

**Economic Programs Directorate
Decision Document**

DECISION DOCUMENT			
			Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Document Title	Standards Review of Questions added to MOPS-HP w/o Cognitive Testing		
Document Purpose	<input checked="" type="checkbox"/> Document decision <input type="checkbox"/> Request decision		
Document Type	<input type="checkbox"/> Policy (not security) <input type="checkbox"/> Security <input checked="" type="checkbox"/> Project - Specify project name: ___MOPS-HP___ <input type="checkbox"/> Other - Please specify: _____		
EDMS #		Decision Document # (if applicable)	N/A
Divisions/Offices Affected	<input checked="" type="checkbox"/> CES <input checked="" type="checkbox"/> ESMD <input type="checkbox"/> EAD <input checked="" type="checkbox"/> EWD <input type="checkbox"/> EID <input checked="" type="checkbox"/> EMD <input type="checkbox"/> ERD	Systems Affected (for software development projects only)	N/A
Author	Alice Zawacki, Center for Economic Studies Diane Willimack, ESMD	Date Submitted for Approval	May x, 2020
Approver (s)	Chief, Economic Statistical Methods Division Chief, Economy-Wide Statistics Division Director, Center for Economic Studies	Date Approved/Denied	

I. STATEMENT OF PROBLEM/ISSUE

The current pandemic highlights the relevance of hospital management practices especially as they relate to hospitals' ability to respond to shocks to their organization and the health care system. The Census Bureau can help improve measurement of hospital preparedness in 2014 and 2019 by adding two questions proposed below to the Management and Organizational Practices Survey-Hospitals (MOPS-HP). These questions would provide information on two elements of responsiveness, hospitals' *coordinated* deployment of frontline clinical workers and hospitals' ability to *quickly* respond to needed changes in standardized clinical protocols.¹

The Census Bureau's Statistical Quality Standard A2, Developing Statistical Data Collection Instruments and Supporting Materials (see <https://www.census.gov/about/policies/quality/standards/standarda2.html>) requires that any new or substantially revised survey questions be pretested with respondents (see sub-requirement A2-3.3). The MOPS-HP, as a brand new survey, underwent substantial cognitive testing in July - August, 2018, to aid its development. With the MOP-HP Information Collection Request (ICR) ready for final submission to OMB, and data collection planned to begin in autumn 2020, there is insufficient time to complete cognitive testing of the two new questions proposed for this collection.

Statistical Quality Standard A2 describes contingencies when cognitive pretesting with respondents may be infeasible under circumstances such as "extreme budget, resource, or time constraints." In these instances, according to A2, "subject matter and cognitive experts must discuss the need for and feasibility of pretesting," and the program manager may request that cognitive experts conduct a methodological expert review. "If the cognitive experts do not agree that an expert review would satisfy this requirement, the program manager must apply for a waiver" from the M&S Council. Thus, the standard seems to indicate that if the cognitive reviewers and the SMEs can reach agreement through collaboration motivated by the expert review, then a waiver may not be required.

On April 16, 2020, EWD's MOPS-HP survey managers and CES stakeholders reached out to cognitive reviewers in ESMD for guidance, and requested a cognitive expert review of the two additional questions proposed for the survey. Two members of ESMD's Data Collection Methodology & Research Staff were assigned to independently² conduct expert reviews of the proposed questions, and delivered their reviews on May 5, 2020. Subsequently, the cognitive reviewers, survey managers, and subject matter experts met to discuss the reviewers' recommendations, seek clarifications, and collaboratively developed acceptable alternatives, upon which mutual agreement was reached.

II. DECISION

The decision is to implement in the 2019 MOPS-HP instrument the versions of the two additional questions as agreed upon by the ESMD/DCMRB cognitive reviewers, the CES and EWD SMEs, and the EWD survey managers, without additional cognitive testing.

Final questions and their placement follow:

¹ Since two new questions are being added, the Census Bureau and the sponsor have also identified two existing questions on medical record documentation that will be dropped from the MOPS-HP.

