

**MOPS-IP (Management and Organizational Practices Survey-Hospitals)**

Subset of hospitals: General medical and surgical hospitals in NAICS 6221  
 Content for cognitive testing - April 6, 2018

Others' Instrument: Top- and middle-level clinical managers	Instrument for Chief Financial Officers
35 total questions for testing. Respond for 2012 and 2017.	20 Total questions for testing. Respond for 2012 and 2017.
<b>Section A - Management Practices</b>	<b>Section A - Management Practices</b>
<p>1. In 2012 and 2017, what best describes what happened at the hospital in this location when a problem in the care delivery arose?                      (Mark one box for each year)                      Examples: overcrowding in emergency room, cluster of hospital acquired infection.                      We fixed it but did not take further action                      We fixed it and took action to make sure that it did not happen again                      We fixed it and took action to make sure that it did not happen again, and had a continuous improvement process to anticipate problems like these in advance                      No action was taken                      We tried to fix it, but did not remediate problem                      Not applicable (there were no problems in care delivery)</p>	<p>1. In 2012 and 2017, what best describes what happened at this hospital when a problem in financial performance arose?                      (Mark one box for each year)                      Examples: failing to meet revenue targets, unexpectedly high costs.                      We fixed it but did not take further action                      We fixed it and took action to make sure that it did not happen again                      We fixed it and took action to make sure that it did not happen again, and had a continuous improvement process to anticipate problems like these in advance                      No action was taken                      We tried to fix it, but did not remediate problem                      Not applicable (there were no problems in financial performance)</p>
<p>2. In 2012 and 2017, how many key performance indicators were monitored at this hospital?                      (Mark one box for each year)                      Examples: metrics on cost, waste, clinical quality, financial performance, absenteeism, patient safety.                      1-2 key performance indicators                      3-9 key performance indicators                      10 or more key performance indicators                      No key performance indicators                      (If no key performance indicators in both years, SKIP to 6)</p>	<p>2. In 2012 and 2017, how many key performance indicators were monitored at this hospital?                      (Mark one box for each year)                      Examples: metrics on cost, waste, clinical quality, financial performance, absenteeism and patient safety.                      1-2 key performance indicators                      3-9 key performance indicators                      10 or more key performance indicators                      No key performance indicators                      (If no key performance indicators in both years, SKIP to 5)</p>
<p>3. During 2012 and 2017, how frequently were the key performance indicators reviewed by managers at this hospital?                      (Mark all that apply)                      NOTE: a manager is someone who has employees directly reporting to them, with whom they meet on a regular basis, and whose pay and promotion they may be involved with. Examples: Unit Manager, Human Resource Manager, Quality Manager.                      Yearly                      Quarterly                      Monthly                      Weekly                      Daily                      Hourly or more frequently                      Never</p>	<p>3. During 2012 and 2017, how frequently were the key performance indicators reviewed by managers at this hospital?                      (Mark all that apply)                      NOTE: a manager is someone who has employees directly reporting to them, with whom they meet on a regular basis, and whose pay and promotion they may be involved with, for example: Unit Manager, Human Resource Manager, Quality Manager.                      Yearly                      Quarterly                      Monthly                      Weekly                      Daily                      Hourly or more frequently                      Never</p>
<p>4. During 2012 and 2017, how frequently were the key performance indicators reviewed by frontline clinical workers at this hospital?                      (Mark all that apply)                      NOTE: frontline clinical workers include all clinical staff with non-managerial responsibilities, including nurses and physicians.                      Yearly                      Quarterly                      Monthly                      Weekly                      Daily                      Hourly or more frequently                      Never</p>	<p>4. During 2012 and 2017, how frequently were the key performance indicators reviewed by frontline clinical workers at this hospital?                      (Mark all that apply)                      NOTE: frontline clinical workers include all clinical staff with non-managerial responsibilities, including nurses and physicians.                      Yearly                      Quarterly                      Monthly                      Weekly                      Daily                      Hourly or more frequently                      Never</p>
