

# Appendix J – Nursing Home Interview Guide

## Interview Topic Guide for Semi-Structured Interview of Nursing Home Quality Leaders<sup>i</sup>

Organization Name:  
Respondent Name:  
Respondent Position:  
Interviewer Name:  
Interview Date:

### INTRODUCTION AND PURPOSE OF THE INTERVIEW

Thank you for agreeing to participate. I'd like to briefly review the purpose of this interview and the confidentiality provisions that were described in the email we sent you.

- We are conducting interviews with nursing homes on behalf of the Centers for Medicare & Medicaid Services (CMS).
- CMS implements a variety of performance measures in the nursing home setting to assess the quality and efficiency of care provided to Medicare beneficiaries. CMS reports nursing home performance scores on its Nursing Home Compare website (i.e., Star Ratings).
- The purpose of today's interview is to learn about your nursing home's experiences in reporting and working to improve performance on the CMS measures and your efforts to improve the quality and efficiency of care at your nursing home.
- As I ask you questions today, I would like you to be thinking specifically about the CMS performance measures and actions your nursing home has taken in response to those measures.
- Before getting started, I just want to confirm that you are familiar with the CMS measures. We sent you a list of current measures, which we will refer to later in the interview.

### CONSENT/CONFIDENTIALITY PROVISIONS

***[INTERVIEWER: You must read the consent language and obtain verbal consent both for participation and for audio recording]***

- All of your responses are confidential.
- No one outside of the project will have direct access to the information you provide. The evaluation team will only produce summary information from the set of interviews. You will not be identified by name or nursing home affiliation.
- You do not have to participate in the interview. You can stop at any time for any reason. Your decision regarding whether to participate will not affect your institution's Medicare reimbursement or quality scores.
- You can decline to discuss any topic that we raise.

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<sup>i</sup> The Office of Management and Budget (OMB) reviewed and approved the study design, survey instruments, fielding procedures, and analytic methods; OMB assigned the control number 0938-1291 to the nursing home survey.

**Do you have any questions? (YES/NO)**

**Do you agree to participate in the interview? (YES/NO)**

As we mentioned in our email, we would like to audio-record the interview if that is all right with you. **Do you agree to have this interview be audio-recorded? (YES/NO)**

*[If yes:] Great. Let's get started. I'll start the recording.*

*[For the interviewer: Press \*2 to start recording, note it may take a few moments.]*

*[If no:] That's fine. We will take notes and not tape the discussion. Let's get started.*

*[Note to interviewer: [POTENTIAL ITEM TO SKIP] indicates a question that may be skipped if there will not be sufficient time to complete all questions.]*

I'd like to start by asking you to very briefly describe your position and background.

**Respondent Background**

1. We understand that you are the \_\_\_\_\_ *[title/position]* at \_\_\_\_\_  
*[nursing home name]*. Is that correct? [YES/NO]
2. What is your professional background?

**Innovations in the Delivery of Care**

I'd like to discuss CMS measurement programs and innovations or changes your nursing home may be making in the way care is being delivered.

3. In your experience, have the CMS measures and measurement program led your nursing home to change anything about how it delivers care? (YES/NO)
  - a. *[If yes:]* Please describe the changes your nursing home has made.
  - b. *[If no:]* Why do you believe that CMS measurement programs have not led to changes in care delivery at your nursing home? *[If needed, prompts include improvement not needed, lack of resources, quality initiative fatigue].*
4. Do you think any of the changes your nursing home has made have affected your nursing home's performance specifically on the CMS performance measures? (YES/NO)
  - a. *[If yes:]* Based on your experience, which of the changes have had the largest impact on your performance?

5. Can you describe any changes your frontline physicians/nurses have made at the point of care that have affected your performance on the CMS measures?
  - a. *[If respondent describes some changes:]* Are there areas captured in the CMS measures where it has been difficult to get nurses, physicians, and other clinical staff to change their behavior? (YES/NO) *[Follow-up, if answer is yes:]* Please describe which areas. *[Possible probes: Why do you think it was difficult to achieve changes in behavior? Did your nursing home work to address these barriers, and if so, how?]*
  
6. Have the changes your nursing home has made in response to the CMS measures led to improvements in quality of care outside of the clinical areas that the CMS measures cover (i.e., spillover effects)? *[Example, if needed: For example, a focus on decreased restraint use might lead to improved performance on mobility and measures of activities of daily living.]* (YES/NO) *[If yes: Please describe.]*
  - a. *[If yes:]* What measures has your nursing home used to track improvements in other areas?

## Factors Associated with Change in Quality Performance

I'd like to discuss specific factors associated with changes in quality performance. The next couple of questions reference specific measures, so can you please look at the list of measures we sent you?