² At their April 9, 2020, meeting, the M&S Council recommended that more than one expert review be conducted independently when expert reviews are requested under the A2 contingency.

Question 1: Moving frontline clinical workers to different units within the hospital

Final wording

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different units within this hospital when needed (for example, in response to understaffing or increased patient care needs)?

Select one box for each year

- Frontline clinical workers were moved to different units within this hospital when needed, and ONE central office coordinated this process
- Frontline clinical workers were moved to different units within this hospital when needed, but NO one central office coordinated this process
- Frontline clinical workers were not moved to different units within this hospital when needed

Placement

This question will be added to *Section F: Staffing and Allocation of Human Resources* on the MOPS-HP survey form after existing question #29 that asks who decided how work was allocated.

Question 2: Modifying and updating standardized clinical protocols

Final wording

In 2014 and 2019, within what time period did this hospital typically MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

- Within one week of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within six months of identifying the need
- More than six months after the need was first identified

Placement

Added to *Section G: Standardized Clinical Protocols* on the MOPS-HP survey form after existing question #34 that asks who modified or updated protocols. This new question will be skipped if response to #34 indicates the hospital does not usually modify or update their protocols.

ESMD's Methodology Director for Measurement & Response Improvement and ESMD's chief concur that this decision and the process used to achieve it suffice and satisfy the intent of the directions per Statistical Quality Standard A2 for Developing Statistical Data Collection Instruments and Supporting Materials.

III. SUPPORTING INFORMATION

The final versions of the two proposed questions added to 2019 MOPS-HC appear in Attachment 1, which also includes documentation of the original question versions and the collaborative process that led to their adoption. Attachments 2 and 3 contain the written reports completed by the cognitive expert reviewers, as required by A2.

IV. DECISION DOCUMENT UPDATES/CHANGE HISTORY

	Last Update	Reason for Change	Document Version	Approved by:
1				
2				

V. APPROVAL

Approving Official	Signature	Date:
Carol V. Caldwell Chief, ESMD		
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 Econ Hub Change Coordination Process (CCP) SharePoint Site

ATTACHMENT 1
Documentation of MOPS-HP Question Additions and EWD/ESMD Collaborations

To: Diane Willimack, Amy Anderson Reimer, Kristin Stettler, and Rebecca Keegan
From: Alice Zawacki
CC: Edward Watkins, Savita Sathya, Scott Ohlmacher
Date: 5.14.2020

DRAFT Decision Document for adding 2 new questions motivated by the COVID-19 pandemic to the Management and Organizational Practices-Hospitals (MOPS-HP)

The current pandemic highlights the relevance of hospital management practices especially as they relate to hospitals' ability to respond to shocks to their organization and the health care system. The Census Bureau can help improve measurement of hospital preparedness in 2014 and 2019 by adding the following proposed questions to the Management and Organizational Practices Survey-Hospitals (MOPS-HP). These questions would provide information on two elements of responsiveness, hospitals' *coordinated* deployment of frontline clinical workers and hospitals' ability to *quickly* respond to needed changes in standardized clinical protocols.³

Following communications between the testing staff, survey director, survey sponsor, and CES, the 2 following questions have been finalized. This document summarizes the final decisions on this content based on responses to the findings and recommendations from the expert reviews conducted by Kristin Stettler and Rebecca Keegan, the positioning of these questions within the existing MOPS-HP survey, and other details are provided below.

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different units within this hospital when needed (for example, in response to understaffing or increased patient care needs)?

Select one box for each year

- Frontline clinical workers were moved to different units within this hospital when needed, and ONE central office coordinated this process
- Frontline clinical workers were moved to different units within this hospital when needed, but NO one central office coordinated this process
- Frontline clinical workers were not moved to different units within this hospital when needed

In 2014 and 2019, within what time period did this hospital typically MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

- Within one week of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within six months of identifying the need
- More than six months after the need was first identified

³ Since two new questions are being added, the Census Bureau and the sponsor have also identified two existing questions on medical record documentation that will be dropped from the MOPS-HP.

