

Hospital Survey Instrument

Introduction and Informed Consent 1

[READ IF CONTACTED WITH LETTER OR EMAIL ONLY]

We are calling on behalf of The Centers for Medicare & Medicaid Services, or CMS, to learn about the resources you find most helpful for improving the quality of care you provide patients. We sent a letter explaining the survey that we hope you will complete to provide CMS feedback and direction for improving current quality improvement programs as well as informing future program design. The call should take about 20 minutes.

INT1. Is this a good time for you to participate in the survey?

01	Yes
02	No
99	Refused

[IF INT1 IS NO, GO TO INT2]

[IF INT1 IS REFUSED, GO TO INT4]

[IF INT1 IS YES, CONTINUE WITH INTRODUCTION]

This survey is voluntary, and you may stop participating in the survey at any time. Neither your name, nor the name of your business, will ever appear in any reports prepared from the findings of this survey. We will be collecting responses from hundreds of hospitals across the nation and the aggregated results will not identify you or your organization. Neither will your responses in any way affect your business' relationship with CMS.

GO TO OMB STATEMENT

INT2. We can start now and complete as much as you are able to, and we can finish at another time. Can we begin?

01	Yes
02	No
99	Refused

[IF INT2 IS NO, GO TO INT3]

[IF INT2 IS REFUSED, GO TO INT4]

[IF INT2 IS YES, CONTINUE WITH INTRODUCTION]

This survey is voluntary and you may stop participating in the survey at any time. Neither your name nor the name of your business will ever appear in any reports prepared from the findings of this survey. We will be collecting responses from hundreds of nursing homes across the nation and the aggregated results will not identify you or your organization. Neither will your responses in any way affect your business' relationship with CMS.

GO TO OMB STATEMENT

INT3. Can we schedule another time that works for you?

01	Yes
02	No
99	Refused

[IF INT3 IS NOT YES, GO TO INT4]

[IF INT3 IS YES, RECORD RESPONSE BELOW]

RECORD DATE AND TIME: _____

INT4. Can you provide us the name of someone else we can talk to who knows about quality improvement in your hospital?

01	Yes
02	No
98	Do not Know
99	Refused

[IF INT4 IS NOT YES, GO TO INT5]

[IF INT4 IS YES, RECORD RESPONSE]

RECORD NAME: _____

RECORD TITLE: _____

RECORD PHONE NUMBER: _____

INT5. Can you direct us to someone who is likely to be able to assist in identifying the right person?

	01	Yes
	02	No
	98	Do not Know
	99	Refused

[IF INT 5 IS YES RECORD RESPONSE.]

RECORD NAME: _____

RECORD TITLE: _____

RECORD PHONE NUMBER: _____

[IF INT4 = YES OR INT5 = YES]

Great! We'll update our files accordingly. Thank you for directing us to someone who may be able to help. We appreciate your assistance. [UPDATE SAMPLE RECORD AND RETURN TO QUEUE]

[IF INT5 IS NOT YES]

Thanks for taking the time to speak to us. [SEND TO ACCOUNT GROUP TO SEEK REPLACEMENT]

Introduction and Informed Consent 2

[READ IF CONTACTED VIA PHONE OR EMAIL AND ARRANGED MEETING TIME]

We are calling on behalf of The Centers for Medicare and Medicaid Services, or CMS, to learn about the resources you find most helpful for improving the quality of care you provide to patients. We scheduled this time to conduct a 20-minute survey.

INT6. Is this still a good time for you to participate in this survey?

	01	Yes
	02	No

IF INT6 IS NO, RECORD NEW DATE AND TIME

RESPONSE: _____

[IF INT6 IS YES, CONTINUE WITH INTRODUCTION]

This survey is voluntary, and you may stop participating in the survey at any time. Neither your name nor the name of your business will ever appear in any reports prepared from the findings of this survey. We will be collecting responses from hundreds of hospitals across the nation and the aggregated results will not identify you or your organization. Neither will your responses in any way affect your business' relationship with CMS.

GO TO OMB STATEMENT

Introduction and Informed Consent 3

[READ IF CALLED PREVIOUSLY AND ARRANGED NEW MEETING TIME]

We are calling back on behalf of The Centers for Medicare and Medicaid Services, or CMS, to learn about the resources you find most helpful for improving the quality of care you provide to patients. We scheduled this time to conduct a 20-minute survey.

INT7. Is this still a good time for you to participate in this survey?