<p>5. During 2012 and 2017, where were the display boards showing clinical quality and other key performance indicators located at this hospital?                      (Mark one box for each year)                      All display boards were located in one place (for example, at the nurses station; doctors' lounge, etc.)                      Display boards were located in multiple places                      We did not have any physical display boards, but personnel had access to virtual display boards (for example, via email or intranet)                      We did not have any display boards, physical or virtual</p>	
<p>6. In 2012 and 2017, what best describes the time frame of clinical or operational (i.e. non-financial) targets at this hospital?                      (Mark one box for each year).                      Examples of clinical or operational targets: infection rates, readmission rates, wait times, nurse to patient ratios.                      Main focus was on short-term (less than one year) clinical and operational targets                      Main focus was on long-term (more than one year) clinical and operational targets                      Combination of short-term and long-term clinical and operational targets                      No clinical and operational targets</p>	
<p>7. In 2012 and 2017, how easy or difficult was it for this hospital to achieve its clinical or operational targets?                      (Mark one box for each year)                      Possible to achieve without much effort                      Possible to achieve with some effort                      Possible to achieve with normal amount of effort                      Possible to achieve with more than normal effort                      Only possible to achieve with extraordinary effort</p>	
<p>8. In 2012 and 2017, who was aware of the clinical or operational targets at this hospital?                      (Mark one box for each year)                      Only senior managers (e.g. CNO, CMO)                      Most managers and some frontline clinical workers                      Most managers and most frontline clinical workers                      All managers and most frontline clinical workers</p>	
<p>9. In 2012 and 2017, what best describes the time frame of financial targets at this hospital?                      (Mark one box for each year)                      Main focus was on short-term (less than one year) financial targets                      Main focus was on long-term (more than one year) financial targets                      Combination of short-term and long-term financial targets                      No financial targets                      Don't know</p>	<p>5. In 2012 and 2017, what best describes the time frame of financial targets at this hospital?                      (Mark one box for each year)                      Main focus was on short-term (less than one year) financial targets                      Main focus was on long-term (more than one year) financial targets                      Combination of short-term and long-term financial targets                      No financial targets</p>
<p>10. In 2012 and 2017, how easy or difficult was it for this hospital to achieve its financial targets?                      (Mark one box for each year)                      Possible to achieve without much effort                      Possible to achieve with some effort                      Possible to achieve with normal amount of effort                      Possible to achieve with more than normal effort                      Only possible to achieve with extraordinary effort                      Don't know</p>	<p>6. In 2012 and 2017, how easy or difficult was it for this hospital to achieve its financial targets?                      (Mark one box for each year)                      Possible to achieve without much effort                      Possible to achieve with some effort                      Possible to achieve with normal amount of effort                      Possible to achieve with more than normal effort                      Only possible to achieve with extraordinary effort</p>
<p>11. In 2012 and 2017, who was aware of the financial targets at this hospital?                      (Mark one box for each year)                      Only senior managers (for example, CNO, CMO)                      Most managers and some frontline clinical workers                      Most managers and most frontline clinical workers                      All managers and most frontline clinical workers                      Don't know</p>	<p>7. In 2012 and 2017, who was aware of the financial targets at this hospital?                      (Mark one box for each year)                      Only senior managers (for example, CNO, CMO)                      Most managers and some frontline clinical workers                      Most managers and most frontline clinical workers                      All managers and most frontline clinical workers</p>