I. Question 1: Moving frontline clinical workers to different units within the hospital

The first question will collect data from 2014 and 2019 to measure (1) whether frontline clinical workers were moved to different units within the hospital when needed and (2) if moved, did one central office coordinate the process. This final content reflects edits made to the original proposed question (see below).

Final wording

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different units within this hospital when needed (for example, in response to understaffing or increased patient care needs)?

Select one box for each year

- Frontline clinical workers were moved to different units within this hospital when needed, and ONE central office coordinated this process
- Frontline clinical workers were moved to different units within this hospital when needed, but NO one central office coordinated this process
- Frontline clinical workers were not moved to different units within this hospital when needed

Placement

This question will be added to *Section F: Staffing and Allocation of Human Resources* on the MOPS-HP survey form after existing question #29 that asks who decided how work was allocated.

Other notes: Show/Hide definition of frontline clinical workers.

Responses to recommendations from expert reviews

- Since the question's focus is on *how* frontline clinical workers are moved, and not on *why* they're moved, language was added with 2 major reasons why a hospital unit might be busy and in need of frontline clinical workers (increased patient demand and/or decreased labor supply). It's noted that this might lead to some responses that do not reflect the movement of frontline clinical workers for other reasons, such as cross-training or employee requests to change units.
- Note: If a respondent was not working at the hospital in 2014, they are not asked to respond for 2014
- Sponsor prefers this format rather than making it a yes/no question, because she would like to keep track of movements without coordination, and not sure a yes/no question would collect this information
- Responses rearranged from most to least likely
- Removed 'applicable skill set' from response options
- Definition of frontline clinical workers will be a show/hide feature on the Centurion instrument.
- As recommended, we capitalized 'NO' and also 'ONE' in the first response.
- "ONE central person" was replaced with "ONE central office" because we think it is more realistic to think more than one person would coordinate movement of frontline clinical workers
- We also replaced "across hospital units" with "different units within this hospital" since workers may be moved across hospitals under the same ownership and we want to collect establishment-level data.

Original Proposed Question #1

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different hospital units that became busier than others?

Select one box for each year

- Frontline clinical workers did not move across hospital units
- Frontline clinical workers moved across hospital units based on their applicable skills but no central person coordinated this process
- Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process

FRONTLINE CLINICAL WORKERS include all clinical staff with direct patient care responsibilities (such as nurses, nurses' aides, physical/occupational/speech/respiratory therapists, radiology and laboratory technicians), who do NOT have employees directly reporting to them. Do NOT include non-clinical frontline staff such as food services, housekeeping, or maintenance staff.

II. Question 2: Modifying and updating standardized clinical protocols

The second question will collect data from 2014 and 2019 to measure how *quickly* the hospital modifies and updates standardized clinical protocols after the need to do so has been identified. This final content reflects edits made to the original proposed question (see below).

Final wording

In 2014 and 2019, within what time period did this hospital typically MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

- Within one week of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within six months of identifying the need
- More than six months after the need was first identified

Placement

Added to *Section G: Standardized Clinical Protocols* on the MOPS-HP survey form after existing question #34 that asks who modified or updated protocols. This new question will be skipped if response to #34 indicates the hospital does not usually modify or update their protocols.

Responses to recommendations from expert reviews

- Added, replaced, and collapsed responses to arrive at the final options. Not including a response for 'never,' since a 'never' response would essentially say that the hospital doesn't modify or update their protocols. The previous MOPS-HP question includes a response for hospitals that don't modify or update their protocols and they would skip this proposed question.