*[Note to interviewer: If respondent does not have the list, please direct him/her to Jen's reminder email. If respondent is not able to find it, please forward it.]*

7. For the CMS performance measures where your nursing home is performing well *[interviewer to have nursing home performance list ready, can provide examples if needed]*, what factors do you think help your nursing home perform highly? *[If needed, examples include overall resources, data systems, the organization's culture, internal incentives, leadership engagement, frontline staff engagement, investments in care redesign.]*
  
8. For those measures where your nursing home's performance is lagging *[interviewer to have nursing home performance list ready, can provide examples if needed]*, what factors do you believe inhibit higher performance? *[If needed, examples include overall resources, data systems, the organization's culture, insufficient internal incentives, lack of leadership or frontline staff engagement, few investments in care redesign.]*

9. From your perspective, is it harder to improve scores on some CMS measures than others? [YES/NO] *[Follow-up, if not answered as part of the response: Which measures, and why?]*
10. Thinking about the full list of CMS measures we are discussing, do you think these CMS measures are clinically important? (YES/NO) Why or why not?
11. Do you think nursing homes have sufficient control over care to be held responsible for performance on these measures? (YES/NO)

*[If no:]*

- a. Who do you think should be responsible?
- b. Are there other areas where CMS should consider measures to gauge your nursing home's quality performance?

Many external factors, such as public reporting of quality scores, financial incentives or penalties, receipt of feedback reports with quality results, regulatory compliance and survey visits, pressure from external organizations that make referrals, and the receipt of technical assistance, may influence your nursing home to invest in improving performance on the CMS measures. We refer to these factors as “drivers” in the following question.

12. What do you see as the most important drivers of your nursing home's investments to improve performance at your nursing home? *[Interviewer: repeat above list as a prompt if needed.]*
13. Are there other initiatives besides CMS measurement and reporting programs that have led your nursing home to make changes in care delivery? (YES/NO) *[Follow-up if needed: Please describe the initiatives and the changes you have made in response.]*

## Challenges to Implementing CMS Measures

I'd like to talk about what you see as challenges to reporting the data/measures and improving your nursing home's performance on the CMS measures.

14. Have you experienced difficulties in reporting the CMS measures? (YES/NO/DON'T KNOW) *[If needed, prompts include measure specifications, challenges with CMS reporting tools, difficulty capturing or extracting the data, difficulty uploading MDS reports, insufficient resources, programming new measures each year.]*

a. *[If yes:]* Please describe the difficulties and whether and how you addressed them.

15. Have you experienced difficulties with improving performance on the CMS measures? (YES/NO/DON'T KNOW) *[If needed, prompts include difficulty identifying appropriate improvement strategies or what processes need to be improved, inadequate IT capabilities, need for provider training, staff turnover, lack of leadership support, lack of clinician support or time, insufficient resources.]*

a. *[If yes:]* Please describe these difficulties and whether and how you addressed them.

## Effects of Performance Measurement Programs

Some providers have expressed concern that CMS measurement programs might lead to undesired effects at times. CMS is interested in learning about possible undesired effects so it could modify the measurement and reporting program to minimize these effects.

*[Note to interviewer: Be sure to state the following:]* **All of the responses you provide are confidential. Your candid feedback will be especially important in helping CMS improve these programs so that they work well for providers and patients.**

16. Are you aware of any undesired effects in your nursing home that stem from the CMS measurement program and the use of the measures in public reporting and payment/value-based purchasing efforts? (YES/NO/DON'T KNOW)

a. *[If yes:]* Please describe these undesired effects.

i. Why do you think these undesired effects have occurred?

ii. What do you think could be done to mitigate those undesired effects?

*[If no, if respondent is vague on specific undesired effects, or if the undesired effects are different from those described below:]*

Possible Undesired Effect	Yes/No	Specific Measure Examples?
Inappropriate changes in treatment ( <i>example if needed: pain measure might lead to overuse of scheduled narcotics to ensure metric is met</i> )		
Significant effort on data coding to increase reimbursement or exclude sicker patients		
Avoid sicker or more difficult patients to achieve higher scores on measures		
Ignore or pay less attention to areas of care that are not measured		

17. Based on your experience to date using CMS nursing home measures:

- a. What changes to the measures would you recommend?
- b. What changes to the measurement programs would you recommend?

## Perspectives of Different Stakeholders and Leaders

We're interested in how different leaders and groups within your nursing home have viewed and approached CMS quality measures and related public reporting and payment programs.

