MOPS-HP (Management and Organizational Practices Survey-Hospitals) Subset of bropitals: General medical and surgical bropitals in NAICS 6221 Content for cognitive testing - April 6, 2018

35 total questions for testing. Respond for 2012 and 2017.	20 Total questions for testing. Respond for 2012 and 2017.
Section A - Management Practices	Section A - Management Practices
I. In 2012 and 2017, what best describes what happened at the hospital in this location when a problem in he care delivery arose?	 In 2012 and 2017, what best describes what happened at this hospital when a problem in financial performance arose?
Examples: overgrowding in emergency mom, cluster of hospital acquired infection	Examples: failing to meet revenue targets, unexpectedly high costs.
Mark one box for each year) We fixed it but did not take further action	(Mark one box for each year) We fixed it but did not take further action
Ve fixed it but did not take further action Ve fixed it and took action to make sure that it did not happen again	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	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	process to anticipate problems like these in advance
No action was taken	No action was taken
We tried to fix it, but did not remediate problem Not applicable (there were no problems in care delivery)	We tried to fix it, but did not remediate problem Not applicable (there were no problems in financial performance)
2. In 2012 and 2017, how many key performance indicators were monitored at this hospital?	2. In 2012 and 2017, how many key performance indicators were monitored at this hospital?
Examples: metrics on cost, waste, clinical quality, financial performance, absenteeism, patient safety.	Examples: metrics on cost, waste, clinical quality, financial performance, absenteeism and patient safety.
Mark one hox for each year)	(Mark one box for each year)
-2 key performance indicators	1-2 key performance indicators
3-9 key performance indicators 10 or more key performance indicators	3-9 key performance indicators 10 or more key performance indicators
No key performance indicators	No key performance indicators
If no key performance indicators in both years, SKIP to 6)	(If no key performance indicators in both years, SKIP to 5)
During 2012 and 2017, how frequently were the key performance indicators reviewed by managers at	3. During 2012 and 2017, how frequently were the key performance indicators reviewed by managers at
During 2012 and 2017, how frequently were the key performance indicators reviewed by managers at his hospital?	hospital?
Mark all that apply)	(Mark all that apply)
NOTE: a manager is someone who has employees directly reporting to them, with whom they meet on a egular basis, and whose pay and promotion they may be involved with. Examples: Unit Manager, Human	NOTE: a manager is someone who has employees directly reporting to them, with whom they meet on a
Resource Manager, Quality Manager.	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, Hur Resource Manager, Quality Manager.
Y early	reany
Quarterly Monthly	Quarterly Monthly
Weekly	Weekly
Daily	Daily
Hourly or more frequently	Hourly or more frequently Never
lever	Neves
During 2012 and 2017, how frequently were the key performance indicators reviewed by frontline	4. During 2012 and 2017, how frequently were the key performance indicators reviewed by frontline clin
dinical workers at this hospital? Mark all that apply)	workers at this hospital? (Mark all that apply)
Mark an that apply) NOTE: frontline clinical workers include all clinical staff with non-managerial responsibilities, including	(Mark an that apply) NOTE: frontline clinical workers include all clinical staff with non-managerial responsibilities, including
nurses and physicians.	nurses and physicians.
early	Yearly
Quarterly Monthly	Quarterly Monthly
Weekly	Weekly
Daily	Daily
Hourly or more frequently Never	Hourly or more frequently Never
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Mack on the for each year) Ull display boards were located in one place (for example, at the nurses station, doctors' lounge, etc.) hopelops boards were located in multiple places. We did not have any physical display boards, but personnel had access to virtual display boards (for we did not have any physical display boards, they remove the did not have any display boards, physical or virtual In 2012 and 2017, what hear doct-ribes the time frame of clinical or operational (i.e. non-financial) target (i.t. hospital). In 2012 and 2017, what hear doct-ribes the time frame of clinical or operational (i.e. non-financial) target (i.t. hospital). In 2012 and 2017, what hear doct-ribes the time frame of clinical or operational (i.e. non-financial) target (i.t. hospital). In 2012 and 2017, what hear doct-ribes the time frame of clinical or operational targets (indicated on operational largets (indicated on operational largets). In 2012 and 2017, in 2012 and 2017, in and doperational targets (indicated on operational targets). Mack on the for each year) Voulble to achieve with norm did mount of other coulble to achieve with some floor coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did mount of other coulble to achieve with norm did not other coulble to achieve with norm did not other coulble to achieve with norm did not oth	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 been for each year) Main focus was on short been fine that we year) Binaccial targets (San financial targets)
Make one box for each year) Ull display boards were located in one place (for example, at the names station, doctors' lounge, etc.) together boxed were located in multiple places. We did not have any physical display boards, but personnel had access to virtual display boards (for we did not have any physical display boards, they stated to the week of the control	5. In 2012 and 2017, what best describes the time frame of financial targets at this hospital? (Mark one hos for each year) Main focus was on both serior melles than one year) financial targets Main focus was on long-term (toner than one year) financial targets Continued to a serior of the s
Make one box for earth year) Make to the box for earth year) Make to the box for earth year) Make to the box for earth yearth (miles) Make to the box for earth year) Make to the box for earth yearth Make to box for earth yearth Make to box for for earth yearth Make to b	5. In 2012 and 2017, what bees describes the time frame of financial targets at this hospital? (Mark one but for each year) Main from was on other term dess that none year) financial targets Main from was on long-term (more than one year) financial targets Combination of short neem and long-term financial targets No financial targets 6. In 2012 and 2017, how easy or difficult was it for this bospital to achieve its financial targets? Morks one has for each year) Possible to achieve with normal amount of effort Possible to achieve with normal amount of effort Only possible to achieve with currantimacy effort 7. In 2012 and 2017, who was aware of the financial targets at this hospital? Marks one has for each year)



