

Appendix B. Data Collection Pre-Notification Communications

B1. Nursing Home Administrator Survey Letter/Email Communication

[EMAIL LETTERHEAD]

[DATE]

[FACILITY ADDRESS]

Dear [NAME OF NURSING HOME ADMINSTRATOR],

The Centers for Medicare and Medicaid Services (CMS) is conducting a brief survey about quality improvement efforts in nursing homes and types of resources that are helpful in this area. The survey is being conducted among nursing homes that serve Medicare beneficiaries as part of CMS's efforts to improve the quality of care for beneficiaries. CMS has partnered with Booz Allen Hamilton to conduct this important survey to learn about your facility's quality improvement activities.

Within two weeks you will be contacted by telephone to conduct or schedule a time to conduct the survey. This survey should take [10/20 minutes --more for QIO facilities]. 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 over the last three years. 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. If you think that someone other than yourself is more qualified to complete the survey, please inform us when we reach out to you and let us know who we should contact.

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 participation in this survey is voluntary. We will be collecting responses from many facilities and reporting only the aggregate results; your name and your organization will never be associated with the findings. What you say on the survey will be held securely and will not in any way affect your facility's relationship with CMS.

Prior to completing the survey, it may be helpful for you to review your nursing home's quality improvement activities.

Please contact [Name of BAH Team Contact] at [Contact info for BAH Team Contact] if you have any questions or concerns. Thank you in advance for your participation in this important effort.

Sincerely,

[SIGNATURE]

B2. Nursing Home Administrator Interview Letter/Email Communication

[EMAIL LETTERHEAD]

[DATE]

[FACILITY ADDRESS]

Dear [NAME OF NURSING HOME ADMINISTRATOR],

The Centers for Medicare and Medicaid Services (CMS) is conducting interviews about quality improvement efforts in nursing homes and types of resources that are helpful in this area. These interviews are being conducted among nursing homes that serve Medicare beneficiaries as part of CMS's efforts to improve the quality of care for beneficiaries. CMS has partnered with Booz Allen Hamilton to conduct this important interview to learn about your facility's quality improvement activities.

Within two weeks you will be contacted by telephone to conduct or schedule a time to conduct the interview. This interview should take 45 minutes. For this interview, we are seeking the person who [for QIO facilities] works most closely with [INSERT NAME OF LOCAL QIN-QIO] and is most knowledgeable about the quality improvement activities your nursing home has been working on over the last three years. 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. If you think that someone other than yourself is more qualified to complete the interview, please inform us when we reach out to you and let us know who we should contact.

We hope [FACILITY NAME] will participate in the interview and provide information that will help CMS improve its quality improvement programs. You should know that participation in this interview is voluntary. We will be collecting responses from many facilities and reporting only the aggregate results; your name and your organization will never be associated with the findings. What you say on the interview will be held securely and will not in any way affect your facility's relationship with CMS.

Prior to completing the interview, it may be helpful for you to review your nursing home's quality improvement activities.

Please contact [Name of BAH Team Contact] at [Contact info for BAH Team Contact] if you have any questions or concerns. Thank you in advance for your participation in this important effort.

Sincerely,

[SIGNATURE]

B3. Peer Coach Interview Letter/Email Communication

[EMAIL LETTERHEAD]

[DATE]

[FACILITY ADDRESS]

Dear [NAME OF PEER COACH],

The Centers for Medicare and Medicaid Services (CMS) is conducting interviews about quality improvement efforts in nursing homes, including the peer coach program. The survey is being conducted among nursing homes that serve Medicare beneficiaries as part of CMS's efforts to improve the quality of care for beneficiaries. CMS has partnered with Booz Allen Hamilton to conduct this important survey to learn about your facility's quality improvement activities.

Within two weeks you will be contacted by telephone to conduct or schedule a time to conduct the interview. This interview should take 30 minutes.

We hope that you will participate in the interview and provide information that will help CMS improve its peer coach program. You should know that participation in this interview is voluntary. We will be collecting responses from many peer coaches and reporting only the aggregate results; your name and your organization will never be associated with the findings. What you say on the interview will be held securely and will not in any way affect your facility's relationship with CMS.

Please contact [Name of BAH Team Contact] at [Contact info for BAH Team Contact] if you have any questions or concerns. Thank you in advance for your participation in this important effort.

Sincerely,

[SIGNATURE]

B4. QIN-QIO Focus Group Letter/Email Communication

[EMAIL LETTERHEAD]

[DATE]

[FACILITY ADDRESS]

Dear [NAME OF QIN-QIO Contact],

I am writing on behalf of the Centers for Medicare and Medicaid Services (CMS). We are conducting focus groups with QIN-QIOs directors about quality improvement efforts in nursing homes as part of CMS's efforts to improve the quality of care for Medicare beneficiaries. CMS has partnered with the Independent Evaluation Center (IEC), Booz Allen Hamilton, to conduct these focus groups to learn about your facility's quality improvement activities.

We will be conducting these focus groups at the CMS Annual Quality Conference on [INSERT DATE AND TIME]. This focus group should take 1 hour. For this focus group, we are seeking the person who is most knowledgeable about the quality improvement activities your QIN-QIO has been conducting with nursing homes in your region.

We hope [FACILITY NAME] will participate in the focus group and provide information that will help CMS improve its quality improvement programs. You should know that participation in this focus group is voluntary. We will be collecting responses from many organizations and reporting only the aggregate results; your name and your organization will never be associated with the findings. What you say in the focus group will be held securely and will not in any way affect your facility's relationship with CMS.

Please contact [Name of BAH Team Contact] at [Contact info for BAH Team Contact] if you have any questions or concerns. Thank you in advance for your participation in this important effort.

Sincerely,

[SIGNATURE]

B5. QIN-QIO Interview Letter/Email Communication

[EMAIL LETTERHEAD]

[DATE]

[FACILITY ADDRESS]

Dear [NAME OF QIO Contact],

I am writing on behalf of the Centers for Medicare and Medicaid Services (CMS). We are conducting interviews with QIOs directors about quality improvement efforts in nursing homes as part of CMS's efforts to improve the quality of care for Medicare beneficiaries. CMS has partnered with the Independent Evaluation Center (IEC), Booz Allen Hamilton, to conduct these interviews to learn about your facility's quality improvement activities.

Within two weeks you will be contacted by telephone to conduct or schedule a time to conduct the interview. This interview should take 45 minutes. For this interview, we are seeking the person who is most knowledgeable about the quality improvement activities your QIO has been conducting with nursing homes in your region. Prior to participating in the interview, it may be helpful for you to review your QIO's nursing home quality improvement activities.

We hope [FACILITY NAME] will participate in the interview and provide information that will help CMS improve its quality improvement programs. You should know that participation in this interview is voluntary. We will be collecting responses from many organizations and reporting only the aggregate results; your name and your organization will never be associated with the findings. What you say on the survey will be held securely and will not in any way affect your facility's relationship with CMS.

Please contact [Name of BAH Team Contact] at [Contact info for BAH Team Contact] if you have any questions or concerns. Thank you in advance for your participation in this important effort.

Sincerely,

[SIGNATURE]