- ‘Typically’ or ‘typical’ is used in Q17-21 and Q30 similarly to how this question is drafted, and will keep.
- Clinical standardized protocols was a well-understood concept and it was decided that examples and/or a definition weren’t necessary to include
- Since we use ‘weekly’ references elsewhere on the MOPS-HP, keep responses to this question consistent and use ‘week’ rather than ‘7 days’

Original proposed question #2

In 2014 and 2019, how long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

- Within one day of identifying the need
- Within one week of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within one year of identifying the need
- Never

ATTACHMENT 2
Cognitive Expert Review by Kristin Stettler, ESMD/DCMRB

Expert Review for the Measurement and Organizational Practices-Hospitals Survey (MOPS-HP), Two New Proposed Questions

Prepared for:

Alice Zawacki, Center for Economic Studies (CES)

Prepared by:

Kristin Stettler, Data Collection Methodology and Research Branch (DCMRB)

Economic Statistical Methods Division

May 1, 2020 draft

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Executive Summary

Kristin Stettler from the Data Collection Methodology and Research Branch, in the Economic Statistical Methods Division, reviewed two new proposed questions under consideration to be added to the Management and Organizational Practices Survey for Hospitals (MOPS-HP). The survey is designed to be completed by the Chief Nursing Officer.

The two new proposed questions are intended to learn more about how hospitals prepare to adjust resources and efforts in a crisis. The first proposed question raises some concerns about what the measurement goal is and how respondents will interpret the question and answer categories. The second proposed question seems fairly clear and only two minor revisions are suggested. In both cases, it would help to understand what the measurement goal of the questions is.

Additionally, we note that reporting for 2014 will likely be difficult for many respondents, especially those who did not work there at the time. This issue was discussed in further detail in the cognitive interviewing reports for Rounds 1 and 2.

Proposed New Questions

The two new proposed questions are intended to learn more about how hospitals prepare to adjust resources and efforts in a crisis.

The first new question would be placed in Section F (Staffing and Allocation of Human Resources), after existing question #29 that asks who decided how work was allocated.

The second new question would be placed in Section G (Standardized Clinical Protocols), after existing question #34 that asks who modified or updated protocols. (Note: This new question will be skipped if response to #34 indicates the hospital does not modify or update their protocols.)

See Appendix A for the two new questions and their two preceding questions.

Proposed New Question #1

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different hospital units that became busier than others?

Select one box for each year

Frontline clinical workers did not move across hospital units

Frontline clinical workers moved across hospital units based on their applicable skills but no central person coordinated this process

Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process

FRONTLINE CLINICAL WORKERS include all clinical staff with direct patient care responsibilities (such as nurses, nurses' aides, physical/occupational/speech/respiratory therapists, radiology and laboratory technicians), who do NOT have employees directly reporting to them. Do NOT include non-clinical frontline staff such as food services, housekeeping, or maintenance staff.

Proposed New Question #2

In 2014 and 2019, how long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

Within one day of identifying the need

Within one week of identifying the need

Within one month of identifying the need

Within three months of identifying the need

Within one year of identifying the need

Never

Findings and Recommendations

Finding #1 – Proposed New Question #1

The question asks about how frontline clinical workers were moved to different hospital units that “became busier than others”. The answer categories, however, do not mention why the workers were moved. It seems likely that workers are moved between units for many reasons. Therefore, the first response category, “Frontline clinical workers did not move across hospital units” seems unlikely to be selected. (At a minimum, it should be clarified, “Frontline clinical workers did not move across hospital units due to”)

The phrase “become busier than others” may not be the best way to describe the situation. Perhaps referencing changes in demand or patient load or staffing needs would be more appropriate?

The last two answer categories assume that the workers were moved “based on their applicable skills” but that does not seem to be the issue of concern. What if it was not “based on their applicable skills”? Consider deleting “based on their applicable skills” in both answer categories.

What does one “central” person mean? (For consistency, add “one” before “central person” in the second answer category.) Perhaps “one single person”? If it was not one “central” person, what are the likely scenarios? What if it was a team or another decision-making body? How would/should they answer?

What are you trying to measure with this question?

