

## Appendix A1. Survey Instrument for Nursing Home Administrators

### **Introduction and Informed Consent 1**

[READ IF CONTACTED WITH LETTER OR EMAIL ONLY]

We are calling you on behalf of the Centers for Medicare and Medicaid Services, or CMS, to learn about quality improvements in nursing home facilities and the types of resources that are helpful in this area. We are conducting a [10/20 minute survey --more for QIO facilities] asking about the resources that your facility uses for quality improvement efforts.

We hope [FACILITY NAME] will participate in the survey and provide information that will help CMS improve its quality improvement programs. You should know that this survey is voluntary, you may stop participating in the survey at any time, and you do not have to answer every question. You should also know that neither your name nor the name of your facility will ever appear in any reports from the findings. What you say on the survey will remain private and will not in any way affect your facility's relationship with CMS.

For this survey, we are seeking the person who [for QIO facilities] works most closely with [INSERT NAME OF LOCAL QIN-QIO] / [for non-QIO facilities] is most knowledgeable about the quality improvement activities your nursing home has been working on. If your nursing home is part of a nursing home chain, we would like to interview someone that works at [FACILITY NAME] rather than someone at corporate office who is responsible for quality improvement for several facilities.

Before my first question, I need to tell you this survey has been approved by the Office of Management and Budget (OMB) as required by the Paperwork Reduction Act. The OMB approval number for this survey is **0938-XXXX**.

### **Introduction and Informed Consent 2**

[READ IF CONTACTED VIA EMAIL AND ARRANGED MEETING TIME]

We are calling you on behalf of the Centers for Medicare and Medicaid Services, or CMS, to learn about quality improvements in nursing home facilities and the types of resources that are helpful in this area. We scheduled this time to conduct a [10/20 minute survey --more for QIO facilities] asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to participate in this survey?

You should know that this survey is voluntary, you may stop participating in the survey at any time, and you do not have to answer every question. You should also know that neither your name nor the name of your facility will ever appear in any reports from the findings. What you say on the survey will remain private and will not in any way affect your facility's relationship with CMS.

Before my first question, I need to tell you this survey has been approved by the Office of Management and Budget (OMB) as required by the Paperwork Reduction Act. The OMB approval number for this survey is **0938-XXXX**.

### **Introduction and Informed Consent 3**

[READ IF CALLED PREVIOUSLY AND ARRANGED NEW MEETING TIME]

We are calling back on behalf of CMS, to learn about quality improvements in nursing home facilities and the types of resources that are helpful in this area. We scheduled this time to conduct a [10/20 minute survey --more for QIO facilities] asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to participate in this survey?

Before my first question, I need to tell you this survey has been approved by the Office of Management and Budget (OMB) as required by the Paperwork Reduction Act. The OMB approval number for this survey is **0938-XXXX**.

### **Introduction and Informed Consent 4**

[READ IF PREVIOUSLY BEGAN CONDUCTING SURVEY AND NOW CALLING TO CONTINUE SURVEY]

We are calling back on behalf of CMS, to learn about quality improvements in nursing home facilities and the types of resources that are helpful in this area. We scheduled this time to finish conducting a survey asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to complete this survey?

[DO NOT READ]

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 information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*\*\*\*\*CMS Disclaimer\*\*\*\*\*Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Mr. Robert Kambic at 410-786-1515.**

### **Screener**

- S1. Are you the best person at [FACILITY NAME] to complete this survey?
- a. Yes
  - b. No
  - c. DK
  - d. Refused

[IF S1=NO, ASK S2; IF S1=Yes, PROCEED TO SURVEY QUESTIONS]

S2. Can you provide us the name of the person most responsible for improving quality in your nursing home?

- a. Yes
- b. No
- c. DK
- d. Refused

Record Name  
Record Title  
Record phone number

[IF S2=No or DK, ASK S3]

S3. Can you direct us to someone that is likely to be able to assist in identifying the right person?