18. [POTENTIAL ITEM TO SKIP] On a scale of 0 to 10, with 0 being extremely unsupportive and 10 being extremely supportive, how would you characterize the following groups' support of the CMS measurement programs:

*[Interviewer to fill in table with ranking:]*

Stakeholder Group	Ranking from 0 to 10
Executive management team	
Physician staff	
Nursing leadership	
Board of directors (if nursing home has one)	

19. [POTENTIAL ITEM TO SKIP] *[If nursing home has a board of directors:]* Is performance on the CMS quality measures on the board agenda at each board meeting? (YES/NO)

## Nursing Home Characteristics

I'd like to take a few moments to ask about some of your nursing home's characteristics.

20. Is your nursing home affiliated with a larger entity or corporation? (YES/NO)

21. How many competitor nursing homes exist within your nursing home's service area?

*[Interviewer: This is an estimate. If needed: Are there 0, 1, 2, 3, or more nursing homes that are considered competitive?]*

22. Do you face a shortage of nurses in your area that makes it difficult to staff your facility? (YES/NO)

- a. *[If YES to "face a nursing shortage":]* Is the nursing shortage for a particular type of nurse, for example, Registered Nurses, Licensed Vocational Nurses, or Certified Nursing Assistant?

23. Of your total nursing home population, what percentage of patients are short-stay versus long-stay?

24. What source of insurance coverage do your patients hold, for example, Medicare, Medicaid, commercial insurance, self-pay? Can you provide approximate percentages? *[Note: should total ~100%]*

## Organizational Structure and Delivery System Reform Initiatives

I would now like to discuss your organization's structure and any delivery system reform initiatives in which your nursing home might be participating.

25. Does your facility have a quality improvement department or specific quality improvement personnel? (YES/NO/DON'T KNOW)

a. *[If yes:]* To whom does the Director of Quality (or similar position) report?

26. *[If part of a larger entity or corporation ("yes" on Question 21); if "no" on Q21, skip:]* You indicated earlier that your nursing home is affiliated with a larger entity or corporation. Does the larger corporation have a quality improvement department or specific quality improvement personnel? (YES/NO/DON'T KNOW)

27. [POTENTIAL ITEM TO SKIP:] Has your nursing home used any of the following care redesign methods:<sup>ii</sup>

Care Redesign Method	Has Nursing Home Used? (Yes/No/Don't Know)
Deming/Lean processes ( <i>constantly improve the system of production and service to improve quality and decrease cost</i> )	
Six Sigma ( <i>measurement-based strategy/data-driven approach for eliminating defects; focuses on process improvement and variation reduction</i> )	
Plan, Do, Study, Act (PDSA) improvement cycles	
Other (please specify)	

<sup>ii</sup> Some organizations use specific methodologies or frameworks to guide and ensure consistency in improvement activities throughout the organization. Examples include the Model for Improvement or Plan, Do, Study, Act (PDSA); Cycle or Deming Cycle; Lean Improvement adapted from the Toyota Production System; Six-Sigma DMAIC (which stands for define, measure, analyze, improve, control); and the Seven-Step Method Problem-Solving Model. Other organizations have not adopted a specific improvement methodology.

28. Does your nursing home participate in any alternative payment models, for example, accountable care organizations (ACOs)<sup>iii</sup> or bundled payments? (YES/NO/DON'T KNOW)

[If yes:]

<b>Alternative Payment Model Type</b>	<b>Does Nursing Home Participate? (Yes/No/Don't Know)</b>	<b>Does Nursing Home Face Upside or Downside Financial Risk? (Yes/No/Don't Know)</b>
Medicare ACO (SSP, Pioneer, Advanced Payment Model)		
Medicaid ACO		
Private commercial insurer ACO ( <i>if yes, how many different ACOs?</i> )		
Bundled payments		
Global payments		

I'd next like to discuss how changes to improve care are managed at your nursing home.

29. Does your nursing home have an electronic health record (EHR)? (YES/NO)

[If yes:] Can you tell me whether your EHR has any of the following features or functions?

<b>EHR Features / Uses</b>	<b>Does EHR Have? (Yes/No/Don't Know)</b>
Ability to electronically exchange information with providers in community (e.g., ambulatory physicians and hospitals)	
Clinical decision support functions ( <i>If yes: for what clinical areas or functions?</i> )	
Help monitor quality of care ( <i>prompts: changes in patient functioning, summary results</i> )	
Use EHR to report CMS quality measures	

[If "don't know" for the above:] Is there someone we can speak with in your organization who might be able to answer some of these questions about your EHR?

<sup>iii</sup> Accountable care organizations are networks of health care providers and organizations (usually hospitals and physician groups, and possibly including nursing homes, home health, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care of enrollees.



