Attachment XIII. — Standardized Hospital National Provider Survey

Hospital National Provider Survey for the National Impact Assessment of CMS Quality and Efficiency Measures

Version 2.0 October 1, 2014

ACKNOWLEDGMENTS

This survey is being developed/prepared under contract to the Centers for Medicare & Medicaid Services (CMS) by Health Services Advisory Group, Inc. (HSAG) and The RAND Corporation 1776 Main Street Santa Monica, CA 90401

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DEFINITION OF KEY TERMS IN THIS SURVEY

CMS quality and efficiency measures: Measures of clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures (such as hospital's use of clinical database registries). These measures are reported by hospitals to the Centers for Medicare & Medicaid Services (CMS) and information on the measures can be found at <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalQualityInits/HospitalQualityInits/HospitalQualityInits/HospitalQualityInits/HospitalQualityReportingProgram.html. Measures address care provided in the inpatient and outpatient settings, including emergency department services, observation services, outpatient surgical services, lab tests, and X-rays.

Accountable Care Organizations (ACO): ACOs are networks of healthcare providers and organizations (usually hospitals and ambulatory care physician groups, and possibly including nursing homes, home health, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care for a defined patient population.

Clinical decision support (CDS): CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support; and contextually relevant reference information, among other tools."¹

Culture of safety: Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Integrated Delivery System (IDS): An IDS is an integrated network of healthcare providers and organizations such as hospital, primary and specialty care, nursing home, rehabilitation, home health care, and hospice that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

Lean/Six Sigma Engineering: Redesign or re-engineering concepts that were originally developed to increase the efficiency of production and reduction of errors within manufacturing companies. Lean/Six Sigma has been adopted by healthcare organizations to identify problems or inefficiencies and take actions to address these issues. "Lean" and "Six Sigma" emphasize focusing on customer satisfaction, problem solving and elimination of waste, and involving employees in identifying and resolving the problem.

¹ Source: http://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds

Learning Organization: An organization that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.

Plan, Do, Study Improvement Cycles (PDSA): PDSA is a tool that is used for accelerating quality improvement that involves developing a **plan** to test the change (**Plan**), carrying out the test (**Do**), observing and learning from the consequences (**Study**), and determining what modifications should be made to the test (**Act**).

Situation Background Assessment Recommendation (SBAR): SBAR is a standardized way of communicating that promotes patient safety by helping individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format.

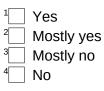
YOUR HOSPITAL'S EXPERIENCE WITH CMS MEASURES

- 1. In the last 12 months, has your hospital's performance on CMS measures...
 - Improved across the board on all measures
 - ² Improved on some measures but not on others
 - ³ Approximately stayed the same
 - Declined on some measures but not on others
 - Declined across the board on all measures
- 2. In your opinion, how well does your hospital's performance on the CMS measures reflect the improvements in care that your hospital makes?

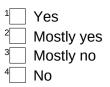


Somewhat well

- Not well at all
- 3. Thinking about the full list of CMS hospital measures, do you think the CMS measures are clinically important?

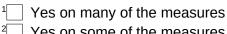


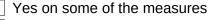
4. Do you think hospitals should be held responsible for performance on the CMS measures?



3

5. Have you experienced difficulties with improving performance on any of the CMS measures?





No \rightarrow If "No," go to question 8

6. Based on your hospital's experience, is it more difficult to improve on certain types of measures than on others? Such as....

		(Mark o	ne in ea	ach row)
a.	Clinical process measures (for example: Thrombolytic Therapy for patients with stroke [STK-4])		Yes	No
b.	Patient outcomes measures (for example: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (MORT-30- or Hospital-Level Risk-Standardized Complication Rate (RSCI following Elective Primary Total Hip Arthroplasty (THA) and To Knee Arthroplasty (TKA))	२) ं	Yes	No
C.	Resource use measures (for example: OP-13: Cardiac Imagin for Preoperative Risk Assessment for Non-Cardiac Low-Risk S	-	Yes	No
d.	Patient Experience measures (for example: HCAHPS Survey	results)	Yes	No
e.	Patient Safety measures (for example: Central-Line Associate Bloodstream Infection (CLABSI))	ed	Yes	No
f.	Hospital Acquired Conditions (for example: foreign object reta after surgery, air embolism, stage III and IV pressure ulcers, c associated urinary tract infection [UTI], vascular catheter-asso infection, surgical site infection, deep vein thrombosis [DVT]/pulmonary embolism [PE])	atheter-	Yes	No
g.	Measures of hospital readmission within 30 days from hospita discharge, for Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN)		Yes	No