	01	Yes
	02	No

IF INT7 IS NO, RECORD NEW DATE AND TIME

RESPONSE: _____

[IF INT7 IS YES, CONTINUE WITH INTRODUCTION]

This survey is voluntary and you may stop participating in the survey at any time. Neither your name nor the name of your business will ever appear in any reports prepared from the findings of this survey. We will be collecting responses from hundreds of nursing homes across the nation and the aggregated results will not identify you or your organization. Neither will your responses in any way affect your business' relationship with CMS.

GO TO OMB STATEMENT

OMB Statement

Before my first question, I need to tell you this survey has been approved by the Office of Management and Budget, or OMB, as required by the Paperwork Reduction Act. The OMB approval number for this survey is **0938-xxxx (Expires xx/xx/20xx)**.

[DO NOT READ]

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-XXXX**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Thank you. I will now proceed with the survey questions.

GO TO “SCREENER”

Introduction and Informed Consent 4

[READ IF PREVIOUSLY BEGAN CONDUCTING SURVEY AND NOW CALLING TO CONTINUE SURVEY]

We are calling back on behalf of The Centers for Medicare and Medicaid Services, or CMS, to learn about the resources you find most helpful for improving the quality of care you provide to patients. We scheduled this time to finish conducting the survey.

INT8. Is this still a good time for you to complete this survey?

01	Yes
02	No
99	Refused

IF INT8 IS NO, RECORD NEW DATE AND TIME

RESPONSE: _____

IF INT8 IS YES, PROCEED WITH SURVEY AFTER LAST QUESTION ANSWERED

Screener

S1. Are you the best person at [HOSPITAL NAME] to complete this survey?

01	Yes
02	No
98	Do not Know
99	Refused

[IF S1 = NO, DK, or Refused, ASK S2; IF S1 = Yes, PROCEED TO RP1]

S2. Can you provide us the name of the person most responsible for improving quality at your hospital?

01	Yes
02	No
98	Do not Know
99	Refused

[IF S2 = Yes RECORD RESPONSE. IF S2 = No, DK, or Refused, ASK S3]

RECORD NAME: _____

RECORD TITLE: _____

RECORD PHONE NUMBER: _____

S3. Can you direct us to someone who is likely to be able to assist in identifying the right person?

	01	Yes
	02	No
	98	Do not Know
	99	Refused

[IF S3 = Yes RECORD RESPONSE.]

RECORD NAME: _____

RECORD TITLE: _____

RECORD PHONE NUMBER: _____

[IF S2 = Yes OR S3 = Yes]

Great! We'll update our files accordingly. Thank you for directing us to someone who may be able to help. We appreciate your assistance. [UPDATE SAMPLE RECORD AND RETURN TO QUEUE]

[IF S3 = No, Do Not Know, or Refused]

Thanks for taking the time to speak to us. [SEND TO ACCOUNT GROUP TO SEEK REPLACEMENT]

Recording Permission

Before we continue, I would like to ask your permission to record your answers to some questions where you may have longer responses. This will help the survey go faster.

RP1. Do I have your permission to record your responses to questions that may involve extended or detailed answers?

	01	Yes
	02	No
	99	Refused

IF RP1 IS NO, OR REFUSED, CONTINUE THE SURVEY BUT DO NOT RECORD RESPONSES TO THE OPEN-ENDED QUESTIONS.

Background Questions

BG1. Please state your full name

RESPONSE: _____

BG2. What is your title or role?

[INTERVIEWER NOTE: DO NOT READ THE LIST. PLEASE SELECT THE CLOSEST MATCH OR USE 'OTHER' TO RECORD THE TITLE]

01	Administrator
02	Quality Improvement Program Director
03	Office/Practice Manager
04	Quality Manager
05	Other (specify):

BG3. Is the hospital where you primarily work part of a network or health system?

01	Yes
02	No
03	Do not Know

BG4. How many years have you been in this role at this hospital?

[INTERVIEWER NOTE: ROUND TO THE CLOSEST WHOLE NUMBER, IF IT IS LESS THAN SIX MONTHS, PUT 0]

RESPONSE: [0 to 99]: _____

Hospital Engagement with CMS QIN-QIO Program

Q1A. In the last 12 months, do you recall your facility working with or using any resources provided by [QIO name].

a	Yes
b	No
c	Previously, but not in the last 12 months
d	Not Sure/Do not Know

Q1B. [Asked if Q1A = 'b', 'c', or 'd'] In the last 12 months, do you recall your facility working with Quality Improvement Organization or QIO?

a	Yes
b	No
c	Previously, but not in the last 12 months
d	Not Sure/Do not Know

Q1C. [Asked if Q1A AND Q1B = 'b', 'c', or 'd'] You mentioned that your facility did not work with [Insert QIO name] or use resources provided by this organization in the last 12 months. Which of these statements I am going to read describe the reasons why your facility did not work with the QIOs? Please respond Yes or No.