30. Does your nursing home provide nurses, physicians, and other clinical staff with information about your nursing home's performance on the CMS measures?  
(YES/NO/DON'T KNOW)

a. *[If yes:]* How often do nurses and clinicians receive feedback on their performance on the measures?

31. Have you noticed hospitals or other providers in your area changing their nursing home referral patterns in response to CMS quality measures? *[Example: if needed: for example, the readmissions measure makes hospitals financially responsible for patients who are readmitted within 30 days of discharge. It may be that hospitals change their referral patterns to nursing homes with better readmission scores to avoid the financial penalty.]*

## Closing

Thank you very much for your time.



# NATIONAL NURSING HOME QUALITY LEADER SURVEY

This survey asks about your nursing home's experience implementing **Centers for Medicare & Medicaid Services (CMS)** quality and efficiency measures including clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures (such as nursing home's use of clinical database registries). The information you provide is very important to CMS to help it understand the impact of the use of quality measures and to identify opportunities for program improvement.

You'll find definitions of key terms printed on the inside cover.

## SURVEY INSTRUCTIONS

Answer **all** the questions by putting an "X" in the box to the left of your answer, like this:

☒ Yes

- Be sure to read **all** the answer choices given before marking your answer.
- Some questions have instructions that tell you to skip questions that may not apply to you. When this happens you will see an arrow with a note that tells you what question to answer next, like this: → *If "No," go to question 13.*

## DEFINITION OF KEY TERMS IN THIS SURVEY

### **CMS QUALITY AND EFFICIENCY MEASURES:**

Measures of clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures (such as nursing home's use of EHRs). These measures are reported by nursing homes to the Centers for Medicare & Medicaid Services (CMS) and can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html>. Measures come from resident assessment data that nursing homes routinely collect on the residents at specified time intervals during their stay.

**ACCOUNTABLE CARE ORGANIZATIONS (ACO):** ACOs are networks of healthcare providers and organizations (usually hospitals and ambulatory care physician groups, and possibly including nursing homes, home health, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care for a defined patient population.

**CLINICAL DECISION SUPPORT (CDS):** CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support; and contextually relevant reference information, among other tools.

**CULTURE OF SAFETY:** Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

**INTEGRATED DELIVERY SYSTEM (IDS):** An IDS is an integrated network of healthcare providers and organizations such as nursing home, primary and specialty care, hospital, rehabilitation, home health care, and hospice that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

**LEAN/SIX SIGMA ENGINEERING:** Redesign or re-engineering concepts that were originally developed to increase the efficiency of production and reduction of errors within manufacturing companies. Lean/Six Sigma has been adopted by healthcare organizations to identify problems or inefficiencies and take actions to address these issues. "Lean" and "Six Sigma" emphasize focusing on customer satisfaction, problem solving, and elimination of waste and involving employees in identifying and resolving the problem.

**LEARNING ORGANIZATION:** An organization that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.

**PLAN, DO, STUDY, ACT IMPROVEMENT CYCLES (PDSA):** PDSA is a tool that is used for accelerating quality improvement that involves developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

### **SITUATION BACKGROUND ASSESSMENT**

**RECOMMENDATION (SBAR):** SBAR is a standardized way of communicating that promotes patient safety by helping individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format.

## YOUR NURSING HOME'S EXPERIENCE WITH CMS MEASURES

1. How would you describe your nursing home's performance on CMS measures over the last 12 months?

- ☐ Improved across the board on all measures  
☐ More measures improved than declined  
☐ Most measures stayed about the same  
☐ More measures declined than improved  
☐ Declined across the board on all measures

2. In your opinion, how well does your nursing home's performance on the CMS measures reflect the improvements in care that your nursing home makes?

- ☐ Very well  
☐ Somewhat well  
☐ Not well at all

3. Thinking about the full list of CMS nursing home measures, do you think the CMS measures are clinically important?

- ☐ Yes  
☐ Mostly yes  
☐ Mostly no  
☐ No

4. Do you think nursing homes should be held responsible for performance on the CMS measures?

- ☐ Yes  
☐ Mostly yes  
☐ Mostly no  
☐ No

5. Have you experienced difficulties with improving performance on any of the CMS measures?

- ☐ Yes on many of the measures  
☐ Yes on some of the measures  
☐ No → **If "No," go to question 8**

6. Based on your nursing home's experience, is it more difficult to improve on certain types of measures? Such as...

(Mark one in each row)

Yes No

a. Clinical process measures  
(for example: Percent of patients who were assessed and appropriately given the seasonal Influenza vaccine)

☐ ☐

b. Patient outcomes measures  
(for example: Percent of Residents with a Urinary Tract Infection)

☐ ☐

c. Patient Experience measures  
(for example: CAHPS Nursing Home Survey measure "Getting Needed Care")

☐ ☐

d. Patient Safety measures  
(for example: Percent of residents experiencing one or more falls)

☐ ☐

e. Other measure (please print): ☐ ☐

\_\_\_\_\_  
\_\_\_\_\_

7. Have any of the following contributed to your nursing home's difficulties with improving performance on the CMS measures?