Reporting for 2014 will likely be difficult for many respondents, especially those who did not work there at the time. This issue was discussed in further detail in the cognitive interviewing reports for Rounds 1 and 2.

Finally, the definition of FRONTLINE CLINICAL WORKERS provided under the question text may not be necessary, as the definition was provided in Question #6 and the term was used in multiple other questions, without accompanying definition.

Possible suggested rewording:

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved across hospital units due to large changes in patient loads?

One single person coordinated movement of frontline clinical workers across hospital units due to large changes in patient loads

No single person coordinated movement of frontline clinical workers across hospital units due to large changes in patient loads

Frontline clinical workers did not move across hospital units due to large changes in patient loads

Finding #2 – Proposed New Question #2

This question seems fairly clear.

Is “typically” something respondents can comfortably report for? How many modifications of standardized clinical protocols occur in a year? If two, and one took one day and one took 8 months, how would they answer? If dozens, and there is a wide range, how would they answer?

What about those who took more than a year? Consider adding another answer category before Never: “More than one year after identifying the need”

What are you trying to measure with this question?

It was noted that those who answered “Standardized clinical protocols were not usually modified or updated at this hospital” to the previous question (#34) would skip this question. However, since it says “not usually” that means that they could be modified or updated, so you may still want them to answer this question. Perhaps allow a “Not applicable” answer category?

Was “standardized clinical protocols” ever defined in this questionnaire?

Reporting for 2014 will likely be difficult for many respondents, especially those who did not work there at the time. This issue was discussed in further detail in the cognitive interviewing reports for Rounds 1 and 2.

Possible suggested rewording:

In 2014 and 2019, how long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

Within one day of identifying the need

Within one week of identifying the need

Within one month of identifying the need

Within three months of identifying the need

Within one year of identifying the need

More than one year after identifying the need

Never

Not Applicable

Economic Directorate Guidelines on Questionnaire Design

For further information about the Economic Directorate Guidelines on Questionnaire Design, please click [here](#).

Guideline	Is the guideline followed?	Recommendation
Wording		
1. Phrase data requests as questions or imperative statements, not sentence fragments or keywords.	Yes	
2. Break down complex questions into a series of simple tasks.	Yes	
3. Use a consistent reference period.	Yes	
4. Avoid jargon and terms that may be unfamiliar to respondents.	Sometimes	Some of the wording may be a bit jargon.
5. Use consistent terms throughout the question (Use the same terms consistently throughout the questionnaire).	Yes	
6. For Web instruments, consider using automatic calculations for questions that require calculations	N/A	
7. For Web instruments, use automatic fills when questions reference	N/A	

information reported on earlier screens or available only on paper questionnaires (e.g., mailing labels).		
Response Options and Answer Spaces		
8. Use similar answer spaces when requesting the same type of information.	Yes	
9. Use consistent response across similar items.	N/A	
10. Clearly indicate the unit of measurement for each data item.	N/A	
11. Decide whether to provide previously reported data to respondents after weighing the potential data quality benefits and risks and the potential disclosure and security risks.	N/A	
12. Provide “Mark X if None” checkboxes only if it is necessary to differentiate between item nonresponse and reported values of zero.	N/A	
Visual Features and Layout		

13. Use font variations consistently and for a single purpose with a questionnaire.	N/A	
14. Group data items and their answer spaces / response options.	N/A	
15. Evaluate the necessity of any graphics, images, and diagrams to ensure that they are useful for respondents.	N/A	
Navigation		
16. Use a consistent page or screen layout.	N/A	
17. Clearly identify the start of each question and section.	Yes	
18. Group similar data items together.	Yes	
19. Use blank space to separate questions and make it easier to navigate within questionnaires.	N/A	
20. Align questions and answer spaces / response options.	N/A	
21. Use strong visual features to emphasize skip instructions.	N/A	
22. Inform respondents of the navigational path when a question continues on another page.	N/A	

