

# Appendix I – Hospital Interview Guide

## Topic Guide for Semi-Structured Interview of Hospital 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 hospitals on behalf of the Centers for Medicare & Medicaid Services (CMS).
- CMS implements a variety of performance measures in the hospital setting to assess the quality and efficiency of care provided to Medicare beneficiaries. Hospitals report on measures included in the Hospital Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs. Hospital performance on these measures is publicly reported on the CMS Hospital Compare website, and a subset of the measures is used in the CMS Hospital Value-Based Purchasing Program and the Hospital-Acquired Condition Reduction Program.
- The purpose of today's interview is to learn about your hospital'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 hospital.
- As I ask you questions today, I would like you to be thinking specifically about the CMS performance measures and actions your hospital 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 hospital 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 0938-1290 to the hospital 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 background.

## **Respondent Background**

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

## **Hospital Characteristics**

3. Is your hospital affiliated with a hospital system? (YES/NO)
4. Is your hospital part of an integrated delivery system? (YES/NO)<sup>ii</sup>

## **Innovations in the Delivery of Care**

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

5. In your experience, have the CMS measures and measurement programs led your hospital to change anything about how it delivers care? (YES/NO)
  - a. *[If yes:]* Please describe the changes your hospital has made.

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<sup>ii</sup> An integrated delivery system is a network of health care providers and organizations (i.e., hospital, primary and specialty care, rehabilitation, home health care, 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 using a form of managed care.

- b. *[If no:] Why do you believe that CMS measurement programs have not led to changes in care delivery at your hospital? [If needed, prompts include improvement not needed, lack of resources, incentives too small, quality initiative fatigue.]*
- 6. Do you think any of the changes your hospital has made have affected your hospital'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?*
- 7. 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 staff behavior? Did your hospital work to address these barriers, and if so, how?]*
- 8. Have the changes your hospital 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, CMS measures you on heart attack, pneumonia, and heart failure care, but delivering better quality care in these areas might positively affect care for patients with diabetes.]* (YES/NO) *[If yes: Please describe.]*
  - a. *[If yes:] What measures has your hospital 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.]*

9. For the CMS performance measures where your hospital is performing well [*interviewer to have hospital performance list ready, can provide examples if needed*], what factors do you think help your hospital perform highly? [*If needed, examples include overall resources, data systems, the organization's culture, internal incentives, leadership engagement, frontline staff engagement, clinical champions, investments in care redesign.*]
10. For those measures where your hospital's performance is lagging [*interviewer to have hospital 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, lack of clinical champions, few investments in care redesign.*]
11. 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?*]
12. Thinking about the full list of CMS measures we are discussing, do you think the CMS measures are clinically important? (YES/NO) Why or why not?
13. Do you think hospitals 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 hospital's quality performance?

Many external factors, such as public reporting of quality scores, the potential for financial incentives or penalties, and receipt of technical assistance, may influence your hospital to invest in improving performance on the CMS measures. We refer to these factors as “drivers” in the following question.

14. What do you see as the most important drivers of your hospital's investments to improve performance at your hospital? [*Interviewer: Repeat above list as a prompt if needed.*]

15. Does your hospital participate in any non-CMS quality measurement reporting programs? (YES/NO) Please specify. *[Prompts: private-sector programs sponsored by commercial insurers, employers, or multi-stakeholder collaboratives; Medicaid; Leapfrog]*

- a. *[If yes:]* How important are the CMS measurement programs to your hospital compared to these other non-CMS quality measurement programs? (more important, as important, less important)

## Challenges to Implementing CMS Measures

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

16. 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, insufficient resources, programming new measures each year.]*

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

17. 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 programs 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.**

18. Are you aware of any undesired effects in your hospital 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: pneumonia measures assess whether pneumonia patients given initial antibiotic(s) within 6 hours of arrival, might result in overprescribing antibiotics</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		

19. CMS has been working to evolve the design of its measurement programs. For example, CMS has considered incorporating more outcome measures. Do you think this is a positive change? (YES/NO/DON'T KNOW)

a. Do you believe it will be more difficult for your hospital to achieve high performance on outcome measures? (YES/NO)

i. *[If yes:]* Why?

- b. In your opinion, will inclusion of outcome measures result in any additional undesired consequences? (YES/NO/DON'T KNOW)
  - i. *[If yes:]* What could be done to mitigate the problem?

20. Based on your experience to date using the CMS hospital 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 hospital have viewed and approached CMS quality and efficiency measures and related public reporting and payment programs.

