

Appendix A2. Interview Guide for Nursing Home Administrators Participating in QIN-QIO Collaborative for Quality Improvement

Interview Introduction and Informed Verbal Consent

I want to thank you for taking the time to talk to us today. My name is _____ and I am calling from _____ and my colleague _____ is here to help take notes during the interview.

We are doing research on the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organization program, and I would like to talk to you about your experiences working with the [STATE] Nursing Home Quality Care Collaborative led by CMS and [NAME OF LOCAL QIN-QIO]. Specifically, we would like to hear about your perspective of participating in this program.

We hope you will participate in the interview and provide information that will help CMS improve its quality improvement programs. You should know that this interview is voluntary, you may stop participating in the interview at any time, and you do not have to answer every question.

This interview should take about 45 minutes. I would like to record the interview with your permission because I don't want to miss any of your comments. 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 in the interview will remain private and will not in any way affect your facility's relationship with CMS.

Do you have any questions about the interview? Do we have your permission to record the interview? Do I have your permission to proceed?

Interviewee (ID number)

Interviewer

Date

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Nursing Home Administrator Interview Guide

1. We want to start out by asking who (what staff) at your facility works most closely with the [STATE] Nursing Home Quality Care Collaborative or [QIO NAME/LEARNING ACTION NETWORK (LAN)]?
2. Who (what staff) is most responsible for implementing and reporting on quality improvement processes?
3. Is your facility actively involved in implementing a Quality Assurance and Performance Improvement plan, otherwise known as a QAPI plan? (If planning for QAPI) Who (what staff) are on the QAPI planning team?
4. How did you hear about the [STATE] Nursing Home Quality Care Collaborative? Why did you decide to participate in the Collaborative? (What are you hoping to achieve?) Which of these reasons you mentioned are the most important?
5. What goals or objectives are you focusing on?
6. What do you consider the greatest gains made in quality improvement since the fall of 2014? *[Probe: For example, reduce prevalence of using antipsychotic prescriptions or increasing the proportion of residents immunized.]*
 - a. What evidence do you have to support this improvement?
 - b. How did you/do you measure this/these improvements? (e.g. prompt for PDSA cycles)
 - c. How do you monitor and document progress? Do you have data and results from your improvement cycles (such as PDSA) that you could share with us?
 - d. Did the [STATE] Nursing Home Quality Care Collaborative or [QIO name] play a role in this achievement? How so?
7. Was there anything that disappointed you or didn't meet your expectations from the [STATE] Nursing Home Quality Care Collaborative or [QIO name]? Please explain.
8. Which activities or resources from the [STATE] Nursing Home Quality Care Collaborative did you find the most useful? *[Use the table below to capture unprompted responses—'No Pmp' column—and follow up with how it was presented as appropriate]*

Activity or Resource	No Pmp	W/ Pmp	Don't Know	Can't Recall
a. Peer coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. QAPI assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Learning to use QAPI methods and techniques				
How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity or Resource	No Pmp	W/ Pmp	Don't Know	Can't Recall
d. Learning session on mobility/fall prevention How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning session on dementia care How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Learning session on person-centered care How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning session on staff stability How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning session on consistent assignment How presented: <input type="checkbox"/> Webinar <input type="checkbox"/> In-person meet <input type="checkbox"/> 1-on-1 coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Reviews of PDSA or tests of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Site visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Conference calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Resources such as tools for implementing QAPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. Do you recall any of these other activities or resources that the [STATE] Nursing Home Quality Care Collaborative may have provided? *[Read activities or resources that were not mentioned; mark as 'W/pmp' if they recall with prompting, 'Don't Know or Can't Recall']*

9. We know that it is difficult for staff to change day-to-day activities if they are used to doing things a certain way. Can you describe how your facility goes about changing processes related to quality care using one of your key goals, such as [GOAL FROM Q5] as an example?

- a. What had to change?
- b. What did you do to get those changes in place?
- c. What helped your staff in making those changes?
- d. Did the [STATE] Nursing Home Quality Care Collaborative or [QIO NAME] help with going through this change process? If so, how?