[INTERVIEWER, PLEASE READ EACH RESPONSE AND RECORD YES OR NO]

[Answer Choices Randomized, but option 'a' and 'b' are always first two and 'h' and 'i' are last]

a	We were not aware of this organization and their resources
b	No such opportunity presented itself
c	The resources offered seemed redundant with other efforts we were involved in
d	We had all the support needed within this facility
e	We had already received support from another government program or resource
f	The assistance provided did not seem to be helpful or worth the effort
g	We did not have enough time to participate in this effort
h	Other (specify):
i	Not sure/Do not know

[If Q1A AND Q1B = 'b', 'c', or 'd' skip to Q4]

[If Q1A = 'a,' use corresponding QIO name in the remaining questions. If Q1A is not 'a,' use "the QIO" for remaining questions.]

Q2. In the last 12 months, how would you describe your level of engagement with [Insert QIO name] on work to improve the quality of care provided at your facility? Would you say you were...

[INTERVIEWER, PLEASE READ CHOICES ‘a’ THROUGH ‘e’ AND RECORD RESPONSE]

a	Highly engaged
b	Moderately engaged
c	Minimally engaged
d	Not at all engaged
e	Not sure/Do not Know

Q2A. [Asked if Q2 = ‘c’, ‘d’, or ‘e’] Which best describes the reasons why your facility was not more fully engaged with [Insert QIO name]. I am going to read some possible reasons and ask you to respond Yes or No to each statement.

[INTERVIEWER, PLEASE READ CHOICES AND RECORD YES OR NO FOR EACH RESPONSE]

[Answer choices randomized except option ‘g’ is at bottom.]

a	No such opportunity presented itself.
b	The resources offered seemed redundant with other efforts we were involved in.
c	We had already received support from another government program or resource.
d	We had all the support needed within this facility.
e	The assistance available did not seem to be helpful or worth the effort.
f	We did not have enough time to participate in another effort.
g	[DO NOT READ] Not sure/Do not know.

Q2B. Was there another reason?

a	Yes
b	No

[IF Q2B IS YES] Please describe why your facility has not been more fully engaged with [Insert QIO name] in the last 12 months.

RECORD RESPONSE: _____

[INTERVIEWER, USE THE FOLLOWING PROBES AS NEEDED]:

“What do you mean by that?”

“Can you provide more detail?”

“Anything else?”

Q2C. [Asked if Q2 = ‘a’, ‘b’, or ‘c’] In the last 12 months, approximately how frequently have you, or your facility, **INITIATED** contact with [Insert QIO name] for help or advice on your facility’s needs for technical assistance?

a	Never, [Insert QIO name] always initiated contact
b	Weekly
c	Monthly
d	Quarterly
e	Biannually
f	Annually
g	Not sure/Do not know

[If Q2C = ‘a’ or ‘g’, go to Q3]

Q2D. [Asked if Q2C = ‘b’, ‘c’, ‘d’, ‘e’, or ‘f’] In the last 12 months, when you or your facility initiated contact with [Insert QIO name], what did your facility need help with?

RESPONSE TEXT: _____

[INTERVIEWER, USE THE FOLLOWING PROBES AS NEEDED]:

“What do you mean by that?”

“Can you provide more detail?”

“Anything else?”

Satisfaction

Q3. In the last 12 months, how satisfied were you with your relationship with [Insert QIO name] overall? Would you say you were...?

[INTERVIEWER, PLEASE READ CHOICES 'a' THROUGH 'e' AND RECORD RESPONSE]

a	Very satisfied
b	Somewhat satisfied
c	Neither satisfied nor dissatisfied
d	Somewhat dissatisfied
e	Very dissatisfied
f	[DO NOT READ] Not sure/Do not know

Overall Quality Improvement Priorities

Q4. Now we want to better understand your hospital's recent quality improvement efforts. I am going to read a list of topics that you may have addressed to improve the quality of care for patients at your facility. Please tell me if your facility has made changes to processes or protocols to improve care delivery for any of these areas in the last 12 months. Please respond Yes or No to each topic.