- 21. [POSSIBLE 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	

- 22. [POTENTIAL ITEM TO SKIP:] Is performance on the CMS quality measures on the board agenda at each board meeting? (YES/NO)

## Hospital Characteristics

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

- 23. How many competitor hospitals exist within your hospitals service area? [If needed: Are there 0, 1, 2, 3 or more hospitals that are considered competitive?]
- 24. Does your hospital employ most of the physicians who practice in the hospital?  
*[If needed, the interviewer can reframe to: Are most of your physicians in*

community practice?] *[Interviewer note: In California hospitals cannot employ physicians, so this question is not needed.]*

25. 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 hospital might be participating.

26. Does your hospital 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 Hospital Participate? (Yes/No/ Don't Know)</b>	<b>Does Hospital 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 hospital.

27. What is the title or position of the person who directs quality improvement activities in your hospital? *[If respondent says that more than one person directs such activities, ask for all positions.]*

- a. Does this person *[or these persons]* report to an executive manager, such as the Chief Medical Officer (CMO) or Chief Executive Officer (CEO)?

<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.

28. Does your organization have a quality improvement department?  
(YES/NO/DON'T KNOW)

29. [POTENTIAL ITEM TO SKIP] Has your hospital used any of the following care redesign methods to improve quality?<sup>iv</sup>

Care Redesign Method	Has Hospital 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)	

30. Does your hospital have an electronic health record (EHR)? (YES/NO)

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

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

- a. [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>iv</sup> Some organizations utilize 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.

31. Does your hospital provide physicians, nurses, and other clinical staff (such as pharmacists and physical therapists) with information about your hospital's performance on the CMS quality and efficiency measures? (YES/NO/DON'T KNOW)

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

32. Has your hospital changed its referral patterns to nursing homes in response to CMS quality measures? (*Probe: It may be that some hospitals try to do better on the readmissions measure and the Medicare Spending Per Beneficiary measure by discharging patients to higher-performing nursing homes. Has your hospital taken this action?*)

## Closing

*[Only for hospitals that will also receive the survey, as indicated on the facility's face sheet:]*

I'd like to thank you for participating in today's interview. Before we conclude today's call, I wanted to let you know that as part of its Impact Assessment, CMS is conducting a national survey of 2,000 hospitals that report measures to CMS. Your hospital has been selected, at random, to also participate in that survey—which we hope you will complete (if you have not done so already).

*[If the person **has not** already received the survey]* In the next few days, you will receive the survey via email, and you will be asked to go online to complete the survey through a web link. Please note that the survey will cover some of the same topics we've discussed today. Again, we would greatly appreciate it if you would take the time to complete the survey.

*[For all respondents:]*

Thank you very much for your time.



# NATIONAL HOSPITAL QUALITY LEADER SURVEY

This survey asks about your hospital'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 hospital'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 8.*

## 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 hospital's use of clinical database registries). These measures are reported by hospitals to the Centers for Medicare & Medicaid Services (CMS) and information on the measures can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html> and at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>. Measures address care provided in the inpatient and outpatient settings, including emergency department services, observation services, outpatient surgical services, lab tests, and X-rays.

**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 hospital, primary and specialty care, nursing home, 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 HOSPITAL'S EXPERIENCE WITH CMS MEASURES

1. How would you describe your hospital'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 hospital's performance on the CMS measures reflect the improvements in care that your hospital makes?
  - ☐ Very well
  - ☐ Somewhat well
  - ☐ Not well at all
  
3. Thinking about the full list of CMS hospital measures, do you think the CMS measures are clinically important?
  - ☐ Yes
  - ☐ Mostly yes
  - ☐ Mostly no
  - ☐ No
  
4. Do you think hospitals 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 hospital'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: Thrombolytic Therapy for patients with stroke [STK-4])

☐ ☐

b. Patient outcomes measures  
(for example: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (MORT-30-AMI))

☐ ☐

c. Resource use measures  
(for example: OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery)

☐ ☐

d. Patient Experience measures  
(for example: HCAHPS Survey pain management measure)

☐ ☐

e. Patient Safety measures  
(for example: Central-Line Associated Bloodstream Infection (CLABSI))

☐ ☐

f. Measures of hospital readmission within 30 days from hospital discharge, for Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN)

☐ ☐

g. Other measure (please print): ☐ ☐

\_\_\_\_\_

7. Have any of the following contributed to your hospital'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 clinicians 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 ( <i>please print</i> ):  | <input type="checkbox"/> | <input type="checkbox"/> |

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## INNOVATIONS IN THE DELIVERY OF CARE

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

Has your hospital made the following change or innovation to improve its performance on CMS measures?

