# Appendix A5: Interview Guide for QIN-QIO Nursing Home Task Leads

## 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 from the Independent Evaluation Center (IEC) for CMS, and my colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is here to help take notes during the interview. We want to talk with you about your experiences and insights from working with the Task C.2 Nursing Home program.

We appreciate your time and help with these interviews. The information you will share is very valuable for our project. 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. Although my colleague and I will be taking notes during the session, we want to make sure we’re capturing your key comments. This interview is completely voluntary, and you do not have to answer every question or talk about anything you don’t want to, and you may end the interview at any time.

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

Interviewee Interviewer Date

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

[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 45 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.**

## Recruiting

1. I want to start by asking about the recruiting task because it is a big part of the contract. Tell us about your experiences with recruiting nursing homes to participate in the program.

[Probes:]

* What were the selling points of the QIO program that worked well?
* When nursing homes turned down the offer to participate, what types of reasons did they give?
* What proportion of nursing homes in Collaborative 1 stayed with Collaborative 2?
	+ What were the reasons for nursing homes not continuing with the NNHQCC program?
1. Tell us about how you recruited the peer coaches.

[Probe:]

* What advice would you offer for QIOs having difficulty recruiting peer coaches?
1. How did you go about recruiting residents and family members? How did you get word out to residents and family members about participating?
2. What were the most challenging aspects about recruiting? What could be done to help make it less challenging?

## Strengths and Challenges of QIN-QIO Program

1. Let’s talk about the Collaborative approach; what do you think are the strongest features of this approach for advancing the QIO nursing home program goals? What’s working from this approach?

[Probes:]

* How useful is the Change Package? Do you know if nursing homes used the “Change Bundles” to reduce antipsychotic use, increase mobility, and reduce HACs?
* Are there parts of the Change Package that seem unrealistic in the field? Which parts?
* How are you using the Composite Score? (Do you find uses other than aiming for favorable changes in the overall score?)
* Have you found any issues or problems with using the Composite Score? For example, do you observe preoccupation with the score to the exclusion of system changes?
* How are you using the Peer Coaches? Residents/family members?

## Collection and Use of Measures

I’d like to get your input on the measures you collect and how you use them.

1. Besides the quality measures and Composite Scores, were there other indicators you used to gauge if nursing homes were making positive changes? For example, did you monitor if they had regular meetings about quality improvement, or making better use of data?

[Probe:]

* Were there any other ways you followed their progress?
1. Were you able to monitor whether nursing homes were using QAPI methods and techniques, like PDSA? [IF YES] What methods do you use for this purpose?

[Probes:]

* Do you collect data and results from improvement monitoring tools that nursing homes use?
* [IF YES] Do you use these data? How do you use it?
* Do you collect other data showing impact and effectiveness that are not reflected in quarterly reports?
1. Could you monitor whether nursing homes were making systematic changes like lowering staff turnover and using consistent staffing for residents? [IF YES] What methods do you use for this purpose?

[Probe for individual system changes]

* Consistent/permanent staff assignment
* Improved communications
* Effective leadership
* Improved regulatory compliance
* Use of clinical models
* Use of quality of life indicators

[Probe]

* Can you tell us about a nursing home you worked with that was able to make a systematic change through applying methods and techniques from the Collaborative?
1. Did you have specific challenges in the pre-work activities? (e.g. facilitating QAPI self-assessments)

[Probes:]

* Operational challenges (e.g. NHs not able to master QM tools);
* Logistical challenges (e.g. problems disseminating resources)
* Environmental challenges (e.g. turnover of NH staff and peer coaches)
* Resource challenges
* What could have helped to make this less challenging? Do you have plans for overcoming these challenges in the next Collaborative?
1. Did you have specific challenges in the learning session activities? (e.g., sessions on mobility, dementia care, etc.)

[Probes:]

* Conceptual challenges (e.g. NHs not understanding the materials)
* Logistical challenges (e.g. implementing the sessions, getting good turnout)
* Environmental challenges (e.g. competing issues or programs)
* Resource challenges
* What could have helped to make this less challenging? Do you have plans for overcoming these challenges in the next Collaborative?
1. Did you have specific challenges in the action period activities? (e.g., reviewing PDSAs, providing data, etc.)

[Probes:]

* Operational challenges (e.g. NHs not able to perform PDSAs or attend meetings)
* Logistical challenges (e.g. providing support for remote or rural nursing homes)
* Environmental challenges (e.g. competing issues or programs)
* Resource challenges
* What could have helped to make this less challenging? Do you have plans for overcoming these challenges in the next Collaborative?

## Partnership and Coordination

1. When planning your activities did you collaborate with Tasks C.1/C.3.10 and C.3? How did that process work? How did you feel about that process? [IF YES]
2. Was there any coordination with the other states in the QIN for developing activities, tools or resources? [IF YES] How much had to be tailored or changed for your purposes?
3. Did you coordinate or partner with other quality improvement programs in your state? [IF YES] Which ones? How did you feel about the value gained from partnering for the effort/time needed to develop and maintain the partnership?

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 **45 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]

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