- a. Yes
- b. No
- c. DK
- d. Refused

Record Name  
Record Title  
Record phone number

[IF YES IN S2 OR S3]

Great! We will update our files accordingly. Thank you for directing us to someone that may be able to help. We appreciate your assistance. [UPDATE SAMPLE RECORD AND RETURN TO QUEUE]

[IF NO IN S3]

Thanks for taking the time to speak to us. [SEND TO ACCOUNT GROUP TO SEEK REPLACEMENT]

## **Survey Questions**

### **I. Quality Improvement Initiatives**

1. Since August 2014 has your facility worked on any quality improvement activities addressing the following topics?

[RANDOM ORDER]

- A. Reducing antipsychotics (when not medically necessary)
- B. Increasing patient mobility
- C. Decreasing C. Diff (Clostridium Difficile) infections
- D. Preventing hospitalizations and/or re-hospitalizations

[Probe:] Is your facility working on any other quality improvement activities?

- E. [RECORD OTHER GOAL 1]
- F. [RECORD OTHER GOAL 2]
- G. [RECORD OTHER GOAL 3]

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

2. With 5 being very effective and 1 being not effective at all, how effective would you say your organization has been in addressing the following quality improvement topics?

[MATCH ORDER OF Q1; ONLY INCLUDE ITEMS MENTIONED IN Q1 (A-E)]

- A. Reducing antipsychotic medication
- B. Increasing patient mobility
- C. Decreasing C. Diff (Clostridium Difficile) infections
- D. Preventing hospitalizations and/or re-hospitalizations

- a. Don't know
- b. Refused

## II. Outcome Attribution to QIO

**[QUESTIONS Q3 THROUGH Q8 WILL BE ASKED FOR UP TO TWO GOALS MENTIONED IN Q2 THAT RECEIVED THE HIGHEST RATING. IF THERE ARE MORE THAN TWO GOALS WITH THE SAME RATING, SELECT THE TWO HIGHER PRIORITY GOALS BASED ON A HEIRARCHICAL LIST OF GOALS**

- 1) **Increasing patient mobility**
- 2) **Reducing anti-psychotic medication**
- 3) **Decreasing C.Diff (Clostridium Difficile) infections**
- 4) **Preventing hospitalization and/or re-hospitalizations**
- 5) **Other specify 1**
- 6) **Other specify 2**
- 7) **Other specify 3**

3. What did your organization do to work towards **[INSERT GOAL]**?

**[RECORD ANSWER]**

4. Now I'm going to read a list of activities your facility may have implemented since August 2014 (or the last two years) to **[INSERT GOAL]**. **[FIRST TIME DISPLAY: You may have mentioned some of these before]**. Please indicate to the best of your knowledge whether your facility has done any of the following: **[READ RESPONSE CATEGORIES]**

Have you:

**INTERVIEWER: SELECT EACH ITEM FOR WHICH RESPONDENT ANSWERS 'YES'**

- A. Discussed this specific issue with the appropriate people,
- B. Measured how you're doing; tracking if the outcome improved,
- C. Developed a process for documenting progress or lessons learned
- D. Developed new care guidelines
- E. Implemented new guidelines
- F. Set goals and benchmarks to address the problem
- G. Used Plan-Do-Study-Act cycles to test a change addressing the problem

**[PROBE:] Any other activities?**

- H. **[RECORD OTHER INITIATIVES 1]**
- I. **[RECORD OTHER INITIATIVES 2]**
- J. **[RECORD OTHER INITIATIVES 3]**

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

5. [READ FOR FIRST GOAL] I'm going to read a list of programs, agencies, or sources of information that you may have used in improving quality at your facility. As I read each one, please tell me if you worked with or used this resource when working on [INSERT GOAL].