10. Thinking about your work to [GOALS FROM Q5] since 2014, were there other QI programs or resources besides the QIO you engaged with or used when working toward [GOALS FROM Q5]? I'm going to read a list of other programs 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].

[Check each item for which respondent answers 'yes']

- A. Advancing Excellence Program
- B. The Partnership to Improve Dementia Care
- C. [STATE] Nursing Home Quality Care Collaborative or your QIN-QIO, [NAME OF LOCAL QIN-QIO]
- D. ACHA (American Health Care Association) Quality Initiative
- E. Other Program 1 _____
- F. Other Program 2 _____

I'm going to name other federal or state agencies that have quality improvement resources on websites and meetings. Please tell me if you use any of these when working on [INSERT GOAL].

- G. AHRQ (Agency for Healthcare Research and Quality)
- H. Nursing Home Compare
- I. [STATE] Department of Health
- J. National Quality Forum
- K. Other federal/state agency 1 _____
- L. Other federal/state agency 2 _____

Now I'm going to read you some organizations that have websites, journals, conferences or other resources and I'd like you to tell me if you used this resource when working on [INSERT GOAL].

- M. Advancing Excellence Website
- N. AMDA--The Society for Post-acute and Long-term Care Medicine (formerly American Medical Directors Association)
- O. ACHA (American Health Care Association)
- P. Quality First or LeadingAge
- Q. Other organization/resource 1 _____
- R. Other organization/resource 1 _____

Here are some other resources that may have been used when working on [INSERT GOAL]

- S. [If part of broader network/company] Parent company or corporate headquarters

- T. External Consultant
- U. Academic or trade journal/conference
- V. No outside help—your staff's own initiative
- W. Other source 1 _____
- X. Other source 2 _____

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

- Y. Other source 1 _____
- Z. Other source 2 _____

11. When you think about the [STATE] Nursing Home Quality Care Collaborative or your QIN-QIO, [NAME OF LOCAL QIN-QIO], plus the other programs or resources you mentioned, does any single one dominate with assisting your facility's ability to [GOAL]?
 - a. If so, which one? What makes that program/resource so helpful?
 - b. If not, how do you work with the different programs? What helps you decide to adopt a certain program component or resource?

12. How much total staff time each week would you estimate was designated for working with the [STATE] Nursing Home Quality Care Collaborative or [QIO NAME]?

Would you say this amount of time is too much; too little; or about the right amount?

13. What are the greatest challenges or obstacles at your nursing home to making quality improvements suggested by the [STATE] Nursing Home Quality Care Collaborative or [QIO name]? What would need to happen to make these less challenging?

14. Had you worked with a QIO, like [NAME OF LOCAL QIN-QIO] before the [STATE] Nursing Home Quality Care Collaborative began in the fall of 2014?

- a. (If yes) Was it the same QIO or a different one? How would you compare the level of assistance from the QIO before and after the start of the [STATE] Nursing Home Quality Care Collaborative? (i.e., did you have the same quality of TA? Did you have the same quality of resources?)

15. Please tell me if you agree or disagree with this statement: "The service we receive from [QIN-QIO NAME] is worth the time or effort required on the part of our staff." Do you...?

- a. Strongly disagree
- b. Disagree
- c. Neither agree or disagree
- d. Agree

e. Agree strongly

Why do you say that?

16. Do you intend to keep participating in the [STATE] Nursing Home Quality Care Collaborative? Why or why not?
17. If you could make a change to the [STATE] Nursing Home Quality Care Collaborative, how would you change it?
18. Could you recommend any family members of nursing home residents we could talk with who are involved with quality improvement at your facility? Please provide us their names and contact information so we can see if they would be interested in participating in an interview. If you prefer, you could provide them with our name and contact information and ask them to contact us.

Thank you for your time and sharing your experiences with the [STATE] Nursing Home Quality Care Collaborative. Your comments are very helpful and insightful.

Other Topics Discussed:

Any Documents Obtained:

Post Interview Comments or Questions: