

Appendix B: HQIC Hospital Survey Instrument

Introduction and Informed Consent 1

[READ IF CONTACTED WITH LETTER OR EMAIL ONLY]

We're calling you on behalf of the Centers for Medicare & Medicaid Services, or CMS, to learn about quality improvements in hospital facilities and the types of resources that are helpful in this area. We're conducting a [15-minute survey] asking about the resources that your facility uses for quality improvement efforts.

We hope [FACILITY NAME] will participate in the survey and provide information that will help CMS improve its quality improvement programs. This survey is voluntary. You may stop participating in the survey at any time, and you don't have to answer every question. Please know that neither your name nor the name of your facility will ever appear in any reports from the findings. What you say during the survey's administration will remain private and will not in any way affect your facility's relationship with CMS.

For this survey, we're seeking the person who [for HQIC facilities] works most closely with [INSERT NAME OF LOCAL QIN-QIO] and / [for non-HQIC facilities] who is most knowledgeable about the quality improvement activities your hospital has been working on. If your hospital is part of a larger medical care system, we would like to interview someone who works at [FACILITY NAME], rather than someone at the corporate office level who's responsible for quality improvement for several facilities.

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**.

Introduction and Informed Consent 2

[READ IF CONTACTED VIA EMAIL AND ARRANGED MEETING TIME]

We're calling you on behalf of the Centers for Medicare & Medicaid Services, or CMS, to learn about quality improvements in hospital facilities and the types of resources that are helpful in this area. We scheduled this time to conduct a [15-minute survey] asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to participate in this survey?

This survey is voluntary. You may stop participating in the survey at any time, and you don't have to answer every question. Please know that neither your name nor the name of your facility will ever appear in any reports from the findings. What you say on the survey will remain private and will not in any way affect your facility's relationship with CMS.

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**.

Introduction and Informed Consent 3

[READ IF CALLED PREVIOUSLY AND ARRANGED NEW MEETING TIME]

We're calling back on behalf of the Centers for Medicare & Medicaid Services, or CMS, to learn about quality improvements in hospital facilities and the types of resources that are helpful in this area. We scheduled this time to conduct a [15-minute survey] asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to participate in this survey?

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**.

Introduction and Informed Consent 4

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

We're calling back on behalf of the Centers for Medicare & Medicaid Services, or CMS, to learn about quality improvements in hospital facilities and the types of resources that are helpful in this area. We scheduled this time to finish conducting a survey asking about the resources that your facility uses for quality improvement efforts. Is this still a good time for you to complete this survey?

[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 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Screener

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

- a. Yes
- b. No
- c. DK
- d. Refused

[IF S1 = NO, ASK S2; IF S1 = Yes, PROCEED TO S4]

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

- a. Yes
 - b. No
 - c. DK
 - d. Refused
- Record Name
Record Title
Record phone number

[IF S2 = No or DK, ASK S3]

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

- a. Yes
- b. No
- c. DK
- d. Refused

Record Name

Record Title

Record phone number

[IF YES IN S2 OR S3]

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 NO IN S3]

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

S4. Can you please state your full name? [RECORD CORRECTIONS AS NEEDED]

S5. Please tell me your title or role. [RECORD CORRECTIONS AS NEEDED]

S6. How long have you been in this role? [Open ended]

[Record years and months]

Not sure (approximately how long?)

Quality Improvement Initiatives for the Last 12 Months

1. Over the last 6 months, did your facility work on improving processes or protocols used to increase the quality and safety of patient care with either of these two aims?

Select all that apply

- a. Responding to the opioid crisis
- b. Reducing hospital acquired conditions, infections, or adverse events, such as infections caused by urinary catheters or central lines
- c. Neither of these

1.1 [IF Q1a AND Q1b = NO OR Q1c = YES] Over the last 6 months, did you work on other quality improvements for your hospital? [Open ended]

[DO NOT READ BUT RECORD RESPONSES. ANY RESPONSES THAT ARE CONSIDERED A HAC SHOULD FOLLOW THE SKIP PATTERN FOR 1B]

a. COVID-19

NA. No other quality improvements were worked on

2. Does your hospital post its patient safety record or the number of patients who experience harmful events on its website?
 - a. Yes
 - b. No

Use of HQIC Resources

3. Now I'm going to read a list of programs, policies, agencies, or resources that you may have used in improving the quality of care at your facility. As I read each one, please tell me if you recall working with or using this resource over the last 6 months.

Select all that apply

- a. Resources from the Hospital Quality Improvement Contractor Program or [INSERT HQIC NAME FOR HOSPITAL]
 - b. CMS COVID-19 StAT Learning Series for Hospitals
 - c. NHSN Report
 - d. HHS Protect
 - e. [INSERT STATE] hospital association-sponsored effort
 - f. National Association of Public Hospitals (NAPH) or America's Essential Hospitals (AEH)
 - g. Other regional, state, or local initiative (specify)
 - h. Programs, policies, and resources from your own hospital system
 - i. Peers and/or other hospitals
 - j. None of the above [DO NOT READ]
- 3.1 Are there any other sources of information you used when working on improving the quality of care at your facility? [PROBE TO SEE WHAT SPECIFIC RESOURCES WERE USED FOR EACH SOURCE]
Record answer choice #1
Record answer choice #2
Record answer choice #3

NA. There are no other sources of information

4. What would you consider the sources of information, guidance or assistance that had the most impact on your facility's effort to [INSERT GOAL 1a 'address the opioid crisis; GOAL 1b 'reduce hospital acquired conditions, infections, and adverse events'; GOAL 1c 'work on this quality improvement'] [Open ended]

IF Q3a = YES, SKIP TO Q7]

Check on Use of HQIC

[ASK Q5 AND Q6 IF Q3a = NO]

5. Before this survey, had you ever heard of the Hospital Quality Improvement Contractor Program, otherwise referred to as HQIC?
 - a. Yes
 - b. No
6. The name of your HQIC is [HQIC Name OR HQIC Contact Person if available], have you ever heard of them? [CONFIRM CONTACT PERSON IS INCLUDED IN CONTACT LIST]
 - a. Yes
 - b. No

IF RESPONDENT IS UNAWARE OF HQICs (Q3a = NO, and Q5 = NO, and Q6 = NO), THEN SKIP TO Q19

Engagement with HQIC

[QUESTIONS 7-8 ARE ASKED IN A LOOP FOR WORK TOWARD EACH GOAL IN Q1 THAT THE RESPONDENT CONFIRMS WORKING ON]

[ASK Q7 AND Q8 IF RESPONDENT USES OR IS AWARE OF HQICs (i.e., Q3a OR Q5 OR Q6 = YES)]

7. How would you describe your facility's level of engagement with [INSERT HQIC ID FOR HOSPITAL] for work on [INSERT FOR GOAL 1a 'addressing the opioid crisis'; FOR GOAL 1b 'reducing hospital acquired conditions, infections, and adverse events'; GOAL 1c 'Insert open ended answer']? Would you say you were...
 - a. Fully engaged [INSERT HQIC NAME FOR HOSPITAL]
 - b. Moderately engaged [INSERT HQIC NAME FOR HOSPITAL]
 - c. Minimally engaged [INSERT HQIC NAME FOR HOSPITAL]
 - d. Not at all engaged [INSERT HQIC NAME FOR HOSPITAL]

[If Q3a = No AND Q5 = Yes OR Q6 = Yes AND Q7 != d]

- 7.1 You said before you were not working with [HQIC Name] but answered that you were engaged with them. Do you want to change your response that you are working with them?
 - a. Yes [Set Q3a = YES]
 - b. No

[If Q7 = c or d]

8. Which of these statements describe the reasons why this hospital was not fully engaged with the [INSERT HQIC ID FOR HOSPITAL] for work on [INSERT GOAL 1a 'addressing the opioid crisis; GOAL 1b 'reducing hospital acquired conditions, infections, and adverse events'; GOAL 1c 'this quality improvement']?

Select all that apply.