Instructions		
23. Use mode-specific instructions.	N/A	
24. Incorporate question-specific instructions into a survey instrument where they are needed. Avoid placing instructions in a separate sheet / booklet / webpage.	Yes	
25. Consider reformulating important instructions as questions.	N/A	
26. Convert narrative paragraphs to bulleted lists.	N/A	
27. When possible, use an actual date, rather than a vague timeframe, to reference due dates.	N/A	
Matrices		
28. Limit the use of matrices. Consider the potential respondent's level of familiarity with tables when deciding whether to use them.	Yes	

About the Data Collection Methodology and Research Branch (DCMRB)

The Data Collection Methodology and Research Branch (DCMRB) in the Economic Statistical Methods Division assists economic survey program areas and other governmental agencies with research associated with the behavioral aspects of survey response and data collection. The mission of DCMRB is to improve data quality in surveys while reducing survey nonresponse and respondent burden. This mission is achieved by:

- Conducting expert reviews, cognitive pretesting, site visits and usability testing, along with post-collection evaluation methods, to assess the effectiveness and efficiency of the data collection instruments and associated materials;
- Conducting early stage scoping interviews to assist with the development of survey content (concepts, specifications, question wording and instructions, etc.) by getting early feedback on it from respondents;
- Assisting program areas with the development and use of nonresponse reduction methods and contact strategies;
- And conducting empirical research to help better understand behavioral aspects of survey response, with the aim of identifying areas for further improvement as well as evaluating the effectiveness of qualitative research.

For more information on how DCMRB can assist your economic survey program area or agency, please visit the [DCMRB intranet site](#) or contact the branch chief, [Amy Anderson Riemer](#).

Appendix A: Proposed New Questions and Preceding Questions

29. In 2014 and 2019, who decided how work was allocated to clinical staff at this hospital?

Select all that apply

Senior clinical managers (CNO,CMO)

Senior non-clinical managers (CEO, CFO, COO)

Clinical managers

Non-clinical managers

Providers

Frontline clinical workers

Proposed New Question #1

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different hospital units that became busier than others?

Select one box for each year

Frontline clinical workers did not move across hospital units

Frontline clinical workers moved across hospital units based on their applicable skills but no central person coordinated this process

Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process

FRONTLINE CLINICAL WORKERS include all clinical staff with direct patient care responsibilities (such as nurses, nurses' aides, physical/occupational/speech/respiratory therapists, radiology and laboratory technicians), who do NOT have employees directly reporting to them. Do NOT include non-clinical frontline staff such as food services, housekeeping, or maintenance staff.

34. In 2014 and 2019, who of the following MODIFIED or UPDATED standardized clinical protocols at this hospital?

Select all that apply

Senior clinical managers (CNO, CMO)

Senior non-clinical managers (CFO, CEO, COO)

Clinical managers

Non-clinical managers

Providers

Frontline clinical workers

Standardized clinical protocols were not usually modified or updated at this hospital

Proposed New Question #2

In 2014 and 2019, how long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

Within one day of identifying the need

Within one week of identifying the need

Within one month of identifying the need

Within three months of identifying the need

Within one year of identifying the need

Never

ATTACHMENT 3
Cognitive Expert Review by Rebecca Keegan, ESMD/DCMRB

Expert Review for the Management and Organizational Practices Survey for Hospitals

Prepared for:

Alice Zawacki, Center for Economic Studies (CES)

Prepared by:

Rebecca Keegan, Data Collection Methodology and Research Branch (DCMRB)

Economic Statistical Methods Division

May 1st, 2020

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Executive Summary

Staff from the Data Collection Methodology and Research Branch in the Economic Statistical Methods Division reviewed a list of questions that was prepared for the Management and Organizational Practices Survey for Hospitals (MOPS).

The MOPS-HP is a survey that aims to measure the management and organizational practices of General Medical and Surgical Hospitals, as well these establishments' productivity growth.