(Mark one in each row)

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Difficulty <u>identifying</u> improvement strategies   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Difficulty <u>implementing</u> improvement strategies  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty identifying processes of care that lead to improved patient outcomes  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Difficulty getting front-line staff to change behavior to improve performance  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Insufficient resources ( <i>e.g., staffing, tools, training</i> )  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Inadequate Health Information Technology (IT) resources and capabilities<br>( <i>e.g., clinical decision support or longitudinal tracking of outcomes, computerized physician order entry (CPOE) or electronic medication administration system (eMAR)</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Staff turnover   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Lack of senior leadership support  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Front-line staff lacking time to implement changes   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Difficulty with coding or documentation<br>( <i>e.g., inconsistent or insufficient documentation by staff</i> )  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Lack of training on improvement processes  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. A difficult patient mix ( <i>i.e., low socioeconomic status, clinically complex</i> )  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Culture that does not support improvement efforts  | <input type="checkbox"/> | <input type="checkbox"/> |

- n. Other reason (*please print*):

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## INNOVATIONS IN THE DELIVERY OF CARE

8. We are interested in understanding what changes your nursing home has made in the way care is being delivered to improve its quality performance.

Has your nursing home made the following change or innovation to improve its performance on CMS Measures?

If change was made, has it helped improve your nursing home's performance on one or more CMS measures?

### ORGANIZATIONAL CULTURE

- |  |  |   |
|--|--|---|
| a. Adopted practices to become a "learning organization" that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.                                     | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| b. Implemented a "culture of safety" characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures. | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |

### HEALTH INFORMATION TECHNOLOGY

- |   |  |   |
|---|--|---|
| c. Implemented an electronic health record (EHR).   | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| d. Implemented electronic tools to support frontline clinical staff, such as clinical decision support (CDS), condition-specific electronic alerts, automated prompts, computerized physician order entry (CPOE) or medication administration system (MAR). | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |

Has your nursing home made the following change or innovation to improve its performance on CMS Measures?

If change was made, has it helped improve your nursing home's performance on one or more CMS measures?

### HEALTH INFORMATION TECHNOLOGY, *CONTINUED*

- |  |  |   |
|--|--|---|
| e. Implemented health information technology functionalities that allow your nursing home to routinely exchange clinical information with providers in the community? ( <i>e.g., hospitals and ambulatory care providers</i> ) | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
|--|--|---|

### CARE PROCESS REDESIGN

- |  |  |   |
|--|--|---|
| f. Implemented risk prediction tools to identify and manage high-risk patients.  | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| g. Implemented standardized care protocols or checklists.  | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| h. Implemented appropriateness criteria to guide physician decision making for selected procedures, imaging studies, or tests.               | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| i. Adopted care redesign/re-engineering ( <i>e.g., Deming/Lean Engineering, Six Sigma, Plan, Do, Study, Act (PDSA) improvement cycles</i> ). | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| j. Implemented interdisciplinary rounds or team "huddles" or formation of multi-specialty patient care teams.                                | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |

Has your nursing home made the following change or innovation to improve its performance on CMS Measures?

If change was made, has it helped improve your nursing home's performance on one or more CMS measures?

### CARE PROCESS REDESIGN, CONTINUED

- k. Implemented or changed communication protocols to support or improve collaboration among clinicians and staff (*i.e.*, *Situation Background Assessment Recommendation (SBAR)*, *hand off or paging protocols*, etc.).

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure

### FEEDBACK AND MONITORING OF PERFORMANCE

- l. Developed a system for tracking patient outcomes.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure

- m. Provided routine feedback on your nursing home's performance on CMS measures to physicians, nurses, and other staff.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure

### CHANGING PROVIDER INCENTIVES

- n. Used performance on CMS measures as a basis for determining pay for nurses or other frontline staff.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure

- o. Implemented an internal incentive or bonus program for senior clinical leaders and/or senior management based on performance on CMS measures.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure

- p. Gave nursing home staff awards or other special recognition tied to quality performance.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ Don't know/Not sure



Has your nursing home made the following change or innovation to improve its performance on CMS Measures?

If change was made, has it helped improve your nursing home's performance on one or more CMS measures?

