

**Office of Clinical Standards and Quality/Survey & Certification Group**

**Ref: S&C: 12-38-NH**

**DATE:** June 29, 2012

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Quality Assurance and Performance Improvement (QAPI) in Nursing Homes-  
Activities Related to QAPI Implementation

**Memorandum Summary**

**Quality Assurance and Performance Improvement (QAPI) Activities:** Section 6102(c) of the Affordable Care Act mandates the Centers for Medicare & Medicaid Services (CMS) to establish standards and provide technical assistance to nursing homes on the development of best practices relating to QAPI. The CMS put forth several initiatives to implement these provisions that include:

- **Refinement of QAPI Tools and Resources:** Ongoing development of QAPI tools and resources that nursing homes may use to design and implement an effective QAPI program.
- **Launch of a QAPI Demonstration:** Demonstration project in 17 nursing homes in 4 States to test tools and resources and provide technical assistance to nursing homes in QAPI implementation.
- **Rollout of QAPI materials:** CMS will release materials later this calendar year that will support nursing homes in QAPI implementation.
- **Draft of the QAPI Regulation:** CMS is in the process of drafting a new QAPI regulation.
- **Launch of the Nursing Home Quality Improvement Questionnaire:** The CMS has launched a nursing home quality improvement questionnaire using an independent contractor. **The data collection period is from June 25 through September 28, 2012.**

Since the issuance of S&C Memo 11-22 on April 8, 2011, CMS has continued to engage in several activities related to QAPI implementation in nursing homes.

**QAPI Tools and Resources**

CMS, in collaboration with the University of Minnesota and Stratis Health, has been busy identifying and designing effective QAPI tools and resources specifically for nursing homes.

A panel of national experts in nursing home quality has been assembled to provide feedback on the tools and resources being developed. Once fully tested and evaluated, these tools and resources will be made available to all nursing homes through a National Rollout.

### **QAPI Demonstration**

The University of Minnesota and Stratis Health assisted CMS to develop a small demonstration project that launched in September of 2011. Seventeen nursing homes from four States (California, Florida, Massachusetts, and Minnesota) are currently using and testing the QAPI tools, resources, and systems that have been developed. Each nursing home is provided onsite technical assistance to get help as needed, in using the tools and resources. Feedback from the demonstration will be used to help us make any necessary modifications to the tools and resources for the National Rollout.

### **National Rollout**

Later this summer, CMS will make some core materials available that may be helpful in getting ready for QAPI. This initial launch will occur through the CMS QAPI webpage found at: <http://go.cms.gov/Nhqapi>.

### **QAPI Regulation**

The Affordable Care Act requires CMS to promulgate a new regulation and the new regulation is being drafted. Nursing homes will be expected to submit their QAPI plans to CMS one year after promulgation of the regulation.

### **The Nursing Home Quality Improvement Questionnaire**

In another collaborative effort, CMS' contractor, Abt Associates, Inc. and their subcontractor, the Colorado Foundation for Medical Care, designed a questionnaire to identify baseline information related to quality systems and processes in nursing homes. This questionnaire was sent to a representative sample of 4,200 randomly selected nursing homes on June 25, 2012. The data collection period is from June 25 through September 28, 2012. Abt Associates, Inc. will collect the completed questionnaires and responses will remain completely confidential. CMS will not have access to any identifying information from respondents.

If you have any questions or comments about this questionnaire, please submit them to [qapi@abtassoc.com](mailto:qapi@abtassoc.com).

### **Check the Status of the National Rollout and Updates in Nursing Home QAPI**

Please visit the CMS QAPI webpage found at: <http://go.cms.gov/Nhqapi> for general information about nursing home QAPI. However, if you have specific questions, please email us at: [Nhqapi@cms.hhs.gov](mailto:Nhqapi@cms.hhs.gov).

**Effective Date:** Immediately. This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachments:

- A- The Nursing Home Quality Improvement Questionnaire information sheet
- B- The Nursing Home Quality Improvement Questionnaire

cc: Survey and Certification Regional Office Management



## Nursing Home Providers Given Opportunity to Participate in CMS' Landmark Quality Improvement Initiative

The Centers for Medicare & Medicaid Services (CMS) is giving nursing home providers the opportunity to participate in a bold, new quality improvement initiative mandated through the Affordable Care Act. The Affordable Care Act requires CMS to “establish standards relating to Quality Assurance and Performance Improvement” (QAPI) and “provide technical assistance (TA) to facilities on the development of best practices” for QAPI.