INTERVIEWER: SELECT EACH ITEM FOR WHICH RESPONDENT ANSWERS 'YES'; ROTATE RESPONSES

- A. The Partnership to Improve Dementia Care
- B. QIO Collaborative [FIRST TIME DISPLAY] or QIN-QIO, also known as [INSERT NAME OF LOCAL QIN-QIO]
- C. Government agencies [FIRST TIME DISPLAY] such as the Agency for Healthcare Research and Quality (AHRQ) or the [STATE] Department of Health]
- D. Survey certification process
- E. Professional organizations [FIRST TIME DISPLAY] such as AMDA, AHCA, or NADONA]
- F. [IF PART OF BROADER NETWORK/COMPANY] Corporate office
- G. External consultant
- H. Academic or trade journal/conference
- I. Your staff's own initiative

Are there any other sources of information you used when working on [INSERT GOAL]?

- A. Other source 1. \_\_\_\_\_
- B. Other source 2. \_\_\_\_\_
- C. Other source 3. \_\_\_\_\_
  - a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse

6. With 5 being most helpful and 1 being not helpful at all, how helpful was each of the following sources of information, design or assistance for your facility's efforts to [INSERT GOAL]?

[LIST ONLY THOSE SOURCES CHECKED THROUGHOUT Q5]

- A. The Partnership to Improve Dementia Care
- B. QIO Collaborative
- C. Government agencies
- D. Survey certification process
- E. Professional organizations
- F. [IF PART OF BROADER NETWORK/COMPANY] Corporate office
- G. External consultant
- H. Academic or trade journal/conference
- I. Your staff's own initiative
- J. Other source 1 \_\_\_\_\_
- K. Other source 2 \_\_\_\_\_
  - a. Don't Know
  - b. Refuse

[IF ON Q6 RESPONDENT GAVE MORE THAN ONE ATTRIBUTE (A – X) THEIR HIGHEST RATING (FOR EXAMPLE, Q6: A=5 AND B=5, OR Q6: A=5 AND B=5 AND C=5) THEN ASK Q7 FOR ATTRIBUTES GIVEN HIGHEST RATING ON Q6; ELSE SKIP TO Q8]

7. Which sources of information, design or assistance had the most impact on your facility's ability to [INSERT GOAL]?
8. Now I'm going to read a list of the programs, agencies, and/or sources of information that you used in your efforts to [INSERT GOAL]. If you are able to, please write them down as I list them.

I am going to ask you to assign a percentage out of a total of 100% to each program. How much would you say each program contributed to your facility's ability to [INSERT GOAL] over the last 12 months? What percentage would you assign to [READ FIRST SOURCE]

[THE PERCENTAGE (%) MUST TOTAL 100%.]

[LIST ONLY THOSE SOURCES CHECKED THROUGHOUT Q5]

- \_\_\_ % A. The Partnership to Improve Dementia Care
- \_\_\_ % B. QIO Collaborative
- \_\_\_ % C. Government agencies
- \_\_\_ % D. Survey certification process
- \_\_\_ % E. Professional organizations
- \_\_\_ % F. [IF PART OF BROADER NETWORK/COMPANY] Corporate office
- \_\_\_ % G. External consultant
- \_\_\_ % H. Academic or trade journal/conference
- \_\_\_ % I. Your staff's own initiative
- \_\_\_ % J. Other source 1 \_\_\_\_\_
- \_\_\_ % K. Other source 2 \_\_\_\_\_

NUMERIC RESPONSE: RANGE 0-100, DON'T KNOW, REF

You have assigned [PERCENTAGE ASSIGNED] percent total so far. You have [SUBTRACT PRIOR RESPONSES FROM 100] percent left to distribute. What percentage would you assign to [READ NEXT SOURCE].