### CHANGES IN STAFFING

- |   |  |   |
|---|--|---|
| q. Increased the number of staff dedicated to quality improvement or quality management.  | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| r. Identified Physician/Nurse champions for quality improvement initiatives or projects.  | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| s. Implemented changes to how nursing staff is deployed ( <i>e.g., change in staffing levels or work hours, use of contract or contingent staff</i> ).  | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| t. Implemented quality improvement initiatives targeted to specific CMS measures.   | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| u. Provided training to nurses, nurses' aides, and other staff on quality improvement strategies.   | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |
| v. Obtained technical assistance from CMS ( <i>i.e., a CMS Quality Improvement Organization</i> ) or from private organizations ( <i>e.g., quality improvement collaboratives, consulting firms</i> ) to collect and report CMS quality measures. | <input type="checkbox"/> Yes → <i>If "Yes"...</i><br><input type="checkbox"/> No | <input type="checkbox"/> Yes, definitely<br><input type="checkbox"/> Yes, somewhat<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know/Not sure |

Has your nursing home made the following change or innovation to improve its performance on CMS Measures?

If change was made, has it helped improve your nursing home's performance on one or more CMS measures?

#### CHANGES IN STAFFING, *CONTINUED*

w. Other change or innovation.

☐ Yes → ***If "Yes"...***

☐ No

☐ Yes, definitely

☐ Yes, somewhat

☐ No

☐ Don't know/Not sure

*Please specify:*

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9. Have the changes your nursing home has made in response to the CMS measures led to improvements in areas of care not measured by CMS?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → ***If "No," go to question 11***

<sup>3</sup> ☐ Don't know → ***If "Don't know," go to question 11***

10. Has your nursing home measured or documented the actual improvements in the areas of care not measured by CMS?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

## CHALLENGES TO REPORTING THE CMS MEASURES

11. Has your nursing home experienced difficulties in reporting the CMS measures?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → *If “No,” go to question 13*

12. Which of the following reasons have contributed to your nursing home’s difficulties in reporting CMS measures?

*(Mark all that apply)*

- <sup>1</sup> ☐ Difficulty capturing the data needed for measure construction  
<sup>2</sup> ☐ Difficulty extracting the data from the EHR or other data systems/registries  
<sup>3</sup> ☐ Difficulty interpreting measure specifications  
<sup>4</sup> ☐ Insufficient or inadequate staffing or other resources  
<sup>5</sup> ☐ Challenges with CMS reporting tools or interface  
<sup>6</sup> ☐ Other reason *(please specify)*:

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## FACTORS ASSOCIATED WITH CHANGE IN QUALITY PERFORMANCE

13. There are many factors that influence a nursing home’s decision to invest in efforts to improve its quality performance. Please rank the importance of each of the following factors in your nursing home’s decision to invest in quality improvement efforts for CMS measures.

*(Please rank by order of importance where 1 is the most important and 4 is the least important)*

*(Mark one in each row)*

- |       |  |
|-------|--|
| _____ | a. Potential to receive financial incentives for improved performance ( <i>i.e., pay for performance</i> )   |
| _____ | b. Threat of financial penalties for low performance ( <i>e.g., non-payment for nursing home readmissions within 30 days or for nursing home-acquired infections</i> )                 |
| _____ | c. Public reporting of your nursing home’s performance results on the CMS Nursing Home Compare website   |
| _____ | d. Participation in alternative payment models ( <i>e.g., ACOs, bundled payment arrangements</i> ) where there is an opportunity for shared reward (savings) and shared financial risk |

14. Has your nursing home made any improvements on any CMS measures?

- ☐ Yes → *If "Yes," please continue below*
- ☐ No → *If "No," go to question 15*

Many different factors may help a nursing home improve its performance. Please rank the top 3 factors that have helped your nursing home improve performance on some or all of the CMS measures.

*(Rank order the 3 most important from 1–3. Assign 1 to the most important factor, 2 to the next most important factor, and 3 to the next most important factor.)*

_____	a. Your nursing home’s organizational culture
_____	b. Nursing home leadership support and engagement
_____	c. Effective relationship between management and staff
_____	d. Having dedicated resources for quality improvement
_____	e. Internal incentives to clinical staff tied to performance on CMS measures
_____	f. Internal accountability for performance on CMS measures
_____	g. Having strong data systems
_____	h. Providing feedback to physicians, nurses, and other staff on performance on CMS measures
_____	i. Having a system-wide focus on quality and quality improvement
_____	j. Networking with other nursing homes and health systems to identify elements of high-performing organizations
_____	k. Investments in care redesign or re-engineering
_____	l. Investments in patient safety
_____	m. Other <i>(please specify)</i> :
	_____
	_____
	_____

## UNDESIRE EFFECTS OF OF CMS QUALITY MEASUREMENT PROGRAMS

The use of quality and efficiency measures may result in undesired effects. The next questions ask about your nursing home's knowledge of or experience with undesired effects of the CMS measures and their use in public reporting and pay for performance. All of the responses you provide are confidential and are intended to help CMS in modifying reporting programs so as to avoid the programs' causing undesired effects. Responses to these questions will be aggregated across all nursing homes. CMS will not see identifiable data from any individual nursing home. Your candid feedback is important in helping CMS improve these programs so that they work well for providers and their patients.