**CMS QAPI Initiatives:**

- **Five Elements** - CMS has identified the following key concepts that are found throughout effective quality systems and are the framework for establishing a QAPI program: 1) Design and Scope; 2) Governance and Leadership; 3) Feedback, Data Systems, and Monitoring; 4) Performance Improvement Projects; and 5) Systematic Analysis and Systemic Action.
- **QAPI Tools and Resources:** CMS, in collaboration with their contractors, University of Minnesota (UM) and subcontractor Stratis Health (SH), are continuing to identify and design effective QAPI tools and resources specifically for nursing homes.
- **Technical Assistance (TA):** CMS contractors are testing QAPI tools, resources, and approaches to providing TA in a multi-year demonstration project with a small group of nursing homes. These materials will be made available to all nursing homes following testing.
- **The Nursing Home Quality Improvement Questionnaire:** In another collaborative effort, CMS' contractor, Abt Associates, Inc., and their subcontractor, the Colorado Foundation for Medical Care, designed a questionnaire to identify the quality systems and processes nursing homes currently have in place, as well as assess the extent to which these systems and processes function to help nursing homes recognize and address quality issues. This information will help CMS and our contractors refine the QAPI components.

The Nursing Home Quality Improvement Questionnaire will be administered to a representative sample of 4,200 randomly selected nursing homes in two waves:

<b>Summer 2012</b>	First wave of data collection	<b>Objective</b>	Establish a baseline of QAPI practices in nursing homes and gather information on the challenges and barriers to implementing effective QAPI programs
<b>2013 - 2014</b>	Second wave of data collection	<b>Objective</b>	Assess the development of QAPI systems, determine what types of TA to make available to nursing homes in the future, and determine the potential impact of TA in advancing QAPI in nursing homes

Nursing home providers participating in the data collection effort will be given the option of completing an electronic questionnaire available via the internet or a hard copy questionnaire mailed directly to their facility. The questionnaire will take *approximately 20 minutes* to complete. Nursing homes participating in the data collection will not be identified by name or any other identifying information.

**Your participation in this survey effort is crucial to the goals of CMS  
in aligning QAPI Technical Assistance with provider needs.**

**Check your QIES mailbox for notification that you have been selected to participate  
in this important information gathering!**

CMS is being supported in this effort through partnership with the following organizations:



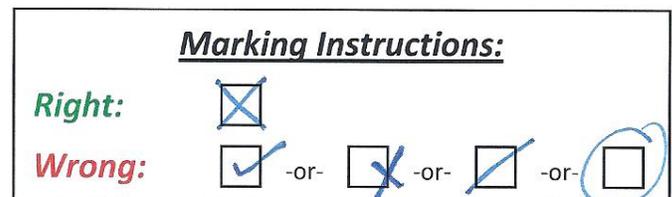


## Nursing Home Quality Improvement Questionnaire

Your answers are being collected by Abt Associates, Inc., a contractor for CMS, who will maintain utmost confidentiality of individual responses. Only anonymous aggregate information will be sent to CMS. The questionnaire is typically completed within 20 minutes. Should you have any questions, please contact the principal investigator from Abt Associates at [QAPI@abtassoc.com](mailto:QAPI@abtassoc.com). CMS and Abt Associates sincerely appreciate your participation.

### Instructions:

- Please read each question carefully and respond by marking an "X" in the box of the response that most closely represents your opinion.
- Please mark only one "X" for each question, unless it tells you to "Mark all that apply."
- While you can use a pen, please use a PENCIL in case you want to change your answer.
- Please do NOT use felt tip pens.
- Make solid heavy "X" marks in the box.
- Please erase cleanly or white out any marks you wish to change.
- Please do not make any stray marks on the form.