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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
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
 13. In 2012 and 2017, what was the primary way managers were promoted at this hospital?
                                                                                                                                                                 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 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)
                                                                                                                                                               Promotions were based mainly on factors other than performance and ability (for example, tenure)
                                                                                                                                                                 Managers were normally not promoted
 14. In 2012 and 2017, when was an under-performing frontline clinical worker reassigned or dismissed at
 (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
                                                                                                                                                               9. In 2012 and 2017, when was an under-performing manager reassigned or dismissed at this hospital?
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
 (Mark one box for each year)
Within 6 months of identifying manager under-performance
After 6 months of identifying manager under-performance
                                                                                                                                                                After 6 months of identifying manager under-performance
                                                                                                                                                                Rarely or never
No underperforming managers at this hospital.
 16. What year did you start working at this hospital?
                                                                                                                                                                10. What year did you start working at this hospital?

    What year did you start working as a manager at this hospital?
    Management Training
    Ha. Have you ever participated in a managerial training course?

    What year did you start working as a manager at this hospital?
    Management Training
    Have you ever participate in a managerial training course?
19. What type of managerial training course have you participated in?
MBA (at least 1 year or more full time)
                                                                                                                                                               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)
                                                                                                                                                                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
                                                                                                                                                                Selected executive courses shorter than one year but longer than a week
Selected executive courses of duration of a week or less
Use of standards and protocols

20. In 2012 and 2017, how were standards 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]
21. In 2012 and 2017, who created new standardized protocols at this hospital?
21. In 2022 and 2017, who creates new summarizate protectors as the insighant:
Seriour managers only (e.g. CNC, CMO).
Department chiefs/nurse managers and/or clinical frontline staff only
Both senior managers and department chiefs/nurse managers and department chiefs/nurse managers.
No new standardized protocols were created at this hospital (e.g. we only use state or federal mandated oversecolo).
 22. In 2012 and 2017, who monitored the appropriate use and implementation of standardized protocols at
Senior managers only (e.g. CNO, CMO).
Sensul managers unity (e.g., civo), can(y).

Department chiefs/inurse managers on the properties of the properties of the properties and department chiefs/inurse managers.

The appropriate use and implementation of standardized protocols at this hospital was not monitored at this hospital.
 23. In 2012 and 2017, who modified/updated standardized protocols at this hospital?
23. In 2012 and 2017, who modificille-updated standardized protocols at this hospital? 
Seriori manages only (e.g., ENC, O.M.O.)
Department other/turns emanagers and/or clinical frontiline saff only
Both senior managers and department deter/turns emanagers.
Standardized protocols were not usually modificient/parked at in this hospital

Wanagement of term interactions.
24. In 2012 and 2017, how who find department effectiveness remanagers and clinical frontline staff 
participate in meetings deficiented to the discussion of clinical outcomes with frontline clinical staff.
 Never
Yearly
 25. In 2012 and 2017, what best describes the type of participants involved in meetings dedicated to the
Unknown on Visital's Musched 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. 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 single.
 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
 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.
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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.	
nonerence to toutow up pans, was not actively monitored. Follow up plans were drafted, and they were visible to both department chiefs/nurse managers, and clinica frontline workers. The adherence to follow up plans was not actively monitored.	I
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?	
 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.	
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
	 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
	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 proving abusing to use tools that improved documentation, providing extra payments.
	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	VALIDATION: AHA-LIKE QUESTION
34. In 2017, how many staffed beds did this hospital have in general medical-surgical care? VALIDATION: AR-LIKE QUESTION	 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 employee	s 20. For the pay period including March 12, 2017, what was the number of all full- and part-time employees
working at this establishment?	working at this establishment?
Include: Employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941 Employee's Quarterly Federal Tay Return	Include: Employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employee's Quarterly Federal Tax Return.
*Contractors, subcontractors, or independent contractors,	Excusion: **Temporary stelling obtained from a stelling service. **Contractors, subcontractors, or independent contractors. **Contractors, subcontractors, or independent contractors. **Full-or operational lensed employees whose payrold was filed under an employee leasing company's EIN, **Purchased or managed services, such as jointerial, guard, or landscape services, **Professional or technical services part hander from another film, such as software consulting, computer **Professional or technical services part hander from another film, such as software consulting, computer
ruu- 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,	 run- 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,
programmin, engineering, or accounting services.	programmin, engineering, or accounting services.
END OF QUESTIONS	END OF QUESTIONS
CERTIFICATION	CERTIFICATION