15. Has your nursing home observed any undesired effects stemming from using or reporting CMS measures?

- <sup>1</sup> ☐ Yes, definitely
- <sup>2</sup> ☐ Yes, somewhat
- <sup>3</sup> ☐ No

16. In your opinion, do you think any of the following has occurred in your nursing home as a result of your nursing home being held accountable for performance on CMS measures?

(Mark one in each row)

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Focus on narrow improvement for specific measures rather than across the board improvement in care                          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Overtreatment of patients to ensure that a measure is met   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Increased focus on documentation or coding of data to attain a higher score   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Changing coding of data or documentation to ensure that a measure is met  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Avoiding sicker or more challenging patients when providing care  | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about other nursing homes' experience with undesired effects of the CMS measures and their use in public reporting and pay for performance.

17. To your knowledge, have other nursing homes observed any undesired effects stemming from the CMS measures and their use in public reporting and for payment/value-based purchasing?

- <sup>1</sup> ☐ Yes, definitely
- <sup>2</sup> ☐ Yes, somewhat
- <sup>3</sup> ☐ No
- <sup>4</sup> ☐ Don't know

18. To your knowledge, have any of the following occurred in other nursing homes as a result of being held accountable for performance on CMS measures?

(Mark one in each row)	Don't		
	Yes	No	know
a. Fewer resources for quality improvement in areas of clinical care that are <u>not the focus of</u> CMS performance measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Focus on narrow improvement for specific measures rather than across the board improvement in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overtreatment of patients to ensure that a measure is met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Increased focus on documentation or coding of data to attain a higher score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Changing coding of data or documentation to ensure that a measure is met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding sicker or more challenging patients when providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSPECTIVES OF NURSING HOME LEADERSHIP AND OTHER STAKEHOLDERS

19. Does your nursing home have a board of directors?

- ☐ Yes  
☐ No → *If “No,” go to question 23*

20. How often do meetings of your nursing home’s board of directors include a review and discussion of the nursing home’s performance on the CMS measures?

(Mark one)

- ☐ More than four times per year  
☐ Quarterly  
☐ Twice per year  
☐ Annually  
☐ Less than once per year

21. Which of the following best describes your nursing home’s board of directors?

(Mark one)

- ☐ Board is more engaged in financial performance issues than quality performance issues.  
☐ Board is equally engaged in financial performance issues and quality performance issues.  
☐ Board is more engaged in quality performance issues than financial performance issues.

22. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe your nursing home’s board of directors’ support of your nursing home’s efforts to improve performance on CMS measures?

- ☐ 0 Not at all supportive  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Extremely supportive

23. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the nursing home leadership’s (e.g., the C-Suite executive management) support of your nursing home’s efforts to improve performance on CMS measures?

- ☐ 0 Not at all supportive  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Extremely supportive

24. On a scale from 0 to 10, where 0 is not at all and 10 is a great deal, how much does your nursing home leadership promote a culture of quality?

- ☐ 0 Not at all  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 A great deal

25. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the nursing staff's support of your nursing home's efforts to improve performance on CMS measures?

- ☐ 0 Not at all supportive  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Extremely supportive

26. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe your physician staff's support of your nursing home's efforts to improve performance on CMS measures?

- ☐ 0 Not at all supportive  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Extremely supportive



## USE OF HEALTH INFORMATION TECHNOLOGY

These next questions are about your nursing home's use of and outside provider access to Health Information Technology.

27. Does your nursing home have an electronic health record (EHR)?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → ***If "No," go to question 33***

28. Is your nursing home's EHR able to exchange information electronically across all units in the nursing home?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

29. Are health providers in your community (*i.e., ambulatory care physicians, hospitals*) able to access your nursing home's EHR or health information system to obtain key clinical data on patients?

<sup>1</sup> ☐ Yes, all key clinical data

<sup>2</sup> ☐ Yes, some key clinical data

<sup>3</sup> ☐ No → ***If "No," go to question 31***

30. Which of the following types of information are health providers in your community (*i.e., ambulatory care physicians, hospitals*) able to access electronically through your nursing home's EHR or health information system?