7. Have any of the following contributed to your hospital's difficulties with <u>improving</u> <u>performance</u> on the CMS measures?

a.	Difficulty identifying improvement strategies	Yes	No
b.	Difficulty implementing improvement strategies	Yes	No
C.	Difficulty identifying processes of care that lead to improved patient outcomes	Yes	No
d.	Difficulty getting front-line clinicians to change behavior to improve performance	Yes	No
e.	Insufficient resources (e.g., staffing, tools, training)	Yes	No
f.	Inadequate Health Information Technology (IT) resources and capabilities (e.g., clinical decision support or longitudinal tracking of outcomes)	Yes	No
g.	Staff turnover	Yes	No
h.	Lack of senior leadership support	Yes	No
i.	Lack of sufficient support from physicians or other clinical staff	Yes	No
j.	Lack of sufficient time for physicians or other clinical staff to participate	Yes	No
k.	Difficulty with coding or documentation (e.g., lack of consistency across staff, insufficient documentation)	Yes	No
I.	Lack of training on improvement processes	Yes	No
m.	A difficult patient mix (i.e., low socioeconomic status, clinically complex)	Yes	No
n.	Culture that does not support improvement efforts	Yes	No
0.	Other reason (please specify:	_) Yes	No

INNOVATIONS IN THE DELIVERY OF CARE

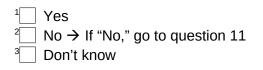
8. We are interested in understanding what changes your hospital has made in the way care is being delivered to improve its quality performance. Has your hospital made any of the following changes in order to improve performance on the CMS measures?

	Has this change or innovation been made in your	If change was made, has it helped improve your hospital's performance on one or more
Type of Change or Innovation	hospital?	CMS measures?
a. Adopted practices to become a	□Yes[]	□Yes, definitely
"learning organization."	□No□	□Yes, somewhat
		Don't know/Not sure
b. Implemented a "culture of safety."	□Yes[]	□Yes, definitely
	□No□	□Yes, somewhat
		□Don't know/Not sure
c. Implemented an electronic health	□Yes]	\Box Yes, definitely
record (EHR).	□No□	\Box Yes, somewhat
		□No
		□Don't know/Not sure
d. Implemented electronic tools to	□Yes]	□Yes, definitely
support frontline clinical staff, such as	□No□	\Box Yes, somewhat
clinical decision support, condition-		□No
specific electronic alerts, or automated		□Don't know/Not sure
prompts.		
e. Implemented risk prediction tools to	□Yes[]	□Yes, definitely
identify and manage high-risk patients.	□No□	□Yes, somewhat
		Don't know/Not sure
f. Implemented an <u>electronic</u> health	□Yes[]	□Yes, definitely
information system that shares key	□No□	□Yes, somewhat
patient information with providers in the		
community (e.g., nursing homes and		□Don't know/Not sure
ambulatory care providers).		
g. Implemented standardized care	□Yes[]	□Yes, definitely
protocols or checklists.	□No□	□Yes, somewhat
<u> </u>		Don't know/Not sure
h. Implemented appropriateness	□Yes[]	□Yes, definitely
criteria to guide physician decision	□No□	□Yes, somewhat
making for selected procedures,		
imaging studies, or tests.		□Don't know/Not sure

Type of change or innovation	Has this change or innovation been made in your hospital?	If change was made, has it helped improve your hospital's performance on one or more CMS measures?
i. Implemented a post-discharge	□Yes[]	□Yes, definitely
continuity of care program to prevent	□No□	\Box Yes, somewhat
readmissions.		□No
		Don't know/Not sure
j. Developed a system for tracking	□Yes[]	□Yes, definitely
patient outcomes.	□No□	□Yes, somewhat
		Don't know/Not sure
k. Adopted care redesign/re-		□Yes, definitely
engineering (e.g., Deming/	□No□	□Yes, somewhat
Lean Engineering, Six Sigma, Plan,		
Do, Study, Act (PDSA) improvement cycles).		□Don't know/Not sure
I. Provided training to physicians	□Yes⊓	□Yes, definitely
and/or nurses on quality improvement		\Box Yes, somewhat
strategies.		
		□Don't know/Not sure
m. Provided routine feedback on your	□Yes□	□Yes, definitely
hospital's performance on CMS	□No <u></u>	□Yes, somewhat
measures to physicians and other		□No
clinical staff.		□Don't know/Not sure
n. Used performance on CMS	□Yes[]	□Yes, definitely
measures as a basis for determining	□No□	\Box Yes, somewhat
pay for physicians or other clinical		□No
staff.		□Don't know/Not sure
o. Implemented an internal incentive	□Yes]	□Yes, definitely
or bonus program for senior leaders	□No□	□Yes, somewhat
and/or senior management based on		
performance on CMS measures.		Don't know/Not sure
p. Gave hospital staff awards or other		□Yes, definitely
special recognition tied to quality	□No□	□Yes, somewhat
performance.		
		□Don't know/Not sure

