

Nursing Home Survey: Participants

BLACK text is presented to respondents.

RED text is for programming.

BLUE text is for annotations within the instrument.

PRE-LOAD VARIABLES:

- **Nursing Home Name** – nursing home name as available in the network data and HRSA PRF data.
- **Number of sessions** – Number of session attendances (from Network data).

SCREEN OUT

[If a survey for the nursing home (nursing home identifier is CCN) is already completed by this participant (SUID) or another participant associated with the same nursing home, display the screen below.]

Thank you for your interest in completing this survey. Our records indicate that you, or someone else at your facility, has already completed the survey.

If you have any questions, please call the study's toll-free number at <D_800NUM>.

INTRO

Welcome to the AHRQ ECHO National Nursing Home COVID-19 Action Network Survey!

- The [AHRQ ECHO National Nursing Home COVID-19 Action Network](#) was a partnership between the Agency for Healthcare Research and Quality (AHRQ), the University of New Mexico's ECHO Institute and the Institute for Healthcare Improvement (IHI). It provided free training and mentorship to nursing homes across the country to increase the implementation of evidence-based COVID-19 infection prevention and safety practices to protect residents and staff.
- This survey will ask you questions about your facility's participation in the AHRQ ECHO National Nursing Home COVID-19 Action Network.
- Taking the survey is completely voluntary. You may choose not to answer any question or to end your participation at any time.

- All responses are confidential and your responses will be combined with others' responses to report summary results.
- NORC at the University of Chicago is conducting the survey on behalf of AHRQ. Both organizations will use the data collected in this survey only for the purpose of assessing the training and mentorship offered to nursing homes to support them in responding to the COVID-19 pandemic.

Let's get started! By clicking "Next" below, you agree to participate in this survey.

INSTRUCTIONS

- The survey will take about 15 minutes to complete on average.
- If needed you may consult with others at your facility to answer these questions.
- Please use the "Next" and "Back" buttons to navigate through the questions. Do not use your browser buttons.
- If you need to stop the survey and continue taking it at another time, use the "Exit" button and then use your PIN to log in again and start where you left off.
- If you have any questions about the survey or experience any technical problems, please e-mail us at [\[email TBD\]](#).

Q1. [All] Our records indicate that you work at **[Nursing Home Name]**. Is that correct?

1. Yes
 2. No [GOTO EXIT]
- [SPACE]
99. Prefer not to answer

Q2. [All] Which of the following options best describes your main job/role at **[Nursing Home Name]**?
(Select one)

(RANDOMIZE ORDER EXCEPT "Other")

1. Executive Director/Administrator/Head of Administration/CEO/President
 2. Director of Nursing/Nursing Supervisor/Head of Nursing
 3. Director of Inservice Training/Education
 4. Director of Quality
 5. Other (please specify)
- [SPACE]
99. Prefer not to answer

General Participation

AHRQ COVID-19 Action Network

(note: subheadings are for organization of questions for internal review; they will not be visible to respondents)

Q3. [All] To make sure our records are up to date, can you provide your name?

First Name:

Last Name:

99. Prefer not to answer

Q4. [All] *The AHRQ ECHO National Nursing Home COVID-19 Action Network is a partnership between the AHRQ, the University of New Mexico's ECHO Institute, and the Institute for Healthcare Improvement (IHI). It provided free training and mentorship to nursing homes across the country to increase the implementation of evidence-based COVID-19 infection prevention and safety practices to protect residents and staff.*

Are you familiar with the AHRQ ECHO National Nursing Home COVID-19 Action Network?

1. Yes

2. No

[SPACE]

77. Not Sure

99. Prefer not to answer

Q5. [All] Did your facility participate in the AHRQ ECHO National Nursing Home COVID-19 Action Network ("the Network")?

1. Yes

2. No

[SPACE]

77. Not Sure

99. Prefer not to answer

[If Q5=2 (no), the respondent is taken to the end [END] of the survey]

Motivations for participation

Q6. [All] Below are reasons some facilities chose to participate in the Network. Please think back to the period between September 2020 and April 2021, and the factors that motivated your facility to participate in the Network.

Please rate how important each factor was in determining your facility's participation in the Network:

	Not at all important	Slightly important	Very important	Extremely important	Don't know
Reducing the risk of a COVID-19 outbreak in our facility					
Identifying residents and staff who have been infected with SARS-COV-2 in our facility					
Increasing staff knowledge, skills, and confidence to implement best practice safety measures related to COVID-19					
Access to COVID-19 related resources and information					
Access to Quality Improvement resources (including coaches)					
Access to national experts in nursing home safety					
Opportunity to collaborate with our peers from other facilities					
Receiving Provider Relief Funds (CARES Act)					
Convenience of virtual training for our facility					
Relevance of training topics for our facility					
Flexibility of training sessions for our facility					
We had the technological capability access Network training and resources					
Our staff members were available to attend, or provide coverage for other staff members to attend					
Other factors [specify]					

Perceptions on targeting and recruitment

Q7. [All] Thinking back to the period between September 2020 and April 2021, how did your facility first hear about the Network? Please select all that apply.