<p>12. In 2012 and 2017, what was the primary way frontline clinical workers were promoted at this hospital? (Mark one box for each year) Promotions were based solely on performance and ability</p> <p>Promotions were based partly on performance and ability, and partly on other factors (for example, tenure) Promotions were based mainly on factors other than performance and ability (for example, tenure) Frontline clinical workers were normally not promoted</p>		
<p>13. In 2012 and 2017, what was the primary way managers were promoted at this hospital? (Mark one box for each year) Promotions were based solely on performance and ability Promotions were based partly on performance and ability, and partly on other factors (for example, tenure) Promotions were based mainly on factors other than performance and ability (for example, tenure) Managers were normally not promoted</p>		<p>8. In 2012 and 2017, what was the primary way managers were promoted at this hospital? (Mark one box for each year) Promotions were based solely on performance and ability Promotions were based partly on performance and ability, and partly on other factors (for example, tenure) Promotions were based mainly on factors other than performance and ability (for example, tenure) Managers were normally not promoted</p>
<p>14. In 2012 and 2017, when was an under-performing frontline clinical worker reassigned or dismissed at this hospital? (Mark one box for each year) Within 6 months of identifying frontline clinical worker underperformance After 6 months of identifying frontline clinical worker underperformance Rarely or never No underperforming frontline clinical workers at this hospital</p>		
<p>15. In 2012 and 2017, when was an under-performing manager reassigned or dismissed at this hospital? (Mark one box for each year) Within 6 months of identifying manager under-performance After 6 months of identifying manager under-performance Rarely or never No underperforming managers at this hospital</p>		<p>9. In 2012 and 2017, when was an under-performing manager reassigned or dismissed at this hospital? (Mark one box for each year) Within 6 months of identifying manager under-performance After 6 months of identifying manager under-performance Rarely or never No underperforming managers at this hospital.</p>
<p>16. What year did you start working at this hospital?</p>		<p>10. What year did you start working at this hospital?</p>
<p>17. What year did you start working as a manager at this hospital?</p>		<p>11. What year did you start working as a manager at this hospital?</p>
<p><b>Management Training</b> 18. Have you ever participated in a managerial training course? Yes No [please skip the next question]</p>		<p><b>Management Training</b> 12. Have you ever participate in a managerial training course? Yes No [please skip the next question]</p>
<p>19. What type of managerial training course have you participated in? MBA (at least 1 year or more full time) Executive MBA course (at least 1 year or more full time) Selected executive courses shorter than one year but longer than a week Selected executive courses of duration of a week or less</p>		<p>13. What type of managerial training course have you participated in? MBA (at least 1 year or more full time) Executive MBA course (at least 1 year or more full time) Selected executive courses shorter than one year but longer than a week Selected executive courses of duration of a week or less</p>
<p><b>Use of standards and protocols</b></p>		
<p>20. In 2012 and 2017, how were standardized clinical and operational protocols (for example, checklists or patient bar coding) used at this hospital? A few standardized protocols existed, and were used by some clinical staff at the hospital, but not all A few standardized protocols existed, and were used by all clinical staff at the hospital Many standardized protocols existed, and were used by some clinical staff at the hospital, but not all Many standardized protocols existed, and were used by all clinical staff at the hospital No standardized protocols existed. Different clinical staff had different approaches to the same treatment. [Please skip to question 24]</p>		
<p>21. In 2012 and 2017, who created new standardized protocols at this hospital? Senior managers only (e.g. CNO, CMO) Department chiefs/nurse managers and/or clinical frontline staff only Both senior managers and department chiefs/nurse managers. No new standardized protocols were created at this hospital (e.g. we only use state or federal mandated protocols)</p>		
<p>22. In 2012 and 2017, who monitored the appropriate use and implementation of standardized protocols at this hospital? Senior managers only (e.g. CNO, CMO). Department chiefs/nurse managers only Both senior managers and department chiefs/nurse managers The appropriate use and implementation of standardized protocols at this hospital was not monitored at this hospital.</p>		
<p>23. In 2012 and 2017, who modified/updated standardized protocols at this hospital? Senior managers only (e.g. CNO, CMO). Department chiefs/nurse managers and/or clinical frontline staff only Both senior managers and department chiefs/nurse managers. Standardized protocols were not usually modified/updated at this hospital</p>		
<p><b>Management of team interactions.</b></p>		
<p>24. In 2012 and 2017, how often did department chiefs/nurse managers and clinical frontline staff participate in meetings dedicated to the discussion of clinical outcomes with frontline clinical staff? Never Yearly Quarterly Monthly Weekly Daily or multiple times within a day</p>		
<p>25. In 2012 and 2017, what best describes the type of participants involved in meetings dedicated to the discussion of clinical outcomes? The meetings typically involved only department chiefs/nurse managers and physicians The meetings typically involved only department chiefs/nurse managers and nurses The meetings typically involved department chiefs/nurse managers, physicians and nurses The meetings typically involved department chiefs/nurse managers, physicians, nurses as well as other support staff</p>		
<p>26. In 2012 and 2017, what best describes the type of data used in meetings dedicated to the discussion of clinical outcomes? The meetings did not usually involve discussion of data The meetings sometimes involved discussion of data. The data was visible only to department chiefs/nurse managers The meetings sometimes involved discussion of data. The data was visible only to clinical frontline staff The meetings sometimes involved discussion of data. The data was visible to both department chiefs and clinical frontline staff</p>		
<p>27. In 2012 and 2017, what best describes the nature of the meetings dedicated to the discussion of clinical outcomes? The meetings were used exclusively to report past performance The meetings were used exclusively to discuss ways to improve future performance The meetings were used exclusively to report past performance, as well as ways to improve future performance</p>		