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 collection is 0938-1165. Public reporting burden for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**1. Does your facility have a written quality assurance/improvement plan or policy?**

Yes

No **IF NO, SKIP TO QUESTION 4**

**2. Does your current plan/policy specify the roles and responsibilities for the...**

	Yes	No
a. Administrator/Executive Director?	<input type="checkbox"/>	<input type="checkbox"/>
b. Director of Nursing (DON)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical Director?	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality Committee?	<input type="checkbox"/>	<input type="checkbox"/>
e. Residents?	<input type="checkbox"/>	<input type="checkbox"/>
f. Governing Body? A Governing Body is legally responsible for establishing and implementing policies regarding management and operation of the facility (e.g., board of directors, corporation, or owners).	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct care staff?	<input type="checkbox"/>	<input type="checkbox"/>

**3. Does your current plan/policy specify...**

	Yes	No
a. Which staff members serve on the quality committee?	<input type="checkbox"/>	<input type="checkbox"/>
b. How often the quality committee meets?	<input type="checkbox"/>	<input type="checkbox"/>
c. Who is responsible for reviewing quality results?	<input type="checkbox"/>	<input type="checkbox"/>
d. Who is responsible for ensuring quality in the event of a change in facility leadership?	<input type="checkbox"/>	<input type="checkbox"/>
e. When a quality/performance improvement project is required?	<input type="checkbox"/>	<input type="checkbox"/>
f. The improvement methodology or model to be used for quality improvement activities (e.g., PDCA/PDSA, Six Sigma, Lean, SMART, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
g. Expectations for formal quality improvement training (e.g., who receives training and how often)?	<input type="checkbox"/>	<input type="checkbox"/>
h. New employee orientation practices related to quality?	<input type="checkbox"/>	<input type="checkbox"/>
i. A focus on quality of life?	<input type="checkbox"/>	<input type="checkbox"/>
j. What staff should do if they discover a safety or quality concern?	<input type="checkbox"/>	<input type="checkbox"/>
k. How priorities for quality improvements are established?	<input type="checkbox"/>	<input type="checkbox"/>
l. Which services are reviewed for quality?	<input type="checkbox"/>	<input type="checkbox"/>
m. Sources of data to compare your facility's performance to others?	<input type="checkbox"/>	<input type="checkbox"/>
n. Actions to be taken if an adverse event occurs in your facility?	<input type="checkbox"/>	<input type="checkbox"/>

**4. What staff members, if any, receive formal training in quality improvement methodologies or techniques (e.g., how to do a root cause analysis, interpret data variation, or use a fishbone diagram)?**

**SELECT ALL THAT APPLY**

- Executive Leadership (Nursing Home Administrator or Director of Nursing)
- Quality Committee members
- Certified Nursing Assistants (CNAs)
- Patient care nurses
- Non-clinical staff
- All staff
- No formal quality improvement training provided at this time
- Quality Improvement Coordinator
- Don't know

5. Do you have a dedicated position, such as a Quality Improvement Coordinator, that has been established specifically to manage, coordinate, or oversee quality assurance/improvement activities in your facility (e.g., train staff in quality methods, how to use quality tools, or to lead quality improvement projects)?

- Yes
- No **IF NO, SKIP TO QUESTION 8**

*Please answer the following questions for the staff member that fills the position described above.*

a. Please indicate the percentage of this person's time that is dedicated specifically to quality improvement coordination.

\_\_\_\_\_ %

b. What other role(s), if any, does this person have in your facility?

**SELECT ALL THAT APPLY**

- No other roles / 100% of time is dedicated to quality improvement coordination
- OR-----
- Staff Development Coordinator
- ADON
- DON
- NHA
- Infection Control
- Dietary
- Other (Specify): \_\_\_\_\_

c. Does this person have any formal certification or degree related to quality improvement or organizational development?

- Yes
- No
- Don't Know

6. Is this position shared with a second person?

- Yes
- No **IF NO, SKIP TO QUESTION 7**

*Please answer the following questions for this additional staff member.*

a. Please indicate the percentage of this person's time that is dedicated specifically to quality improvement coordination.

\_\_\_\_\_ %

b. What other role(s), if any, does this person have in your facility?

**SELECT ALL THAT APPLY**

- No other roles / 100% of time is dedicated to quality improvement coordination
- OR-----
- Staff Development Coordinator
- ADON
- DON
- NHA
- Infection Control
- Dietary
- Other (Specify): \_\_\_\_\_

c. Does this person have any formal certification or degree related to quality improvement or organizational development?

- Yes
- No
- Don't Know

7. If the questions on this page do not adequately capture the nature of quality improvement coordination at your facility, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Select the frequency that most closely matches how often performance data are routinely reviewed by the Nursing Home Administrator (during QA meetings or otherwise) for each of the topics listed below.