(SELECT ALL THAT APPLY; RANDOMIZE ORDER EXCEPT "Other")

1. Press release
2. Social media posts on Twitter/Facebook/LinkedIn
3. Recruitment emails
4. Project flyers
5. Recruitment phone call
6. Corporate interest in participating

- 7. Other (please specify)
- [SPACE]
- 77. Not sure
- 99. Prefer not to answer

Perceptions on engagement and retention

Q8. [All] Please think back to your facility’s time participating in the Network. How helpful was each of the following aspects of the Network to your facility?

(RANDOMIZE ORDER EXCEPT “Other”)

	Not at all helpful	Not very helpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful	N/A	Don't Know / Prefer not to answer
Specific content of the training sessions							
Opportunity to collaborate with our peers from other facilities							
Access to Quality Improvement resources (including coaches)							
Access to national experts in nursing home safety							
Receiving Provider Relief Funds							
Convenience of virtual training for our facility							
Flexibility of training sessions for our facility							
Other aspects (please specify)							

Training

The next questions are about your experiences with training sessions available through the Network. There were 16 training sessions in Phase 1 of the Network--one session per week. These sessions followed a recommended curriculum with linked videos, sample case studies, facilitation questions, and associated improvement content.

Perceptions on engagement and retention

Q9. [If Number of Sessions from preload is less than 13]

Our records indicate that your facility participated in [preload for number of sessions] out of the 16 training sessions. What factors posed challenges to attending all 16 training sessions?

(RANDOMIZE ORDER EXCEPT “Other”)

	Yes	No	Don't know	Prefer not to answer
Lack of available staff or staff time to participate				
Other organizational priorities				
Scheduling conflicts				
Technology barriers				
The content of the training sessions was not relevant for our facility				
Found an alternate source for resources and/or training				
Other factors (please specify)				

Perceptions on design and implementation

Q10. [All] Please rate how helpful each of the Training Session topic areas were to your facility. Please select N/A if you did not participate in a session on that topic.

	Not at all helpful	Not very helpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful	N/A	Don't know/ Prefer not to answer
Infection control and prevention (<i>for e.g. PPE, cohorting, cleaning and disinfection, testing</i>)							
Community transmission & nursing home screening strategies							
Staff returning to work safely during COVID-19							
Interdisciplinary team management of mild COVID-19 cases							
Advanced care planning in the time of COVID-19							
The role of CNAs in managing and supporting residents and families							
Supporting the emotional well-being of staff caring for residents during COVID-19							
Managing social isolation during COVID-19							
Promoting safe visitation and nursing home re-opening							
Promoting safe care transitions - admissions, discharges, and transfers							
Vaccinations planning and delivery (<i>for example,</i>							

<i>developing a vaccine program, increasing vaccine confidence, common questions, addressing misinformation)</i>							
<i>Post-Vaccination practices (for example, risk mitigation, PPE protocols, workforce considerations)</i>							
<i>Leadership communication and practices to support teams (for example, creating a communication system, huddles, consistent and effective rounds)</i>							

Q11. [All] How much do you agree or disagree with the following statements about the Network training sessions?

(RANDOMIZE ORDER EXCEPT "Other")

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	Don't Know/ Prefer not to answer
The session topics were relevant to the day-to-day work at our facility.							
The session topics were adapted to meet our facility's challenges related to COVID-19.							
My training session group (cohort) consisted of facilities that shared similar challenges to our facility's challenges							
I was able to attend sessions that worked with my schedule.							
I benefited from interacting with my training session group.							
The subject matter experts were knowledgeable about the topics discussed at each weekly session.							
The facilitators were skilled in managing the weekly training sessions.							
The facilitators were skilled at engaging participants in discussion.							

Quality Improvement coaches were accessible to participants.							
Quality Improvement coaches provided advice relevant to our facility's work.							
The case studies during training sessions enhanced my learning.							
I benefitted from turning on the camera during training sessions.							
The chat function during training sessions was helpful.							

Other Resources

The next questions are about your experiences with the resources and technical assistance available through the Network. This includes things like access to quality improvement coaches, quality improvement tools, and expert videos.

Perceptions on the Network's training and mentorship resources

Q12. [All] Please indicate which, if any, of the Network's resources your facility used. Select all that apply.

