual (e.g., QA/QI Coordinator, NHA, DON) performs the RCA
- A team performs the RCA
- A team performs the RCA and the team includes those involved in the event

12. Select the source(s) of data that your facility uses to evaluate your facility's performance.

**SELECT ALL THAT APPLY**

- Advancing Excellence Campaign
- Corporate data
- MDS QM reports
- National averages
- Nursing Home Compare
- Results achieved in other industries
- Satisfaction survey vendor reports
- Software vendor reports (e.g., quality tracking programs or products)
- State averages
- Compare to our own previous data or trend
- Other (Specify): \_\_\_\_\_
- \_\_\_\_\_
- None

13. Select the extent to which you Agree or Disagree with the following statements about your facility's INITIATION of quality improvement projects or action plans.

NOTE:

A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Quality improvement projects are initiated only when something goes wrong.	<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"/>
c. Our facility maintains a calendar that provides a schedule to evaluate the performance of important care and service areas on a regular basis.	<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"/>
e. When several residents complain about the same issue, the need for initiating a performance improvement project is evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <u>Staff members</u> in our facility identify areas in need of improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <u>Residents</u> in our facility identify areas in need of improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**14. Select the extent to which you Agree or Disagree with the following statements about ACTIONS TAKEN and RESULTS from your facility's quality improvement projects.**

**NOTE:**

A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/NA
a. Staff re-education is mainly all that is needed to prevent reoccurrence of a quality problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality improvement projects are typically carried out by our DON.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality improvement projects are carried out by improvement teams that are multidisciplinary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The focus of our quality improvement projects is primarily to meet regulatory compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. During a quality improvement initiative, we use data to inform our actions or decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Revising policies or procedures is mainly all that is needed to prevent reoccurrence of a quality problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Our quality improvement project action plans almost always include changes to a system or process related to the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An evaluation of any needed change to the environment, equipment or physical plant is generally part of our improvement plan process.	<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"/>
k. Physicians working in our nursing home (other than our Medical Director) actively participate in our quality improvement teams.	<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"/>

15. Does your facility have one or more specified models or approaches that are used for quality improvement?

- Yes
- No/Don't Know

**IF NO/DON'T KNOW, SKIP TO QUESTION 16**

15a. What model(s) do/does your facility use? **SELECT ALL THAT APPLY**

- DMAIC (Define-Measure-Analyze-Improve-Control)
- Failure Mode Effect Analysis (FMEA)
- Focus (Find, Organize, Clarify, Understand, Select) PDCA or PDSA
- Lean
- PDCA or PDSA (Plan-Do-Check-Act or Plan-Do-Study-Act)
- Rapid Cycle Quality Improvement
- Six Sigma
- SMART (Specific, Measurable, Attainable, Realistic, and Timely)
- 10-Step method from the Joint Commission
- Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Select the extent to which your facility or staff would benefit from technical assistance in the following areas. Select a number from 1 to 5, where 1 means "No Benefit" and 5 means "Great Benefit."

No Benefit		Great Benefit		
1	2	3	4	5

**BEST PRACTICES**

a. Training in quality improvement concepts and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	No Benefit		Great Benefit		
	1	2	3	4	5
b. Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to prioritize quality improvement projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to hold effective meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Admission practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discharge practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. How to work with health care providers in other settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. What to do when an adverse event occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ASSISTANCE WITH DATA**

l. Data collection methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Knowing where to find appropriate comparison data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. How to determine which data are important to track for quality monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. How to interpret data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. How to set benchmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. How to do a root cause analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please select the extent to which the following items are a challenge or **barrier** to the implementation or functioning of your facility's quality activities. Select a number from 1 to 5, where 1 means "Not a Barrier" and 5 means a "Significant Barrier."

	Not a Barrier		Significant Barrier		
	1	2	3	4	5
<b>RESOURCES</b>					
a. Financial or other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Time to complete quality activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Leadership turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Physician support in quality improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KNOWLEDGE</b>					
f. Finding knowledgeable staff with quality improvement skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deciding what to include in a quality program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sustaining improved results over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Knowing which data to track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Interpreting what the data mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having autonomy to make decisions related to our quality program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How long has the current **Nursing Home Administrator** (NHA) been employed...

a. As the NHA in your nursing home?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

b. As an NHA in another nursing home?

- N/A
- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

19. How many different **Nursing Home Administrators of Record (NHA/AOR)** have served in your facility during the past 3 years (including current NHA and interim NHAs if known)?

Enter NUMBER: \_\_\_\_\_

- Don't know

20. How long has the current Director of Nursing been employed...

a. As the DON in your nursing home?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

b. In any other prior position in your nursing home?

- N/A
- Less than 1 year
- 1 year to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

21. How many different Directors of Nursing have served in your facility during the past 3 years (include current DON and interim DONs if known)?

Enter NUMBER: \_\_\_\_\_

- Don't know

22. Does your nursing home follow any culture change/person-centered care practices?

- Yes
- No **IF NO, SKIP TO QUESTION 23**

22a. If "Yes," select all that apply:

- Small Houses
- Households/Neighborhoods
- Consistent Assignment
- Use of Artifacts of Culture Change for self-assessment
- Other (Specify): \_\_\_\_\_

23. What is your facility's affiliation?

- Independent, free-standing
- Hospital system, attached
- Hospital system, free-standing
- Multi-facility nursing home organization (chain or corporation)

24. If your nursing home is part of a multi-facility organization, approximately how many nursing homes are affiliated with the parent corporation?

- N/A
- 1 - 2
- 3 - 5
- 6 - 10
- 11 - 25
- 26 - 100
- More than 100

25. What is your title?

- Administrator
- Director of Nursing
- Other (Specify): \_\_\_\_\_

**Thank you very much for your time to respond to this questionnaire. Your participation will help support all nursing homes.**