Type of change or innovation	Has this change or innovation been made in your hospital?	If change was made, has it helped improve your hospital's performance on one or more CMS measures?
q. Increased the number of staff	□Yes]	□Yes, definitely
dedicated to quality improvement or	□No□	□Yes, somewhat
quality management. □No		
		□Don't know/Not sure
r. Identified Physician/Nurse	□Yes]	□Yes, definitely
champions for quality improvement	□No□	\Box Yes, somewhat
initiatives or projects.		
		Don't know/Not sure
s. Implemented quality improvement	□Yes[]	□Yes, definitely
initiatives targeted to specific CMS	□No□	□Yes, somewhat
measures.		□No □Don't know/Not sure
t. Obtained technical assistance from		
CMS (i.e., a CMS Quality Improvement	□Yes[] □No[]	□Yes, definitely □Yes, somewhat
Organization) or from private		\Box res, somewhat \Box No
organizations (e.g., quality		□Don't know/Not sure
improvement collaboratives, consulting		
firms) in collecting and reporting		
performance measures.		
u. Implemented interdisciplinary rounds	□Yes[]	□Yes, definitely
or team "huddles" or formation of multi-	□No□	\Box Yes, somewhat
specialty patient care teams.		
		Don't know/Not sure
v. Implemented or changed	□Yes]	□Yes, definitely
communication protocols to support or	□No□	□Yes, somewhat
improve collaboration among clinicians and staff (i.e., Situation Background		
Assessment Recommendation		□Don't know/Not sure
(SBAR), hand off or paging protocols,		
etc.)		
w. Implemented changes to how	□Yes∏	□Yes, definitely
nursing staff is deployed (e.g., change	□No <u>□</u>	\Box Yes, somewhat
in staffing levels or work hours, use of		□No
contract or contingent staff)		□Don't know/Not sure
x. Other change or innovation. Please	□Yes□	\Box Yes, definitely
specify:	□No□	□Yes, somewhat
		□Don't know/Not sure

9. Have the changes your hospital has made in response to the CMS measures led to improvements in areas of care not measured by CMS?



10. Has your hospital measured or documented the actual improvements in the <u>areas of</u> <u>care not measured</u> by CMS?

¹ Yes ² No

CHALLENGES TO REPORTING THE CMS MEASURES

11. Has your hospital experienced difficulties in reporting the CMS measures?



No \rightarrow If "No," go to question 13

12. Which of the following reasons have contributed to your hospital's difficulties in <u>reporting</u> CMS measures?

(Mark all that apply)

- 1 Difficulty capturing the data needed for measure construction
 - Difficulty extracting the data from the EHR or other data systems/registries
 - Difficulty interpreting measure specifications
 - Insufficient or inadequate staffing or other resources
- ⁵ Challenges with CMS reporting tools or interface
- ⁶ Other reason (please specify:

)

FACTORS ASSOCIATED WITH CHANGE IN QUALITY PERFORMANCE

shared financial risk

13. There are many factors that influence a hospital's decision to invest in efforts to improve its quality performance. Please rank the importance of each of the following factors in your hospital's decision to invest in quality improvement efforts for <u>CMS measures</u>.

(Please rank by order of importance where 1 is the most important and 4 is the least important)

a. Potential to receive financial incentives for improved performance (i.e., pay for performance)
 b. Threat of financial penalties for low performance (e.g., non-payment for hospital readmissions within 30 days or for hospital-acquired infections)
 c. Public reporting of your hospital's performance results on the CMS Hospital Compare website
 d. Participation in alternative payment models (e.g., ACOs, bundled payment arrangements) where there is an opportunity for shared reward (savings) and

14. Many different factors may help a hospital improve their performance. Please rank the **top 3 factors** that have helped your hospital improve performance on some or all of the CMS measures.

Mark here if your hospital has had no improvement on any CMS measures \rightarrow Go to question 15

(Rank order the 3 most important from 1-3. Assign 1 to the most important factor, 2 to the next most important factor, and 3 to the next most important factor.)