[REPEAT UNTIL ALL SOURCES ASSIGNED PERCENTAGES]

[READ FOR EACH ADDITIONAL GOAL] I am going to ask you about the same resources you may have used in improving [INSERT GOAL]. As I read each one, please tell me if you worked with or used this resource for [INSERT GOAL]. [REPEAT Q3-Q8]

9. When you were developing any of your quality improvement activities, did you involve residents and/or families?
- a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse
10. Is your facility actively involved in a Quality Assurance and Performance Improvement plan, otherwise known as a QAPI plan?
- a. Yes
  - b. Not yet, will be developing a plan
  - c. No
  - d. Don't Know
  - e. Refuse

**III. QIN-QIO Engagement for non-QIO Nursing Homes**

**SKIP TO SECTION IV IF Q4B=YES]**

11. Have you ever heard of quality improvement organizations, otherwise referred to as QIOs?
- a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse
12. Have you ever heard of [INSERT NAME OF LOCAL QIO]?
- a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse
13. Have you ever heard of the [STATE] Nursing Home Quality Care Collaborative led by CMS and [INSERT NAME OF LOCAL QIO]?
- a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse
14. Has your organization participated in any activities with [INSERT NAME OF LOCAL QIO] or the [STATE] Nursing Home Quality Care Collaborative (such as Learning and Action Networks or webinars)?
- a. Yes
  - b. No
  - c. Don't Know
  - d. Refuse



[ASK Q14-Q20 IF ON ANY ITERATION OF Q5B=YES OR Q13=YES; If Q13=NO, SKIP TO THANK YOU.]

#### **IV. Interaction with the QIN-QIO for QIO Nursing Homes**

We now want to ask some questions about your interaction with the QIO that serves your area.

15. How long has your facility worked with [INSERT NAME OF LOCAL QIO]?

- a. Since the beginning of this year
- b. Sometime during 2015
- d. Prior to 2015
- e. Don't Know
- f. Refuse

16. Do you know whom to contact at [INSERT NAME OF LOCAL QIO], if you wanted help or advice from them on improving quality at your facility?

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

[ASK Q17 AND Q18 IF Q16 = YES, ELSE SKIP TO SECTION V]

17. Approximately how many times did you or someone at your facility have one-to-one or small-group meetings with someone from [INSERT NAME OF LOCAL QIO] on the phone, through email exchanges, or in-person in the past twelve months?

NUMERIC RESPONSE: RANGE 0-365, DON'T KNOW, REF

18. Approximately how many times did you or someone at your facility take part in bigger virtual meetings or workshops with someone from [INSERT NAME OF LOCAL QIO] in the past twelve months?

NUMERIC RESPONSE: RANGE 0-365, DON'T KNOW, REF

#### **V. Activities and Resources Provided By QIN-QIO**

19. Now I am going to read a list of resources your QIO may provide. Please indicate to the best of your knowledge whether your facility has used any of the following resources that may be provided by your QIO:

- A. Technical assistance
- B. Data
- C. Resource Materials
- D. Peer coaches
- E. Learning to use QAPI methods or techniques
- F. Learning session on mobility/fall prevention
- G. Learning session on dementia care
- H. Learning session on person-centered care

- I. Learning session on staff stability
- J. Learning session on consistent assignment
- K. Reviews of PDSA or tests of change
- L. Conference calls
- M. Webinars on a specific topic
- [PROBE:] Any other general engagement or information resources?
- N. [RECORD OTHER RESOURCE 1]
- O. [RECORD OTHER RESOURCE 2]
- P. [RECORD OTHER RESOURCE 3]

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

20. Do you routinely receive data feedback from [INSERT NAME OF LOCAL QIN-QIO] on how your facility is doing?

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

21. Does your organization receive assistance from [INSERT NAME OF LOCAL QIN-QIO] to improve your Nursing Home Quality Care Collaborative composite score? Note that we're not referring to the 5-Star Rating on Nursing Home Compare, rather the QIO's composite score. [IF FURTHER EXPLANATION IS NEEDED, EXPLAIN THAT THE COMPOSITE SCORE COMBINES 13 QUALITY MEASURES.]

- a. Yes
- b. No
- c. Don't Know
- d. Refuse

22. What quality improvement areas are you most in need of for additional assistance?

[RECORD ANSWER]

Thank you for your time and for sharing your experiences. Your comments are very helpful and insightful.

The time required to complete this information collection was estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, I can provide you with the mailing address. Would you like this address?

[IF YES, READ BELOW]

You may send comments to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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