(Mark one in each row)	Yes, all	Yes, some	No
a. Diagnostic/ treatment summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discharge instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lab tests/ Imaging results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Is your nursing home able to electronically access information on your patients from other providers in your community (*i.e., ambulatory care physicians, hospitals*)?

<sup>1</sup> ☐ Yes, for all or most patients

<sup>2</sup> ☐ Yes, for some patients

<sup>3</sup> ☐ No

32. Does your nursing home's EHR have an interface or other tools that help with...

(Mark one in each row)

Yes No

a. Medication tracking and reconciliation? ☐ ☐

b. Evidence-based treatment or clinical decision support? ☐ ☐

c. Collection of CMS measures? ☐ ☐

d. Reporting of CMS measures? ☐ ☐

e. Tracking or monitoring of quality of care and/or patient outcomes? ☐ ☐

f. Administration of medication? ☐ ☐

33. Not including an EHR, does your nursing home use any other software or electronic tools that help with...

(Mark one in each row)

Yes No

a. Collection of CMS measures? ☐ ☐

b. Reporting of CMS measures? ☐ ☐

## CHARACTERISTICS OF YOUR NURSING HOME

These next questions will help us to describe the nursing homes that participate in this survey.

34. Is your nursing home affiliated with a nursing home system?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

35. Is your nursing home part of an integrated delivery system?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

36. How many competitor nursing homes exist within your nursing home's service area?

<sup>1</sup> ☐ 0

<sup>2</sup> ☐ 1

<sup>3</sup> ☐ 2

<sup>4</sup> ☐ 3

<sup>5</sup> ☐ 4

<sup>6</sup> ☐ 5

<sup>7</sup> ☐ 6 or more

37. Compared to your competitors, how well does your nursing home perform on the CMS quality measures?

<sup>1</sup> ☐ Better

<sup>2</sup> ☐ About the same

<sup>3</sup> ☐ Worse

<sup>4</sup> ☐ Don't know

38. Do you face a shortage of nurses in your area?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

39. Does your nursing home participate in any of the following types of Accountable Care Organizations (ACO's)?

(Mark one in each row)

Yes No

a. Medicare Shared Savings Program

☐

☐

b. Medicare Pioneer ACO

☐

☐

c. Medicare's Advanced Payment Model ACO

☐

☐

d. Medicare's Next Generation ACO Model

☐

☐

e. Medicaid ACO

☐

☐

f. A private, commercially insured ACO arrangement (within an HMO or PPO)

☐

☐

40. Is your nursing home participating in any other type of alternative payment model that may have shared savings or shared risk (e.g., global budgets, bundled payments for selected procedures)?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

41. Does your nursing home participate in other non-CMS quality and efficiency measure reporting programs sponsored by:

(Mark one in each row)

Yes No

a. Medicaid

☐

☐

b. The state where your nursing home is located

☐

☐

c. Commercial insurers

☐

☐

d. Employer or multi-stakeholder collaboratives

☐

☐

42. Across your nursing home's entire book of business, approximately what percentage of your patients are...?

(Please provide your best estimate.

Your percentages should sum to 100%)

\_\_\_\_\_ % Medicare only patients

\_\_\_\_\_ % Medicaid only and Dual eligible (Medicare and Medicaid) patients

\_\_\_\_\_ % Commercially-insured patients

\_\_\_\_\_ % Private-pay patients

\_\_\_\_\_ % Uninsured patients

**100% TOTAL**

## RESPONDENT BACKGROUND

43. Which of the following best describes your job title or position within this nursing home?

(Mark one)

- <sup>1</sup> ☐ Chief Executive Officer
- <sup>2</sup> ☐ Nursing Home Administrator
- <sup>3</sup> ☐ Director of Nursing
- <sup>4</sup> ☐ Senior leader responsible for quality of clinical care (*e.g., VP for Quality*)
- <sup>5</sup> ☐ Member of a team responsible for measuring and reporting quality of clinical care
- <sup>6</sup> ☐ Some other role (*please print*):

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44. How many years have you been in your current position within this nursing home?

- <sup>1</sup> ☐ Less than one year
- <sup>2</sup> ☐ One to three years
- <sup>3</sup> ☐ More than 3 years

45. Are you a physician?

- <sup>1</sup> ☐ Yes (*please print specialty*):

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- <sup>2</sup> ☐ No

46. Did anyone else help you complete this survey?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No → ***Thank you for completing this survey! Please return it using the pre-paid envelope***

47. What is the job title or position of the other person or persons who helped you complete the survey?

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**Thank you for taking the time to complete the survey. Please make a copy for your files and send the original back to the Center for the Study of Services in the pre-paid envelope to:**

**Quality Leader Survey  
PO Box 10820  
Herndon, VA 20172-9940**

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 information collection is 0938-1291. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, 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.