- ____a. Your hospital's organizational culture
- _____b. Hospital leadership support and engagement
- _____c. Effective relationship between management and staff
- _____d. Having dedicated resources for quality improvement
- _____d. Internal incentives tied to performance on CMS measures
- _____f. Internal accountability for performance on CMS measures
- _____g. Having strong data systems
- h. Providing feedback to clinical and nursing staff on performance on CMS measures
- _____i. Having a system-wide focus on quality and quality improvement
- j. Networking with other hospitals and health systems to identify elements of high-performing organizations
- k. Investments in care redesign or re-engineering
- _____I. Investments in patient safety
- _____m. Other (please specify:______)

UNDESIRED EFFECTS OF CMS QUALITY MEASUREMENT PROGRAMS

The use of quality and efficiency measures may potentially result in undesired effects. The next questions ask about your hospital's knowledge of or experience with undesired effects of the CMS measures and their use in public reporting and pay for performance. All of the responses you provide are confidential and are intended to help CMS in modifying reporting programs so as to avoid the programs' causing undesired effects. Your candid feedback is important in helping CMS improve these programs so that they work well for providers and their patients.

15. Has <u>your hospital</u> observed any undesired effects stemming from using or reporting CMS measures?

Yes, definitely
 Yes, somewhat
 No

16. In your opinion, do you think any of the following has occurred in <u>your hospital</u> as a result of your hospital being held accountable for performance on CMS measures?

(Mark one in each row)

a.	Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures	Yes	No
b.	Focus on narrow improvement for specific measures rather than across the board improvement in care	Yes	No
c.	Overtreatment of patients to ensure that a measure is met	Yes	No
d.	Increased focus on documentation or coding of data to attain a higher score	Yes	No
e.	Changing coding of data or documentation to ensure that a measure is met	Yes	No
f.	Avoiding sicker or more challenging patients when providing care	Yes	No

The next questions ask about <u>other hospitals'</u> experience with undesired effects of the CMS measures and their use in public reporting and pay for performance.

- 17. To your knowledge, have <u>other hospitals</u> observed any undesired effects stemming from the CMS measures and their use in public reporting and for payment/value-based purchasing?
 - ¹ Yes, definitely
 ² Yes, somewhat
 ³ No
 ⁴ Don't know

18. To your knowledge, have any of the following occurred in <u>other hospitals</u> as a result of being held accountable for performance on CMS measures?

		(Ма	rk on	e in each row)
a.	Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures	Yes	No	Don't know
b.	Focus on narrow improvement for specific measures rather than across the board improvement in care	Yes	No	Don't know
C.	Overtreatment of patients to ensure that a measure is met	Yes	No	Don't know
d.	Increased focus on documentation or coding of data to attain a higher score	Yes	No	Don't know
e.	Changing coding of data or documentation to ensure that a measure is met	Yes	No	Don't know
f.	Avoiding sicker or more challenging patients when providing care	Yes	No	Don't know

PERSPECTIVES OF HOSPITAL LEADERSHIP AND OTHER STAKEHOLDERS

19. How often do meetings of your hospital's board include a review and discussion of the hospital's performance on the CMS measures?

(Mark one)

More than four times per year

² Quarterly

³ Twice per year

⁴ Annually

- Less than once per year
- 20. Which of the following best describes your hospital's board?

(Mark one)

- ¹Board is more engaged in financial performance issues than quality performance issues.
- ²Board is equally engaged in financial performance issues and quality performance issues.
- ³Board is more engaged in quality performance issues than financial performance issues.

21. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the hospital <u>board of director's support</u> of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

- 10 Extremely supportive
- 22. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the <u>hospital leadership's</u> (e.g., the C-Suite executive management) support of your hospital's efforts to improve performance on CMS measures?
 - 0 Not at all supportive

10 – Extremely supportive

23. On a scale from 0 to 10, where 0 is not at all and 10 is a great deal, how much does your hospital leadership promote a culture of quality?

- 10 A great deal
- 24. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the <u>nursing leadership's support</u> of your hospital's efforts to improve performance on CMS measures?

0 - Not at all supportive

- 10 Extremely supportive
- 25. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe <u>physicians' support</u> of your hospital's efforts to improve performance on CMS measures?

0 – Not at all supportive

10 – Extremely supportive

USE OF HEALTH INFORMATION TECHNOLOGY

These next questions are about your hospital's use of and outside provider access to Health Information Technology.

26. Does your hospital have an electronic health record (EHR)?

¹ Yes ² No \rightarrow If "No," go to question 32

27. Is your hospital's EHR able to exchange information electronically <u>with all departments</u> in the hospital?



28. Are <u>health providers in your community</u> (i.e., ambulatory care physicians, nursing homes) able to access your hospital's EHR or health information system to obtain key clinical data on patients?