(SELECT ALL THAT APPLY; RANDOMIZE ORDER except "Other")

1. Information from quality improvement experts during training sessions
2. Access to quality coaches between training sessions
3. Quality improvement tools
4. Ongoing technical assistance / email support outside of training sessions
5. Networking / knowledge sharing with other nursing home staff
6. Access to local or national nursing home experts
7. National expert videos
8. IHI nursing home community website
9. Other (please specify)

[SPACE]

88. None

Q13. [All] How much do you agree or disagree with the following statements about the Network resources and tools?

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A /Don't know
My facility was able to access the resources (expert videos, quality improvement tools, technical assistance, etc.).						

My facility found the resources (expert videos, quality improvement tools, technical assistance, etc.) to be actionable.						
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[If respondent selects any response to Q12 other than None, they will see 13a. Otherwise, skip to 14]

Q13a. [IF Q13 NE 77, 99] How helpful were the resources your facility received through participation in the Network?

1. Not at all helpful
2. Not very helpful
3. Neither helpful nor unhelpful
4. Somewhat helpful
5. Very helpful

[SPACE]

88. Not applicable
99. Prefer not to answer

Q14. [All] Did your facility make any changes or take any specific actions related to COVID-19 quality improvement initiatives as a result of **participation in the Network**?

(RANDOMIZE ORDER EXCEPT "Other")

	Yes	No	Don't know	Prefer not to answer
Created a new policy or procedure				
Revised an existing policy or procedure				
Implemented new staff training				
Implemented a new strategy to incentivize certain behaviors among staff				
Implemented a new strategy to support the safety, health, and/or wellbeing of residents				
Networking or knowledge sharing with other nursing home staff				
Created or distributed a best practices resource				
Established working relationships with other facilities				
Established working relationships with local and/or state health departments				
Other (please specify)				

[If the respondent selects a response to Q14, they will see a prompt to indicate around which area the action occurred in Q14a. If none is selected, skip to Q15]

Q14a. [IF Q14 NE DON'T KNOW/PREFER NOT TO ANSWER FOR ALL RESPONSES] How much do you agree or disagree with the following statements?

The Network sessions, activities, and resources helped my facility take action or make a change in the following areas:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Identifying COVID-19 cases early among our residents					
Preventing the spread of COVID-19 in our facility					
Provide safe and appropriate care to residents with mild and asymptomatic cases of COVID-19					
Implement best practices safety measures related to PPE					
Implementing best practice safety measures related to COVID-19 screening					
Implementing best practice safety measures related to COVID-19 testing					
Implementing COVID-19 vaccination efforts (residents and/or staff)					
Preventing staff burnout and supporting staff mental health and well-being					
Reducing loneliness (social isolation) for residents and families					
Improving communication (e.g. via huddles)					
Implementing safe care transitions					
Other patient safety improvements (please specify)					

Q14b. [IF Q14 NE DON'T KNOW/PREFER NOT TO ANSWER FOR ALL RESPONSES] Are these changes or actions still in place at your facility?

[LIST RESPONSES TO Q14 and ask Yes, No, Not Sure, Prefer not to answer for each]

1. Yes
2. No

[SPACE]

77. Don't Know

99. Prefer not to answer

Q15. [All] How much do you agree or disagree with the following statement?

The **training sessions, resources and tools provided by the Network** will help my facility address **other** patient safety and quality improvement efforts.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

[SPACE]

77. Don't know

99. Prefer not to answer

Q16. With regards to your facility's relationship with hospitals, to what extent do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A / Don't know
Prior to the outbreak of COVID-19, our facility had a strong relationship with one or more hospitals in our facility's service area.						
After the outbreak of COVID-19, our facility enhanced coordination and communication with one or more hospitals to address emerging challenges.						
Our facility and one or more hospitals shared resources and best practices to address emerging challenges.						

Q17. [All] Did your facility participate in these other COVID-19 Quality Improvement efforts?

	Yes	No	N/A / Don't know	Prefer not to answer
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management				
CMS-CDC Fundamentals of COVID-19 Prevention for Nursing Home Management				
CMS-CDC Nursing Home Infection Preventionist Training				
Health and Human Services' Office of Assistant Secretary for Planning and Response Clinical Rounds				

VA Clinical Crisis Skills Training for Community Living Centers				
CMS Quality Improvement Organization (QIO) Program – Quality Innovation Network (QIN-QIO)				
Local or organizational initiatives (please specify)				
My facility received information regarding care for COVID-19 patients from another source/s (please specify)				
My facility did not participate in any other Quality Improvement Efforts				

FEEDBACK. [All] (Optional) Please use the box below to provide any additional feedback you would like to share about your experience with the Network.

[INSERT OPTIONAL TEXT BOX]

END

Please click “Next” to submit your responses to this survey.

Thank you very much for participating. We really appreciate that you shared your valuable time and opinions.

If you have any questions about your rights as a study participant, you may call the NORC Institutional Review Board, toll free at 866-309-0542. Any other questions can be directed to the study's toll-free number at <D_800NUM>.