

IPRO Improve Nursing Home Quality Collaborator Feedback Survey (2023)

Your Opinion Matters

We would appreciate if you would take a few minutes to complete the following questionnaire regarding your experience working with IPRO. Your responses will be kept private to the extent provided by law. Information provided by you is voluntary and your decision whether or not to participate in this survey will not affect Medicare/Medicaid reimbursements to your organization. Thank you for your feedback.

This survey is for people who are involved with the IPRO Nursing Homes Program. The IPRO Nursing Home Quality Improvement Program, as part of the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract with the Centers for Medicare & Medicaid Services (CMS), works with Nursing Homes to improve the quality of care they provide to Medicare beneficiaries through improved clinical and organizational work processes.

Please click on the "Next" button below and after each question. Please click "Done" at the end of the survey to capture your responses.

PRA Disclosure Statement: 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 voluntary information collection is TBD. The expiration date is TBD. The purpose of this voluntary information collection request is to collect feedback about the Nursing Home Quality Program. The end goal of this effort is to collect actionable data to help improve the overall customer experience. The time required to complete this voluntary information collection is estimated to average 10 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure***** 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 about the survey please contact jcashman@ipro.org.



Section 1: Information About You

1. Who contributed in responding to this survey? (Check each that applies.)				
Administrator	Nurse Leadership			
Executive Director	Department Head (please specify department)			
Other (please specify)				



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Section 1: Information About You

- 2. How long have you, the respondent (not your organization), been working with IPRO? If multiple people are responding jointly to this questionnaire, the respondent with the longest working history with IPRO should select the appropriate answer. (Check only one box).
 - Less than 12 months
 - O Between 12-24 months
 - More than 24 months



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Section 2: Overall Impression

Please indicate the extent you agree or disagree with the following statements on a scale of 1 to 6 with 1 being "Strongly Disagree" and 6 being "Strongly Agree", by checking the appropriate box.

* 3. My overall impression of my organization's working relationship with IPRO is positive.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A



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Section 2: Overall Impression

st 4. You rated IPRO unfavorably for the question, "My overall impression of my organization's working relationship with IPRO is positive." Please explain how we can improve in this area.





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Section 2: Overall Impression

* 5. When contacting IPRO, I can easily reach an appropriate person to assist me.

Strongly		Slightly				
Disagree	Disagree	Disagree	Slightly Agree	Agree	Strongly Agree	N/A



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Section 2: Overall Impression

 \ast 6. You rated IPRO unfavorably for the question, "When contacting IPRO, I can easily reach an appropriate person to assist me." Please explain how we can improve in this area.





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Section 2: Overall Impression

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Strongly	r is responsive	Slightly	g up with questi	0115 01 1550	les i llave.	
Disagree	Disagree	Disagree	Slightly Agree	Agree	Strongly Agree	N/A
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IPR Better health						
IPRO Impro	ve Nursing I	Home Quali	ity Collaborato	or Feedba	ck Survey (202	3)
Section 2: O	verall Impre	ession				
		•	question, "IPRO explain how we		esponsive in follow ove in this area.	ving up
IPR Better health						
IPRO Impro	ve Nursing I	— Home Ouali	ity Collabo <u>rato</u>	r Feedba	ck Survey (202)	3)

Section 2: Overall Impression

* 9. I am treate	ed respectful	ly and with o	courtesy by IPRO) staff.		
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
Disagree	Disagree	Disagree	Slightly Agree	Agree	Stroligly Agree	N/A
IPRO Better healthorealized.						
IPRO Improve Nursing Home Quality Collaborator Feedback Survey (2023)						
Section 2: Ov	erall Impre	ession				
* 10. You rated IPRO unfavorably for the question, "I am treated respectfully and with courtesy by IPRO staff." Please explain how we can improve in this area.						



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Section 3: IPRO Nursing Home Quality Improvement Activities

The IPRO Nursing Home Quality Improvement Program, as part of the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract with the Centers for Medicare & Medicaid Services (CMS), works with Nursing Homes to improve healthcare-acquired conditions and the quality of care they provide to Medicare beneficiaries through improved clinical and organizational work processes.



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Section 3: IPRO Nursing Home Quality Improvement Activities

11.	IPRO's	communication,	quality	improvement	tools and	d materials	are useful	resources

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A	



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Section 3: IPRO Nursing Home Quality Improvement Activities

* 12. You rated IPRO unfavorably for the question, "IPRO's communication, quality					
improvement tools and materials are useful resources." Please explain how we can improve in					
this area.					
A					

Strongly						
Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
	d IPRO unfav n how we can			O's educa	tion programs are	useful."
IPR Better health						
PRO Improv	ve Nursing l	Home Qual	ity Collaborato	r Feedba	ck Survey (2023	3)
Section 4: C	omments					
IPRO could in	e the following	ner service t		ion, and, l	recommendations b) any examples o) staff.	
15. Please use PRO could in exceptional cu	e the following aprove custon astomer servi	ner service t ce and suppo	o your organizat ort received fron	ion, and, l	o) any examples o	f
.5. Please use PRO could im exceptional cu	e the following aprove custon astomer servi	ner service t ce and suppo	o your organizat ort received fron	ion, and, l	o) any examples o	f

17. Please enter yo contacted.)	our contact information below. (Ple	ease complete if you wish to be
Name:		
Company:		
Address:		
Address 2:		
City/Town:		
State:	select state	_
ZIP:		
Country:		
Email Address:		
Phone Number:		
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Thank you for completing this survey.

Section 4: Comments