If change was made, has it helped improve your hospital'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.

☐ Yes → *If "Yes"...*  
☐ No

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No  
☐ 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.

☐ Yes → *If "Yes"...*  
☐ No

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

### HEALTH INFORMATION TECHNOLOGY

- c. Implemented an electronic health record (EHR).

☐ Yes → *If "Yes"...*  
☐ No

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

- d. Implemented electronic tools to support frontline clinical staff, such as clinical decision support, condition-specific electronic alerts, automated prompts, computerized physician order entry (CPOE) or medication administration system (MAR).

☐ Yes → *If "Yes"...*  
☐ No

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

Has your hospital made the following change or innovation to improve its performance on CMS measures?

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

### HEALTH INFORMATION TECHNOLOGY, CONTINUED

- |   |  |   |
|---|--|---|
| e. Implemented health information technology functionalities that allow your hospital to routinely exchange clinical information with providers in the community? (e.g., nursing homes, and ambulatory care providers). | <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 (e.g., Deming/ Lean Engineering, Six Sigma, Plan, Do, Study, Act (PDSA) improvement cycles). | <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 hospital made the following change or innovation to improve its performance on CMS measures?

If change was made, has it helped improve your hospital'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

- l. Implemented a post-discharge continuity of care program to prevent readmissions.

☐ Yes → *If "Yes"...*  
☐ No

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

### FEEDBACK AND MONITORING OF PERFORMANCE

- m. Developed a system for tracking patient outcomes.

☐ Yes → *If "Yes"...*  
☐ No

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

- n. Provided routine feedback on your hospital's performance on CMS measures to physicians and other clinical staff.

☐ Yes → *If "Yes"...*  
☐ No

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

### CHANGING PROVIDER INCENTIVES

- o. Used performance on CMS measures as a basis for determining pay for frontline physicians or other clinical staff.

☐ Yes → *If "Yes"...*  
☐ No

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

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

☐ Yes  
☐ No

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

Has your hospital made the following change or innovation to improve its performance on CMS measures?

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

### CHANGING PROVIDER INCENTIVES, *CONTINUED*

- q. Gave hospital staff awards or other special recognition tied to quality performance.

☐ Yes → *If "Yes"...*  
☐ No

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

### CHANGES IN STAFFING

- r. Increased the number of staff dedicated to quality improvement or quality management.

☐ Yes → *If "Yes"...*  
☐ No

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

- s. Identified Physician/Nurse champions for quality improvement initiatives or projects.

☐ Yes → *If "Yes"...*  
☐ No

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

- t. Implemented changes to how nursing staff is deployed (*e.g., change in staffing levels or work hours, use of contract or contingent staff*).

☐ Yes → *If "Yes"...*  
☐ No

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

- u. Implemented quality improvement initiatives targeted to specific CMS measures.

☐ Yes → *If "Yes"...*  
☐ No

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

- v. Provided training to physicians and/or nurses on quality improvement strategies.

☐ Yes → *If "Yes"...*  
☐ No

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

- w. Obtained technical assistance from CMS (*i.e., a CMS Quality Improvement Organization*) or from private organizations (*e.g., quality improvement collaboratives, consulting firms*) to collect and report CMS quality measures?

☐ Yes → *If "Yes"...*  
☐ No

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

Has your hospital made the following change or innovation to improve its performance on CMS measures?

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

#### CHANGES IN STAFFING, *CONTINUED*

x. 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 hospital 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 hospital 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 hospital 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 hospital’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 hospital’s decision to invest in efforts to improve its quality performance. Please rank the importance of each of the following factors in your hospital’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.e., pay for performance*)

\_\_\_\_\_ b. Threat of financial penalties for low performance (*e.g., non-payment for hospital readmissions within 30 days or for hospital-acquired infections*)

\_\_\_\_\_ c. Public reporting of your hospital’s performance results on the CMS Hospital Compare website

\_\_\_\_\_ d. Participation in alternative payment models (*e.g., ACOs, bundled payment arrangements*) where there is an opportunity for shared reward (savings) and shared financial risk

14. Has your hospital made any improvements on any CMS measures?

<sup>1</sup> ☐ Yes → *If "Yes," please continue below*

<sup>2</sup> ☐ No → *If "No," go to question 15*

Many different factors may help a hospital improve its performance. Please rank the top 3 factors that have helped your hospital 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 hospital’s organizational culture
_____	b. Hospital 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 clinical and nursing staff on performance on CMS measures
_____	i. Having a system-wide focus on quality and quality improvement
_____	j. Networking with other hospitals 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 D 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 hospital'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 hospitals. CMS will not see identifiable data from any individual hospital. Your candid feedback is important in helping CMS improve these programs so that they work well for providers and their patients.