[INTERVIEWER NOTE: PLEASE READ EACH ITEM AND PROMPT FOR YES/NO RESPONSE]

Has your hospital made any changes in...

	a. Yes	b. No	c. Not Sure/ Do not Know
(4-1) Increasing staff influenza vaccination rates			
(4-2) Improving patient safety			
(4-3) Improving infection prevention and control			
(4-4) Increasing safety with opioid prescriptions, for example, avoiding concurrent prescriptions			
(4-5) Increasing use of suicide risk assessments in the emergency department			
(4-6) Following up after ED visits for substance use disorder			

a. Yes b. No c. Not Sure/
Do not Know

(4-7) Decreasing 30-day readmissions

(4-8) Using Quality Assurance & Performance Improvement plans, or QAPI, for example to reduce inspection deficiencies

(4-9) Increasing cybersecurity

(4-10) Participating in the Advancing Healthcare Quality through Technology initiative, or AHQT

Q4A. Is there another area of quality improvement your facility has worked on during the last 12 months?

a	Yes
b	No

[IF Q4A IS NO go to Q4B]

[IF Q4A IS YES] What area is that?

RECORD RESPONSE: _____

[If Q4-1 through Q4-10 is Yes or Not Sure skip to Q5]

Q4B. [Asked if any of 4-1 to 4-10 = No] You said quality improvement process or processes have not changed in some areas of care in the last 12 months. I am going to read some possible reasons for not making changes to processes or protocols and ask you whether they apply. Please answer Yes or No.

[INTERVIEWER, PLEASE READ EACH STATEMENT AND RECORD YES OR NO RESPONSES]

a	We already met our goals because our processes and protocols were effective.
b	Other goals were of higher priority to our facility.
c	We did not have the resources needed to make changes.
d	We were not aware of best practices for quality improvement.
e	[DO NOT READ] Not sure/Do not know.

Q4C. Is there another reason why your facility did not make changes to quality improvement process or protocols during the last 12 months?

a	Yes
b	No

[IF Q4C IS YES] Please describe.

RECORD RESPONSE: _____

[INTERVIEWER, USE THE FOLLOWING PROBES AS NEEDED:]

“What do you mean by that?”

“Can you provide more detail?”

“Anything else?”

[If Q1A AND Q1B = ‘b’, ‘c’, or ‘d’ skip to the End of Survey]

Perception of Helpfulness

Q5. I am going to read these topics for delivery of care again, and this time I would like to know whether you worked with [Insert QIO name] on quality improvement for each area.

[INTERVIEWER, FOR EACH TOPIC, PLEASE READ AND RECORD YES OR NO; USE “Not Sure/Do not Know” AS NEEDED]

Please answer Yes or No if you worked with [Insert QIO name] on...

	a. Yes	b. No	c. Not Sure/ Do not Know
(5-1) Increasing staff influenza vaccination rates			
(5-2) Improving patient safety			
(5-3) Improving infection prevention and control			
(5-4) Increasing safety with opioid prescriptions, for example, avoiding concurrent prescriptions			
(5-5) Increasing use of suicide risk assessments in the ED			
(5-6) Following up after ED visits for substance use disorder			
(5-7) Decreasing 30-day readmissions			

a. Yes b. No c. Not Sure/
Do not Know

(5-8) Using Quality Assurance & Performance Improvement plans, or QAPI, for example to reduce inspection deficiencies

(5-9) Increasing cybersecurity

(5-10) Participating in the Advancing Healthcare Quality through Technology initiative, or AHQT

(5-11) [INSERT RESPONSE FROM 4A]

Q5A. Has [Insert QIO name] helped in another area that wasn't mentioned during the last 12 months?

a	Yes
b	No

[IF Q5A IS YES] Please describe.

RECORD RESPONSE: _____

Q5B. We would like your opinion on whether you felt the assistance or resources from [Insert QIO name] was helpful for maintaining or improving the quality of care within the last 12 months.

[INTERVIEWER, PLEASE READ AND RECORD RESPONSE FOR EACH TOPIC; USE 'Not Sure/Do not Know' AS NEEDED]

Please tell me whether the involvement of [Insert QIO name] was helpful, made no difference, or was not helpful for improving care of your patients with...

[Populate with only 'Yes' responses from Question 5]

	a. Helpful	b. Made no Difference	c. Not Helpful	d. Not Sure/ Do not Know
(5B-1) Increasing staff influenza vaccination rates				
(5B-2) Improving patient safety				
(5B-3) Improving infection prevention and control				
(5B-4) Increasing safety with opioid prescriptions, for example, avoiding concurrent prescriptions				
(5B-5) Increasing use of suicide risk assessments in the ED				
(5B-6) Following up after ED visits for substance use disorder				
(5B-7) Decreasing 30-day readmissions				
(5B-8) Using Quality Assurance & Performance Improvement plans, or QAPI, for example to reduce inspection deficiencies				
(5B-9) Increasing cybersecurity				
(5B-10) Participating in the initiative for Advancing Healthcare Quality through Technology, or AHQT				
(5B-11) [INSERT RESPONSE FROM 5-11]				
(5B-12) [INSERT RESPONSE FROM 5A]				

Q5C. [Asked if any Q5B-1 to Q5B-12 = 'b' or 'c'] Can you suggest how [Insert QIO name] could improve its support to your facility?