Staff reviewed two new questions that will be added to the MOPS-HP for clarity and to ensure that the questions measure what they are intending to measure. The following section reports on findings and recommendations for areas that we believe can be improved. See [Appendix A](#) for the proposed draft questions.

The key findings are as follows:

Findings and Recommendations: First Draft Question

- Finding #1 – Rearrange response options in order of most to least likely to be selected
- Finding #2 – Remove “applicable skill set” from response options
- Finding #3 – Move definition of “Frontline Clinical Worker” above response options
- Finding #4 – Consider emphasizing the main distinction between response options

Findings and Recommendations: Second Draft Question

- Finding #5 – Clarify “Never” in response options
- Finding #6 – Change “one week” time frame to say “seven days”
- Finding #7 – Consider adding a six month response option

Findings and Recommendations: First Draft Question

Finding #1 – Rearrange response options in order of most to least likely to be selected

Ease respondent cognitive burden by reordering the response options by listing the response option presumed to be most frequently selected first. For example, if it is most often the case that a central person coordinates clinical worker's movements, list that option first. If presumably it would be unlikely that there was no movement across hospital units, list that option last.

- Suggested revision:
 - Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process
 - Frontline clinical workers moved across hospital units based on their applicable skills but no central person coordinated this process
 - Frontline clinical workers did not move across hospital units

Finding #2 – Remove “applicable skill set” from response options

The response options for this question describe two different concepts in one response. The response options attempt to determine whether or not a central person was involved in the movement of a frontline worker from one unit to another, but additionally response options assume the reasoning behind this movement is attributed to the clinicians “applicable skill set”. This may lead to issues where the respondent is unsure how to answer, because one answer may apply to one of the concepts (i.e., presence or absence of central person), and a different answer may apply to a different concept (i.e., specific reason for moving frontline worker).

It may be beneficial to remove the aspect of the question responses that pertains to the reason why the frontline worker was moved. Consider removing the extraneous wording “based on their applicable skills” which assigns one reason in particular for the move occurring. This could potentially confuse respondents whose frontline clinical workers were moved to other units for reasons besides their applicable skill sets, such as seniority in their position, managerial potential, or for some other reason.

- Suggested revision:
 - Frontline clinical workers moved across hospital units, and one central person coordinated this process
 - Frontline clinical workers moved across hospital units, but no central person coordinated this process
 - Frontline clinical workers did not move across hospital units

Another option that would disentangle whether a central person was involved in moving frontline clinicians and the reason why the move occurred, would be to rewrite this question as a “Yes/No” question.

- Suggested revision:

In 2014 and 2019, was a central person involved in moving FRONTLINE CLINICAL WORKERS to different hospital units that became busier than others?

- Yes
- No
- Frontline Clinical Workers were not moved to different hospital units.

Finding #3 – Move definition of “Frontline Clinical Worker” above response options

Provide any definitions of terminology used in the question prior to listing response options, so that respondents do not need to search for clarification. Placing the definition of Frontline Clinical Worker directly below the question text will ease cognitive burden.

Finding #4 – Consider emphasizing the main distinction between response options

The two response options involving either the presence or absence of a central person coordinating the frontline worker’s move are worded very similarly, and therefore it may benefit respondents to emphasize the operative distinction between the two response options. Consider either bolding, italicizing or capitalizing the word “no” within the response option.

- Suggested revision:
 - Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process
 - Frontline clinical workers moved across hospital units based on their applicable skills but NO central person coordinated this process
 - Frontline clinical workers did not move across hospital units

Findings and Recommendations: Second Draft Question

Finding #5 – Clarify “Never” in response options

The response option “Never” can be further clarified. Although it is noted that this question should be skipped and thus not applicable to respondents whose protocols did not need updating, respondents could nonetheless misinterpret the “never” response option in this case to mean that they never had to modify or update their protocols. If this response option in fact intended to indicate that although a

need to update or modify protocols was identified, updates were never made, then this should be explicitly stated.