***FREQUENCY OF REVIEW***

***SELECT ONE ANSWER FOR EACH TOPIC***

	As needed but not routinely	Daily	Weekly	Monthly	Quarterly	Annually	Not Reviewed	Not Applicable
<b>SATISFACTION DATA</b>								
a. Resident satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Family satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consistent assignment of CNAs or other caregivers (monitoring whether consistent assignments actually occur as scheduled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Call light response times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Quality of food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL DATA</b>								
h. Quality Measures from MDS (QMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Adverse events (e.g., medication error, falls with injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Near misses (could have caused harm, e.g., medication filled incorrectly but not given)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Data related to rehabilitative therapy outcomes (e.g., return to community/previous residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Healthcare-Associated Infections (including multi-drug resistant organisms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Antipsychotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Hospital admissions/readmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item 8 (Continued)**

**FREQUENCY OF REVIEW**

**SELECT ONE ANSWER FOR EACH TOPIC**

	As needed but not routinely	Daily	Weekly	Monthly	Quarterly	Annually	Not Reviewed	Not Applicable
<b>STAFFING and OPERATIONAL DATA</b>								
p. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Staff absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Quality Improvement Project A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. QA Committee meeting minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Direct care nursing hours per resident day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Use of agency/temp staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Resident census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STATE SURVEY &amp; PUBLIC DATA</b>								
y. State survey deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
z. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
aa. Occurrences or incidents reportable to survey agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
bb. Advancing Excellence Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
cc. Five Star Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
dd. Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you currently have *specific, measurable improvement targets* established for any of the following topics?

<p><b>SELECT ONE ANSWER FOR EACH TOPIC</b></p>	Yes	No	Goal, but No Specific Target
a. Resident satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Family satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consistent assignment of CNAs or other caregivers (monitoring whether consistent assignments actually occur as scheduled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Call light response times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Quality of food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Quality Measures from MDS (QMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Adverse events (e.g., medication error, falls with injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Near misses (could have caused harm, but identified before event, e.g., medication filled incorrectly but not given)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Healthcare-Associated infections (including multi-drug resistant organisms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Antipsychotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Data related to rehabilitative therapy outcomes (e.g., return to community/previous residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Hospital admissions/readmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Staff absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Quality Improvement Project(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Direct care nursing hours per resident day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Use of agency/temp staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Resident census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. State survey deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Occurrences or incidents reportable to survey agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Advancing Excellence Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Five Star Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Select the extent to which you Agree or Disagree with each of the following statements about your facility's practices related to ADVERSE EVENTS and follow up ACTION PLANS.**

**NOTE:**

An Adverse Event is an untoward, undesirable, and usually unanticipated event that actually or potentially causes serious harm, affecting a resident's quality of life or quality of care.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
<b>UNDERSTANDING ADVERSE EVENTS</b>					
a. Our facility has defined what we consider to be an adverse event.	<input type="checkbox"/>				
b. Our facility has a specified methodology <u>to evaluate</u> adverse events.	<input type="checkbox"/>				
c. Our facility does a root cause analysis when an adverse event occurs.	<input type="checkbox"/>				
d. Our facility tracks data related to adverse events.	<input type="checkbox"/>				
e. Our facility provides training to key staff on how to investigate an adverse event.	<input type="checkbox"/>				
f. Our facility has a policy that protects staff who report adverse events from retaliation.	<input type="checkbox"/>				
<b>RESPONDING TO AN ADVERSE EVENT</b>					
g. Our facility develops an improvement action plan or project after an adverse event occurs.	<input type="checkbox"/>				
h. Our facility's improvement action plans routinely include measurable goals or targets for desired improvements.	<input type="checkbox"/>				

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
i. Our facility monitors the <u>progress</u> of improvement action plans to determine if desired results are being obtained.	<input type="checkbox"/>				
j. Our facility monitors improvement project results <u>after completion</u> to determine if desired results are sustained over time.	<input type="checkbox"/>				
k. We almost always make changes to systems or processes when adverse events occur.	<input type="checkbox"/>				
l. We almost always make changes to policies and protocols when adverse events occur.	<input type="checkbox"/>				
m. Disciplinary action is not taken when adverse events are reported by staff, unless the outcome was the result of deliberate intent to harm.	<input type="checkbox"/>				
n. Staff members are encouraged to report an adverse event.	<input type="checkbox"/>				
o. Staff feel safe when reporting an adverse event (do not feel they will be disciplined or fear losing their jobs).	<input type="checkbox"/>				
p. Our Governing Body reviews all adverse event findings.	<input type="checkbox"/>				
q. We have set clear expectations of staff to ensure resident safety.	<input type="checkbox"/>				
r. It is easy to make changes to improve resident safety in this nursing home.	<input type="checkbox"/>				