RESPONSE: _____

[INTERVIEWER, USE THE FOLLOWING PROBES AS NEEDED]:

“What do you mean by that?”

“Can you provide more detail?”

“Anything else?”

Technical Assistance and Quality Improvement Support

Q6. Next, I am going to read some statements regarding overall support provided by [Insert QIO name]. For each statement, please give a response on a scale from 1 to 5, where 1 means you strongly agree and 5 means you strongly disagree.

[INTERVIEWER, PLEASE READ RESPONSES ‘a’ THROUGH ‘e’ AND RECORD FOR EACH STATEMENT; USE ‘Not Sure/Do not Know’ AS NEEDED]

	a. 1- Strongly Agree	b. 2- Agree	c. 3- Neutral	d. 4- Disagree	e. 5- Strongly Disagree	f. Not Sure/ Do Not Know
(6-1) [QIO name] helped my facility identify and prioritize opportunities for improving quality of care.						
(6-2) [QIO name] support reduced administrative burden on my facility.						
(6-3) Technical assistance provided by [QIO name] was tailored to the needs of my facility.						

Data Usage and Reporting

Q7. Please indicate your level of agreement or disagreement with these statements regarding the data usage and reporting provided by [Insert QIO name]. Again, 1 means you strongly agree and 5 means you strongly disagree.

[INTERVIEWER, PLEASE READ RESPONSES ‘a’ THROUGH ‘e’ AND RECORD FOR EACH STATEMENT; USE ‘Not Sure/Do not Know’ AS NEEDED]

	a. 1- Strongly Agree	b. 2- Agree	c. 3- Neutral	d. 4- Disagree	e. 5- Strongly Disagree	f. Not Sure/ Do Not Know
(7-1) [QIO name] helped my facility comply with CMS data reporting requirements.						
(7-2) [QIO name] provided data resources (e.g., reports, briefs, technical guidance) that were helpful in guiding quality improvement efforts.						
(7-3) [QIO name] support helped my facility adopt or enhance the use of digital tools such as Electronic Health Records or EHRs.						
(7-4) [QIO name] support helped my facility adopt or enhance the use of telehealth.						
(7-5) [QIO name] support helped my facility adopt or enhance the use of artificial intelligence or AI.						

Q8. We would like to ask you about other ways the CMS QIN-QIO Program may have affected quality improvement at your facility. Please indicate your level of agreement or disagreement with these next statements. Again, 1 means you strongly agree and 5 means you strongly disagree.

[INTERVIEWER, PLEASE READ RESPONSES ‘a’ THROUGH ‘e’ AND RECORD FOR EACH STATEMENT; USE ‘Not Sure/Do not Know’ AS NEEDED]

	a. 1- Strongly Agree	b. 2- Agree	c. 3- Neutral	d. 4- Disagree	e. 5- Strongly Disagree	f. Not Sure/ Do Not Know
(8-1) [QIO name]'s support enhanced our confidence in improving quality improvement efforts and/or healthcare delivery.						
(8-2) [QIO name]'s support helped maintain and build new partnerships and relationships with community, federal, and other healthcare advocates.						

QIO Communications

Q9. Please indicate your level of agreement or disagreement with the following statements regarding communication with [Insert QIO name], where 1 means you strongly agree and 5 means you strongly disagree.

[INTERVIEWER, PLEASE READ RESPONSES 'a' THROUGH 'e' AND RECORD FOR EACH STATEMENT; USE 'Not Sure/Do not Know' AS NEEDED]

	a. 1- Strongly Agree	b. 2- Agree	c. 3- Neutral	d. 4- Disagree	e. 5- Strongly Disagree	f. Not Sure/ Do Not Know
(9-1) [QIO name] communicated clearly and consistently with our organization.						
(9-2) [QIO name] customized modes of communication (e.g., email, phone, in-person) to satisfy our facility needs.						

[INTERVIEWER, PLEASE READ THE FOLLOWING]

The time required to complete this information collection was estimated to average **20 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, I can provide you with the mailing address. Would you like this address?

[IF YES, READ BELOW]

You may send comments to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *******CMS Disclaimer*******
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 or concerns regarding where to submit your documents, please contact Mr. Jeff Mokry at 214-767-4021.

Thank you for your time and for sharing your experiences.

[IF NO, READ BELOW]

Thank you for your time and for sharing your experiences