- Suggested revision:

How long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

- Within one day of identifying the need
- Within seven days of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within one year of identifying the need
- Protocols were never modified or updated despite identifying the need

Finding #6 – Change “one week” time frame to say “seven days”

Respondents may interpret the phrase “one week” differently, with some interpreting this to mean a business week from Monday to Friday, and others including the weekend. As it is the case that hospitals maintain working hours throughout the weekend, it may benefit respondents to clarify the “one week” phrase by instead using a more specific definition of “seven days”.

- Suggested revision:
 - Within one day of identifying the need
 - Within seven days of identifying the need
 - Within one month of identifying the need
 - Within three months of identifying the need
 - Within one year of identifying the need
 - Never

Finding #7 – Consider adding a six month response option

It may benefit respondents to expand the time ranges available to choose from to include a six month time frame. Some respondents might prefer to report a change that occurred within a half-year block of time, as opposed to the current 9 month break between three months and a year. Including a six month option may increase reporting accuracy.

- Suggested revision:
 - Within one day of identifying the need
 - Within one week of identifying the need
 - Within one month of identifying the need
 - Within three months of identifying the need
 - Within six months of identifying the need
 - Within one year of identifying the need
 - Never

About the Data Collection Methodology and Research (DCMR) Branch

The Data Collection Methodology and Research (DCMR) Branch in the Economic Statistical Methods Division assists economic survey program areas and other governmental agencies with research associated with the behavioral aspects of survey response and data collection. The mission of DCMR is to improve data quality in surveys while reducing survey nonresponse and respondent burden. This mission is achieved by:

- Conducting expert reviews, cognitive pretesting, site visits and usability testing, along with post-collection evaluation methods, to assess the effectiveness and efficiency of the data collection instruments and associated materials;
- Conducting early stage scoping interviews to assist with the development of survey content (concepts, specifications, question wording and instructions, etc.) by getting early feedback on it from respondents;
- Assisting program areas with the development and use of nonresponse reduction methods and contact strategies;
- And conducting empirical research to help better understand behavioral aspects of survey response, with the aim of identifying areas for further improvement as well as evaluating the effectiveness of qualitative research.

For more information on how DCMR can assist your economic survey program area or agency, please visit the [DCMR intranet site](#) or contact the branch chief, [Amy Anderson Riemer](#).

Appendix A: Proposed Draft Questions

Management and Organizational Practices-Hospitals (MOPS-HP): Proposed additional questions (A. Zawacki. 4.16.2020)

Additional Proposed Questions (See below for MOPS-HP's current questions)

1. Section F: Staffing and Allocation of Human Resources

Placement: After existing question #29 that asks who decided how work was allocated

In 2014 and 2019, how were FRONTLINE CLINICAL WORKERS moved to different hospital units that became busier than others?

Select one box for each year

- Frontline clinical workers did not move across hospital units
- Frontline clinical workers moved across hospital units based on their applicable skills but no central person coordinated this process
- Frontline clinical workers moved across hospital units based on their applicable skills and one central person coordinated this process

FRONTLINE CLINICAL WORKERS include all clinical staff with direct patient care responsibilities (such as nurses, nurses' aides, physical/occupational/speech/respiratory therapists, radiology and laboratory technicians), who do NOT have employees directly reporting to them. Do NOT include non-clinical frontline staff such as food services, housekeeping, or maintenance staff.

2. Section G: Standardized Clinical Protocols

Placement: After existing question #34 that asks who modified or updated protocols

Note: This new question will be skipped if response to #34 indicates the hospital does not modify or update their protocols.

In 2014 and 2019, how long did this hospital typically take to MODIFY or UPDATE its standardized clinical protocols after the need to do so was first identified?

Select one box for each year

- Within one day of identifying the need
- Within one week of identifying the need
- Within one month of identifying the need
- Within three months of identifying the need
- Within one year of identifying the need
- Never