- a. [FOR GOAL 1a] The population served by our hospital did not have issues with opioid misuse
- b. [FOR GOAL 1a] The hospital did not need to improve the way it addressed opioids because there were already effective protocols in place
- c. [FOR GOAL 1b] No improvement was needed because the hospital sustains zero rates of harm
- d. We were overwhelmed by the COVID-19 pandemic and did not have resources for improvements in other areas [HIDE IF 1.1a=TRUE]
- e. The hospital did not need the support of [INSERT HQIC NAME FOR HOSPITAL]
- f. We had all the improvement support needed within this hospital or health system
- g. We preferred to work with another organization outside the hospital
- h. My hospital made a management decision not to participate
- i. The quality of resources or programming provided by [INSERT HQIC NAME FOR HOSPITAL] was sub-optimal
- j. Learning events scheduled by [INSERT HQIC NAME FOR HOSPITAL] were inconvenient
- k. My hospital has not been in the program long enough to assess work with [INSERT HQIC NAME FOR HOSPITAL] (SHOW IF enrollment <= 4 months)
- l. Other [specify]:

We want to ask some questions about your interaction with the Hospital Quality Improvement Contractor that serves your area.

9. Do you know how to contact someone at [HQIC NAME FOR HOSPITAL] if you wanted help or advice from them on improving quality at your facility?
 - a. Yes
 - b. No
10. If I asked you to describe in just a few words, the CMS Quality Improvement Program, or the HQIC Program, also known as [HQIC NAME FOR HOSPITAL], what's the first thing that comes to mind? [Open ended]

Satisfaction with HQIC

11. [If > year; "In the last twelve months" If < year; "Since [INSERT DATE]" how satisfied are you with the amount of contact between your facility and [HQIC NAME FOR HOSPITAL]? Would you say you are ...
 - a. Very Satisfied
 - b. Somewhat Satisfied
 - c. Neither Satisfied or Dissatisfied
 - d. Somewhat Dissatisfied
 - e. Very Dissatisfied
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]

12. Have you or someone in your facility ever had occasion to *initiate* the interaction with [HQIC NAME FOR HOSPITAL], such as when you needed questions answered or assistance with an issue?
- a. Yes
 - b. No [GO TO Q14]
13. [IF Q12 = Y] Overall, how satisfied are you with the timeliness of [HQIC NAME FOR HOSPITAL]'s response to your questions or requests for assistance? Would you say you are...
- a. Very Satisfied
 - b. Somewhat Satisfied
 - c. Neither Satisfied or Dissatisfied
 - d. Somewhat Dissatisfied
 - e. Very Dissatisfied
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]
14. Thinking about all interactions with [HQIC NAME FOR HOSPITAL], overall, how satisfied are you with your relationship with [HQIC NAME FOR HOSPITAL]? Would you say you are...
- a. Very Satisfied
 - b. Somewhat Satisfied
 - c. Neither Satisfied or Dissatisfied
 - d. Somewhat Dissatisfied
 - e. Very Dissatisfied
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]

Perceived HQIC Value

Please indicate your level of agreement with the following statements about the information and assistance provided by [HQIC NAME FOR HOSPITAL].

15. The assistance we received from [HQIC NAME FOR HOSPITAL] was key to the efficient implementation of our quality improvement projects. Would you say you...
- a. Strongly Agree
 - b. Somewhat Agree
 - c. Neither Agree or Disagree
 - d. Somewhat Disagree
 - e. Strongly Disagree
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]

16. The service we received from [HQIC NAME FOR HOSPITAL] was worth the time or effort required on the part of our staff. Would you say you...
- a. Strongly Agree
 - b. Somewhat Agree
 - c. Neither Agree or Disagree
 - d. Somewhat Disagree
 - e. Strongly Disagree
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]
17. Our organization has benefited from having received services from [HQIC NAME FOR HOSPITAL]. Would you say you...
- a. Strongly Agree
 - b. Somewhat Agree
 - c. Neither Agree or Disagree
 - d. Somewhat Disagree
 - e. Strongly Disagree
 - f. Don't Know/Not Sure [DO NOT READ]
 - g. Decline to answer [DO NOT READ]
18. [If Q13, Q14, Q15, Q16 OR Q17 = d or e] Please tell me what [HQIC NAME FOR HOSPITAL] could have done better. [Open ended]
19. At this point, what quality improvement areas are you most in need of for additional assistance? [Open ended]
- NA. No quality improvement areas are in need of additional assistance

Final Thank You

Thank you for your time and for sharing your experiences. Your comments are very helpful and insightful.

The time required to complete this information collection was estimated to average **15 minutes**, 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 Dr. Nancy Sonnenfeld at 410-786-1294.**