28. In 2012 and 2017, what best describes what happened after meetings dedicated to the discussion of clinical outcomes?

Follow up plans were drafted, but they were only visible to department chiefs/nurse managers. The adherence to follow up plans was not actively monitored.

Follow up plans were drafted, and they were visible to both department chiefs/nurse managers and clinical frontline workers. The adherence to follow up plans was not actively monitored.

Follow up plans were drafted, but they were only visible to department chiefs/nurse managers. The adherence to follow up plans was actively monitored.

Follow up plans were drafted, and they were visible to both department chiefs/nurse managers and clinical frontline workers. The adherence to follow up plans was actively monitored.

No follow up plans were drafted

**Staffing and allocation of human resources to problems**

29. Who decided how work was allocated to clinical staff?

Only senior managers (e.g. CNO, CMO).

Mostly senior managers

Both senior managers and department chiefs/nurse managers.

Mostly department chiefs/nurse managers.

Only department chiefs/nurse managers.

30. What was the typical nurse to patient ratio?

31. Who determined the typical nurse to patient ratio?

State or federal regulations

Only senior managers (e.g. CNO, CMO)

Mostly senior managers

Both senior managers and department chiefs/nurse managers.

Mostly department chiefs/nurse managers.

Only department chiefs/nurse managers.

32. What was the typical medical assistant to patient ratio?

33. Who determined the typical medical assistant to patient ratio?

State or federal regulations

Only senior managers (e.g. CNO, CMO)

Mostly senior managers

Both senior managers and department chiefs/nurse managers.

Mostly department chiefs/nurse managers.

Only department chiefs/nurse managers.

**Coding**

14. Thinking about the computer systems and tools that your hospital had to encourage documentation and coding in 2012 and 2017, who at the hospital interacted with these systems and tools?

Managers

Physicians

Nurses

Coding staff

15. In 2012 and 2017, how long did the typical query for coders to clinicians take before the clinician responded?

Less than a day

One to three days

Three days to one week

More than one week

16. During 2012 and 2017, how often did frontline clinical workers receive training in documentation and coding (Mark all that apply)

Yearly

Quarterly

Monthly or more frequently

Training did not occur with regularity, but did occur on an ad-hoc basis

Never

17. Thinking about the processes that were in place to train frontline clinical workers about documentation in 2012 and 2017, which of the following statements would you say are true:

Clinicians were aware of important keywords and their effect on reimbursement

Clinicians who poorly document patients were required to meet with hospital administrators

Clinicians who poorly document patients were required to receive training

There was no consequence for clinicians who poorly document patients

18. Thinking about the actions you would have taken in response to a physician's documentation and coding, which of the following statements would you say were true? Mark all that apply

We took actions that were non-financial in nature in response to good documentation and coding.

Please consider any potential (non- monetary) response that a physician could get for supporting proper documentation and coding. Examples could include recognition by managers or better access to hospital amenities.

We took actions that were non-financial in nature in response to poor documentation and coding.

Please consider any potential (non- monetary) response that a physician could get for failing to support proper documentation and coding. For example, the physician was required to meet with a hospital staffer and their documentation performance was discussed or sat in on a training or education session.

We used financial or monetary incentives to encourage documentation and coding. This could include paying physicians to use tools that improved documentation, providing extra payments when documentation was good, or reducing payments to physicians when documentation was poor.

**VALIDATION: AHA-LIKE QUESTION**

34. In 2017, how many staffed beds did this hospital have in general medical-surgical care?

**VALIDATION: AR-LIKE QUESTION**

35. For the pay period including March 12, 2017, what was the number of all full- and part-time employees working at this establishment?

**VALIDATION: AHA-LIKE QUESTION**

19. In 2017, how many staffed beds did this hospital have in general medical-surgical care?

**VALIDATION: AR-LIKE QUESTION**

20. For the pay period including March 12, 2017, what was the number of all full- and part-time employees working at this establishment?

Include: Employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return.

Exclude:

\* Temporary staffing obtained from a staffing service.

\* Contractors, subcontractors, or independent contractors.

\* Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.

\* Purchased or managed services, such as janitorial, guard, or landscape services.

\* Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

Include: Employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return.

Exclude:

\* Temporary staffing obtained from a staffing service.

\* Contractors, subcontractors, or independent contractors.

\* Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.

\* Purchased or managed services, such as janitorial, guard, or landscape services.

\* Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

**END OF QUESTIONS**

**END OF QUESTIONS**

**CERTIFICATION**

**CERTIFICATION**