Yes, all key clinical data

Yes, some key clinical data

³ No \rightarrow If "No," go to question 30

29. Which of the following types of information are <u>health providers in your community</u> (i.e., ambulatory care physicians, nursing homes) able to access electronically through your hospital's EHR or health information system?

(Mark one in each row)

a. Diagnostic/treatment summary	Yes	No
b. Discharge instructions	Yes	No
c. Lab tests/Imaging results	Yes	No
d. Prescribed medications	Yes	No

- 30. Is your hospital able to electronically access information on patients from other <u>providers</u> in your community (i.e., ambulatory care physicians, nursing homes)?
 - ¹ Yes, for all or most patients
 - Yes, for some patients

³ No

31. Does your hospital's EHR have an interface or other tools that help with...

(Mark one in each row)

a.	Medication tracking and reconciliation?	Yes	No
b.	Evidence-based treatment or clinical decision support?	Yes	No
C.	Collection of CMS measures?	Yes	No
d.	Reporting of CMS measures?	Yes	No
e.	Tracking or monitoring of quality of care and/or patient outcomes?	Yes	No

32. Not including an EHR, does your hospital use any other software or electronic tools that help with...

	(Mark one in e	each row)
a. Collection of CMS measures?	Yes	No
b. Reporting of CMS measures?	Yes	No

CHARACTERISTICS OF YOUR HOSPITAL

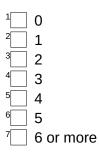
These next questions will help us to describe the hospitals that participate in this survey.

- 33. Is your hospital affiliated with a hospital system?
 - ¹ Yes ² No
- 34. Is your hospital part of an integrated delivery system?²



² An Integrated Delivery System (IDS) is a network of health care providers and organizations (i.e., hospital, primary and specialty care, rehabilitation, home health care, hospice) that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

35. How many competitor hospitals exist within your hospital's service area?



36. Compared to your competitors, how well does your hospital perform on the CMS quality and efficiency measures?



37. Do you face a shortage of physicians in your area?

1	Yes
2	No

38. Are most of the physicians who practice in your hospital employees or are they independent contractors?



Most physicians are employees

- Most physicians are independent contractors
- 39. Do you face a shortage of nurses in your area?



40. Does your hospital participate in any of the following types of Accountable Care Organizations (ACOs)?

(Mark one in each row)

a. Medicare Shared Savings Program	Yes	No
b. Medicare Pioneer ACO	Yes	No
c. Medicare's Advanced Payment Model ACO	Yes	No
d. Medicaid ACO	Yes	No
e. A private, commercially insured ACO arrangement (within an HMO or PPO)	Yes	No

- 41. Is your hospital participating in any <u>other</u> type of alternative payment model that may have shared savings or shared risk (*e.g., global budgets, bundled payments for selected procedures*)?
 - ¹ Yes ² No
- 42. Does your hospital participate in other non-CMS quality and efficiency measure reporting programs sponsored by:

		(Mark one in e	ach row)
a.	Medicaid	Yes	No
b.	The state where you hospital is located	Yes	No
c.	Commercial insurers	Yes	No
d.	Employer or multi-stakeholder collaboratives	Yes	No

43. Across your hospital's entire book of business, approximately what percentage of your patients is comprised of...?

(Please provide your best estimate. Your estimates should add to 100%)

- _____% Medicare only patients
- _____% Medicaid only or Dual eligible (Medicare and Medicaid) patients
- _____% Commercially-insured patients
- _____% Private-pay patients
- _____% Uninsured patients

RESPONDENT BACKGROUND

44. Which of the following best describes your job title or position within this hospital?

(Mark one)

- ¹ Chief Executive Officer
- ² Chief Medical Officer
- Chief Nursing Officer
- Senior leader responsible for quality of clinical care (e.g., VP for Quality)
- Member of a team responsible for measuring and reporting quality of clinical care
- ⁶ Some other role (Please specify:
- 45. How many years have you been in your current position within this hospital?
 - Less than one year
 - One to three years
 - More than 3 years
- 46. Are you a physician?

¹ Yes (please specify Specialty:)
² No	

- 47. Did anyone else help you complete this survey?
 - ¹ Yes
 - No \rightarrow Thank you for completing this survey!
- 48. What is the job title or position of the other person or persons who helped you complete the survey?

Thank you for taking the time to complete the survey.

Please make a copy for your file and send the original back to the [VENDOR NAME] in the pre-paid envelope to:

[INSERT VENDOR ADDRESS HERE]