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DRAFT IPRO Community of Care Coalitions Collaborator Survey (2022)

Your Opinion Matters

We would appreciate if you would take a few minutes to complete the following questionnaire regarding your experience working with IPRO's Community of Care Coalitions Initiative Team which includes:

Sara Butterfield (Ohio, New York and New Jersey),

Fred Ratto (New York and New Jersey),

Gail Gresko (Ohio),

Brenda Maynor (New York and New Jersey) and

Cindy Stark (New York and New Jersey).

Your responses will be kept private to the extent provided by law. Information provided by you is voluntary and your decision whether or not to participate in this survey will not affect Medicare/Medicaid reimbursements to your organization. Thank you for your feedback.

The IPRO Community of Care Coalitions Initiative, under contract from the Centers for Medicare & Medicaid Services (CMS), is focused on improving care continuity for Medicare beneficiaries by promoting seamless transitions from the hospital to nursing home care, home health care or back to the community.

Please click on the "Next" button below and after each question. Please click "Done" at the end of the survey to capture your responses.

*PRA Disclosure Statement: 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 voluntary information collection is TBD. The expiration date is TBD. The purpose of this voluntary information collection request is to collect feedback about the Care Transitions Program. The end goal of this effort is to collect actionable data to help improve the overall customer experience. The time required to complete this voluntary information collection is estimated to average 10 minutes per response, including the time to review instructions 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 Disclosure**** 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 about the survey please contact jcashman@ipro.org.*



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Information About You

1. Who contributed in responding to this survey? (Check each that applies.)

- | | |
|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Managed Care Organization Representative |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Community Pharmacist | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Community Service Organization | <input type="checkbox"/> Medical Records Director |
| <input type="checkbox"/> County Representative | <input type="checkbox"/> NHQI Liaison |
| <input type="checkbox"/> Data Contact/Encounter Data Liaison | <input type="checkbox"/> Nurse Manager |
| <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Office for the Aging Representative |
| <input type="checkbox"/> Director, Patient Services | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Head Nurse | <input type="checkbox"/> QA/QM/UR/CM Director |
| <input type="checkbox"/> Infection Control Specialist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> IPRO Liaison | <input type="checkbox"/> Behavioral Health Representative |
| <input type="checkbox"/> IPRO HCQIP Liaison | |

Other (please specify)

* 2. Is your organization involved in one of IPRO's Care Transition Coalitions?

- Yes
- No
- Not sure



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Information About You

3. How long have you, the respondent (not your organization), been working with IPRO's Community of Care Coalitions Initiative Team? If multiple people are responding jointly to this questionnaire, the respondent with the longest working history with IPRO should select the appropriate answer. (Check only one box).

- Less than 12 months
- Between 12-24 months
- More than 24 months



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Overall Impression

Please indicate the extent you agree or disagree with the following statements on a scale of 1 to 6 with 1 being "Strongly Disagree" and 6 being "Strongly Agree," by checking the appropriate box.

* 4. My overall impression of my organization's working relationship with IPRO's Community of Care Coalitions Initiative Team is positive.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



DRAFT IPRO Community of Care Coalitions Collaborator Survey (2022)

Overall Impression

* 5. You rated IPRO unfavorably for the question, "My overall impression of my organization's working relationship with IPRO's Community of Care Coalitions Initiative Team is positive." Please explain how we can improve in this area.



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Overall Impression

* 6. When contacting IPRO, I can easily reach a member of the IPRO Community of Care Coalitions Initiative Team.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Overall Impression

* 7. You rated IPRO unfavorably for the question, "When contacting IPRO, I can easily reach a member of the IPRO Community of Care Coalitions Initiative Team." Please explain how we can improve in this area.



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Overall Impression

* 8. The IPRO Community of Care Coalitions Initiative Team is responsive in following up with questions or issues I have.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Overall Impression

* 9. You rated IPRO unfavorably for the question, "The IPRO Community of Care Coalitions Initiative Team is responsive in following up with questions or issues I have." Please explain how we can improve in this area.