15. Has your hospital 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 hospital as a result of your hospital 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 hospitals' experience with undesired effects of the CMS measures and their use in public reporting and pay for performance.

17. To your knowledge, have other hospitals 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 hospitals 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 HOSPITAL LEADERSHIP AND OTHER STAKEHOLDERS

19. How often do meetings of your hospital's board include a review and discussion of the hospital's performance on the CMS measures?

(Mark one)

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

20. Which of the following best describes your hospital's board?

(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.

21. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe your hospital's board of directors' support of your hospital'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

22. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the hospital leadership's (e.g., the C-Suite executive management) support of your hospital'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 and 10 is a great deal, how much does your hospital leadership promote a culture of quality?

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

24. 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 leadership's support of your hospital'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

25. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe physicians' support of your hospital'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 hospital's use of and outside provider access to Health Information Technology.

26. Does your hospital have an electronic health record (EHR)?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → ***If "No," go to question 32***

27. Is your hospital's EHR able to exchange information electronically with all departments in the hospital?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

28. Are health providers in your community (*i.e., ambulatory care physicians, nursing homes*) able to access your hospital'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 30***

29. Which of the following types of information are health providers in your community (*i.e., ambulatory care physicians, nursing homes*) able to access electronically through your hospital'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"/>

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

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

<sup>2</sup> ☐ Yes, for some patients

<sup>3</sup> ☐ No

31. Does your hospital'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? ☐ ☐

32. Not including an EHR, does your hospital 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 HOSPITAL

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

33. Is your hospital affiliated with a hospital system?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

34. Is your hospital part of an integrated delivery system?

<sub>1</sub> ☐ Yes

<sub>2</sub> ☐ No

35. How many competitor hospitals exist within your hospital's service area?

<sub>1</sub> ☐ 0

<sub>2</sub> ☐ 1

<sub>3</sub> ☐ 2

<sub>4</sub> ☐ 3

<sub>5</sub> ☐ 4

<sub>6</sub> ☐ 5

<sub>7</sub> ☐ 6 or more

36. Compared to your competitors, how well does your hospital perform on the CMS quality and efficiency measures?

<sub>1</sub> ☐ Better

<sub>2</sub> ☐ About the same

<sub>3</sub> ☐ Worse

<sub>4</sub> ☐ Don't know

37. Do you face a shortage of physicians in your area?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

38. Are most of the physicians who practice in your hospital employees or are they independent contractors?

- <sup>1</sup> ☐ Most physicians are employees  
<sup>2</sup> ☐ Most physicians are independent contractors

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

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

40. Does your hospital participate in any of the following types of Accountable Care Organizations (ACOs)?

(Mark one in each row) Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Medicare Shared Savings Program  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare Pioneer ACO   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare's Advanced Payment Model ACO                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicare's Next Generation ACO Model                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid ACO   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A private, commercially insured ACO arrangement (within an HMO or PPO) | <input type="checkbox"/> | <input type="checkbox"/> |

41. Is your hospital 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

42. Does your hospital participate in other non-CMS quality and efficiency measure reporting programs sponsored by:

(Mark one in each row) Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Medicaid                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The state where your hospital is located     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Commercial insurers                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Employer or multi-stakeholder collaboratives | <input type="checkbox"/> | <input type="checkbox"/> |

43. Across your hospital'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 or Dual eligible (Medicare and Medicaid) patients  
 \_\_\_\_\_ % Commercially-insured patients  
 \_\_\_\_\_ % Private-pay patients  
 \_\_\_\_\_ % Uninsured patients

**100% TOTAL**

## RESPONDENT BACKGROUND

44. Which of the following best describes your job title or position within this hospital?

(Mark one)

- ☐ <sup>1</sup> Chief Executive Officer
- ☐ <sup>2</sup> Chief Medical Officer
- ☐ <sup>3</sup> Chief Nursing Officer
- ☐ <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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45. How many years have you been in your current position within this hospital?

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

46. Are you a physician?

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

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- ☐ <sup>2</sup> No

47. 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***

48. 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**

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