**11. Who would perform a root cause analysis (RCA) and action plan following an adverse event in your facility?**

***SELECT THE ONE ANSWER THAT MOST CLOSELY MATCHES THE PRACTICE THAT OCCURS IN YOUR FACILITY.***

- We would not perform a RCA
- An individual (e.g., QA/QI Coordinator, NHA, DON) performs the RCA
- A team performs the RCA
- A team performs the RCA and the team includes those involved in the event

**12. Select the source(s) of data that your facility uses to evaluate your facility's performance.**

***SELECT ALL THAT APPLY***

- Advancing Excellence Campaign
- Corporate data
- MDS QM reports
- National averages
- Nursing Home Compare
- Results achieved in other industries
- Satisfaction survey vendor reports
- Software vendor reports (e.g., quality tracking programs or products)
- State averages
- Compare to our own previous data or trend
- Other (Specify): \_\_\_\_\_
- \_\_\_\_\_
- None

**13. Select the extent to which you Agree or Disagree with the following statements about your facility's INITIATION of quality improvement projects or action plans.**

**NOTE:**

A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Quality improvement projects are initiated only when something goes wrong.	<input type="checkbox"/>				
b. Our Governing Body mandates what improvement projects will be undertaken in our facility.	<input type="checkbox"/>				
c. Our facility maintains a calendar that provides a schedule to evaluate the performance of important care and service areas on a regular basis.	<input type="checkbox"/>				
d. The Quality Committee decides when an improvement project needs to occur.	<input type="checkbox"/>				
e. When several residents complain about the same issue, the need for initiating a performance improvement project is evaluated.	<input type="checkbox"/>				
f. <u>Staff members</u> in our facility identify areas in need of improvement.	<input type="checkbox"/>				
g. <u>Residents</u> in our facility identify areas in need of improvement.	<input type="checkbox"/>				

**14. Select the extent to which you Agree or Disagree with the following statements about ACTIONS TAKEN and RESULTS from your facility's quality improvement projects.**

**NOTE:**

A Quality Improvement Project is a set of related activities designed to achieve measurable improvement in processes and outcomes.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/NA	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/NA
a. Staff re-education is mainly all that is needed to prevent reoccurrence of a quality problem.	<input type="checkbox"/>									
b. Quality improvement projects are typically carried out by our DON.	<input type="checkbox"/>									
c. Quality improvement projects are carried out by improvement teams that are multidisciplinary.	<input type="checkbox"/>									
d. The focus of our quality improvement projects is primarily to meet regulatory compliance.	<input type="checkbox"/>									
e. During a quality improvement initiative, we use data to inform our actions or decisions.	<input type="checkbox"/>									
f. Revising policies or procedures is mainly all that is needed to prevent reoccurrence of a quality problem.	<input type="checkbox"/>									
g. Our quality improvement project action plans almost always include changes to a system or process related to the problem.	<input type="checkbox"/>									
h. Our organization continues to advance the quality of our services by maintaining improvements over long periods of time.	<input type="checkbox"/>									
i. An evaluation of any needed change to the environment, equipment or physical plant is generally part of our improvement plan process.	<input type="checkbox"/>									
j. Our Medical Director actively participates in quality improvement teams.	<input type="checkbox"/>									
k. Physicians working in our nursing home (other than our Medical Director) actively participate in our quality improvement teams.	<input type="checkbox"/>									
l. Nurse Practitioners and/or Physician Assistants working in our nursing home actively participate in our quality improvement teams.	<input type="checkbox"/>									

15. Does your facility have one or more specified models or approaches that are used for quality improvement?

- Yes
- No/Don't Know

**IF NO/DON'T KNOW, SKIP TO QUESTION 16**

15a. What model(s) do/does your facility use? **SELECT ALL THAT APPLY**

- DMAIC (Define-Measure-Analyze-Improve-Control)
- Failure Mode Effect Analysis (FMEA)
- Focus (Find, Organize, Clarify, Understand, Select) PDCA or PDSA
- Lean
- PDCA or PDSA (Plan-Do-Check-Act or Plan-Do-Study-Act)
- Rapid Cycle Quality Improvement
- Six Sigma
- SMART (Specific, Measurable, Attainable, Realistic, and Timely)
- 10-Step method from the Joint Commission
- Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Select the extent to which your facility or staff would **benefit from technical assistance** in the following areas. Select a number from 1 to 5, where 1 means "No Benefit" and 5 means "Great Benefit."