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Overall Impression

* 10. I am treated respectfully and with courtesy by IPRO Community of Care Coalitions Initiative Team staff.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Overall Impression

* 11. You rated IPRO unfavorably for the question, "I am treated respectfully and with courtesy by IPRO Community of Care Coalitions Initiative Team staff." Please explain how we can improve in this area.



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IPRO Community of Care Coalitions Initiative Activities

12. IPRO's Community of Care Coalitions Initiative educational sessions (conferences, webinars) and technical assistance and quarterly Coalition Leadership meetings are valuable to our organization and professional staff to support vaccine education and care transitions improvement efforts.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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IPRO Community of Care Coalitions Initiative Activities

* 13. You rated IPRO unfavorably for the question, "IPRO's Community of Care Coalitions Initiative educational sessions (conferences, webinars) and technical assistance and quarterly Coalition Leadership meetings are valuable to our organization and professional staff to support vaccine education and care transitions improvement efforts." Please explain how we can improve in this area.



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IPRO Community of Care Coalitions Initiative Activities

14. IPRO's technical assistance and guidance on readmissions and evidence based interventions have been valuable to our organization and professional staff in targeting reduction of avoidable re-hospitalizations and in improving communication and care coordination across healthcare settings.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree N/A



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IPRO Community of Care Coalitions Initiative Activities

* 15. You rated IPRO unfavorably for the question, "IPRO's technical assistance and guidance on readmissions and evidence based interventions have been valuable to our organization and professional staff in targeting reduction of avoidable re-hospitalizations and in improving communication and care coordination across healthcare settings." Please explain how we can improve in this area.



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IPRO Community of Care Coalitions Initiative Activities

16. The Community of Care Coalitions Initiative section and COVID Blog (<https://qi.ipro.org/blog>) of the IPRO web site (<https://qi.ipro.org/focus-areas/care-transitions/>) are useful resources for readmission and care transitions improvement information.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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IPRO Community of Care Coalitions Initiative Activities

* 17. You rated IPRO unfavorably for the question, "The Community of Care Coalitions Initiative section of the IPRO web site (<https://qi.ipro.org/focus-areas/care-transitions/>) and COVID Blog (<https://qi.ipro.org/blog/>) are useful resources for readmission and care transitions improvement information." Please explain how we can improve in this area.



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IPRO Community of Care Coalitions Initiative Activities

18. IPRO's Community of Care Coalitions Initiative Team effectively communicates project information and CMS project updates in a timely manner to my organization.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree N/A



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IPRO Community of Care Coalitions Initiative Activities

* 19. You rated IPRO unfavorably for the question, "IPRO's Community of Care Coalitions Initiative Team effectively communicates project information and CMS project updates in a timely manner to my organization." Please explain how we can improve in this area.

[Empty text box for response]



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IPRO Community of Care Coalitions Initiative Activities

20. The quarterly data reports provided by IPRO detailing my organization's readmission rate patterns and trends are useful for review of our organization's progress on care transitions improvement efforts.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree N/A



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IPRO Community of Care Coalitions Initiative Activities

* 21. You rated IPRO unfavorably for the question, "The quarterly data reports provided by IPRO detailing my organization's readmission rate patterns and trends are useful for review of our organization's progress on care transitions improvement efforts." Please explain how we can improve in this area.



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Comments

22. Please use the following area to provide your feedback on recommendations on how IPRO could improve customer service to your organization.

23. Please use the following area to provide your feedback on any examples of exceptional customer service and support received from our IPRO staff.

24. Would you like to be contacted by a member of the IPRO staff regarding your answers to this survey?

No

Yes (provide contact information below)

25. Please enter your contact information below. (Please complete if you wish to be contacted.)

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>



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Comments

Thank you for completing this survey.