

**Program Evaluation of AHRQ's TeamSTEPPS in Long-Term Care**

**Supporting Statement  
Part B**

**Agency for Healthcare Research and Quality (AHRQ)  
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## **B. Collections of Information Employing Statistical Methods**

### **B.1. Respondent Universe and Sampling Methods**

Twelve (12) focus groups will be conducted in three U.S. cities with a diverse group of individuals employed in the long-term care field. There will be n=6–8 participants in each of the 12 groups, for a total of n=72–96 participants.

Focus group locations have been selected on the basis of geographic diversity, the diversity in age and race/ethnicity of their residents, the presence of a variety of long-term care facilities, and the ease of access to a focus group hosting facility.

**Table B.1. Diversity of the Respondent Universe**

<b>Focus Group Location</b>	<b>Percent Hispanic Pop.</b>	<b>Percent Black Pop.</b>	<b>Percent White Pop.</b>	<b>Percent Asian Pop.</b>	<b>Percent 65+ Pop.</b>
Atlanta	5.6	52.4	36.4	3.8	10.1
Chicago	28.9	31.5	32.2	5.7	10.7
Phoenix	40.5	6.5	46.0	3.3	9.1

Demographic questions about country of origin, education level attained, age, professional role, etc., will be asked so that diverse backgrounds can be included in the focus groups.

It should be noted that this is qualitative research. Results will not be used to make nationally representative statements or to generalize the data beyond the scope of the sample. In qualitative research of this nature, having a representative sample of the underlying population is desirable, but will not have an impact on the findings.

The collection has not been conducted previously.

### **B.2. Procedures for the Collection of Information**

This will be a one-time collection of data, spanning 12 discrete sessions over 2 to 3 weeks. The methodology for selecting participants is discussed above in the response to Question 1.

At the conclusion of the focus groups, we will develop a summary report that will include data analysis. The summary report will detail the proceedings and analyze the focus group sessions. A general description of the focus group participants (minus personal protected information) will be included in the summary report as well.

### **B.3. Methods to Maximize Response and Participation**

We will invite 10 individuals to participate in each focus group session. Based on industry norms for focus group recruitment, we believe that we will receive a participant turnout of between 70 and 80 percent, which should ensure that we can seat the six to eight participants sought for each session. The qualitative nature of this effort will not result in data that can be generalized to be statistically representative of the broader population. Our report will include a clear advisory that the data represent only the individuals involved in the focus groups.

Group participants will receive an honorarium of \$80, \$120, or \$250 for 90 minutes' time, depending on their professional role. Certified nursing assistants (CNAs) will receive an honorarium of \$80; the mixed selection of medical professionals will receive an honorarium of \$120; and physicians will receive an honorarium of \$250.

Our figures for the incentives is based on two factors: The mean hourly wage, and the recommendation from the focus group facilities that will be handling recruitment. Market research indicates the mean hourly wage for physicians and surgeons to be \$95.05 (from the Bureau of Labor Statistics seen [here](#), occupation code 29-1069), and our focus group facilities recommended an incentive of \$400 for that professional role. By splitting the difference between those two figures, we arrived at a final figure of \$250.

### **B.4. Test of Procedures or Methods**

Because this is qualitative research, no formal statistical testing is planned besides counts, basic marginal percentages, and cross-tabulations. Transcripts from the interviews will be coded to identify themes regarding the efficacy and applicability of the TeamSTEPPS for Long-Term Care curriculum.

We will systematically monitor data collection procedures in order to identify ways to reduce burden, streamline processing, and assure quality data.

### **B.5. Contacts for Statistical Aspects and Data Collection**

Consultants outside of AHRQ are listed below.

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