No Benefit		Great Benefit		
1	2	3	4	5

**BEST PRACTICES**

a. Training in quality improvement concepts and methods	<input type="checkbox"/>				
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	No Benefit			Great Benefit	
	1	2	3	4	5
b. Critical thinking skills	<input type="checkbox"/>				
c. How to prioritize quality improvement projects	<input type="checkbox"/>				
d. How to hold effective meetings	<input type="checkbox"/>				
e. Teamwork	<input type="checkbox"/>				
f. Communication strategies	<input type="checkbox"/>				
g. Leadership skills	<input type="checkbox"/>				
h. Admission practices	<input type="checkbox"/>				
i. Discharge practices	<input type="checkbox"/>				
j. How to work with health care providers in other settings	<input type="checkbox"/>				
k. What to do when an adverse event occurs	<input type="checkbox"/>				
<b>ASSISTANCE WITH DATA</b>					
l. Data collection methods	<input type="checkbox"/>				
m. Knowing where to find appropriate comparison data	<input type="checkbox"/>				
n. How to determine which data are important to track for quality monitoring	<input type="checkbox"/>				
o. How to interpret data	<input type="checkbox"/>				
p. How to set benchmarks	<input type="checkbox"/>				
q. How to do a root cause analysis	<input type="checkbox"/>				
r. Other (Specify): _____ _____	<input type="checkbox"/>				

17. Please select the extent to which the following items are a challenge or barrier to the implementation or functioning of your facility's quality activities. Select a number from 1 to 5, where 1 means "Not a Barrier" and 5 means a "Significant Barrier."

	Not a Barrier		Significant Barrier		
	1	2	3	4	5
<b>RESOURCES</b>					
a. Financial or other resources	<input type="checkbox"/>				
b. Time to complete quality activities	<input type="checkbox"/>				
c. Staff turnover	<input type="checkbox"/>				
d. Leadership turnover	<input type="checkbox"/>				
e. Physician support in quality improvement activities	<input type="checkbox"/>				
<b>KNOWLEDGE</b>					
f. Finding knowledgeable staff with quality improvement skills	<input type="checkbox"/>				
g. Deciding what to include in a quality program	<input type="checkbox"/>				
h. Sustaining improved results over time	<input type="checkbox"/>				
i. Knowing which data to track	<input type="checkbox"/>				
j. Interpreting what the data mean	<input type="checkbox"/>				
k. Having autonomy to make decisions related to our quality program	<input type="checkbox"/>				
l. Other (Specify): _____ _____	<input type="checkbox"/>				

18. How long has the current Nursing Home Administrator (NHA) been employed...

a. As the NHA in your nursing home?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

b. As an NHA in another nursing home?

- N/A
- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

19. How many different Nursing Home Administrators of Record (NHA/AOR) have served in your facility during the past 3 years (including current NHA and interim NHAs if known)?

Enter NUMBER: \_\_\_\_\_

- Don't know

20. How long has the current Director of Nursing been employed...

a. As the DON in your nursing home?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

b. In any other prior position in your nursing home?

- N/A
- Less than 1 year
- 1 year to less than 5 years
- 5 years to less than 10 years
- 10 or more years
- Don't know

21. How many different Directors of Nursing have served in your facility during the past 3 years (include current DON and interim DONs if known)?

Enter NUMBER: \_\_\_\_\_

- Don't know

22. Does your nursing home follow any culture change/person-centered care practices?

- Yes
- No **IF NO, SKIP TO QUESTION 23**

22a. If "Yes," select all that apply:

- Small Houses
- Households/Neighborhoods
- Consistent Assignment
- Use of Artifacts of Culture Change for self-assessment
- Other (Specify): \_\_\_\_\_

23. What is your facility's affiliation?

- Independent, free-standing
- Hospital system, attached
- Hospital system, free-standing
- Multi-facility nursing home organization (chain or corporation)

24. If your nursing home is part of a multi-facility organization, approximately how many nursing homes are affiliated with the parent corporation?

- N/A
- 1 - 2
- 3 - 5
- 6 - 10
- 11 - 25
- 26 - 100
- More than 100

25. What is your title?

- Administrator
- Director of Nursing
- Other (Specify): \_\_\_\_\_

*Thank you very much for your time to respond to this questionnaire. Your participation will help support all nursing homes.*