

Superior Health Quality Alliance Program Assessment (2023)

Introduction

These are the questions included in the Nursing Home Program Assessment. This document allows you to prepare answers prior to submitting them via the [questionnaire link](#). Required questions are marked with an asterisk*.

Contact Information

Responses will be shared in aggregate only, and your identity will not be connected to your answers.*

- First Name, Last Name, Title/Role and Email Address*
- Organization Name and Address*

Select the option that best describes your organization.*

- Clinic
- Hospital
- Nursing Home
- Pharmacy
- Home Health, Home Care or Hospice
- Adult Living (excluding Nursing Homes)
- Health System
- Health Plan, Managed Care Organization or Accountable Care Organization
- Other (e.g., community-based organization, coalition, health department, behavioral health, advocacy, health information exchange), please describe: _____

Medication Safety

1. Does your organization currently have physicians who prescribe medications for opioid use disorder (MOUD)?
 - We have at least one physician who currently prescribes MOUD to our patients/residents.
 - We have at least one physician who is eligible to prescribe MOUD, but they do not currently prescribe to our patients/residents.

- We do not currently have any physicians who are eligible to prescribe MOUD to our patients/residents.

1a. How many physicians are eligible to prescribe MOUD in your organization? Please enter numbers, not names. _____

1b. What are reasons why MOUD is not prescribed in your organization? Select all that apply.

- Opioid use disorder has never been a problem for our patients/residents.
- Opioid use disorder has been a problem in the past, but none of our patients/residents currently need MOUD.
- We refer patients/residents with opioid use disorder to MOUD providers outside of our organization.
- Prescribers have medical concerns about using MOUD with our patients/residents.
- Obtaining or maintaining X-waiver certification is too difficult or costly.
- There is a lack of administrative support for using MOUD.
- Prescribers need or want education or training before prescribing MOUD in our organization.
- Nursing staff (or other support staff) need or want education or training about implementing MOUD in our organization.
- Our organization has expressed regulatory concerns about MOUD.
- We do not have the staffing for an MOUD program.
- Patients/residents would not be interested in MOUD.
- Other (please describe): _____

2. Opioid administration/monitoring is complex and often involves coordinating many strategies. How consistently does your facility engage in each of these practices?

2a. Naloxone is available for each resident who is prescribed an opioid (via a standing order, on a med cart, etc.).	<input type="radio"/> Inconsistently; we could benefit from assistance with this.	<input type="radio"/> Somewhat consistently; we do our best but other factors sometimes take priority.	<input type="radio"/> Most of the time; we do this pretty well with some exceptions.	<input type="radio"/> Always or almost always; we're doing great with this.
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2b. Naloxone is available in our back-up box.	<input type="radio"/> Inconsistently; we could benefit from assistance with this.	<input type="radio"/> Somewhat consistently; we do our best but other factors sometimes take priority.	<input type="radio"/> Most of the time; we do this pretty well with some exceptions.	<input type="radio"/> Always or almost always; we're doing great with this.
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2c. All nursing staff receive routine, up-to-date Naloxone training.	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we're doing great with this.
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2d. Nursing staff regularly engage in other best practices related to Naloxone administration (e.g., rotating the back-up box supply).	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we're doing great with this.
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3. Which of the following medication review activities does your organization complete to proactively reduce adverse drug events (ADEs)? Select all that apply.
- Identifying when (e.g., refill request, care transition, new prescription) medication reviews should be completed.
 - Interviewing and educating patients/residents about their medications.
 - Conducting a medication review if the patient/resident cannot provide information (i.e., absent or incapacitated).
 - Using patient/resident medical records and recent test results to inform the medication review.
 - Identifying potential drug interactions for prescriber resolution (e.g., through clinical decision support).
 - Consulting pharmacists to review medications (when patient/resident takes multiple medications) to avoid polypharmacy complications.
 - Making appropriate referrals.
 - Other (please describe): _____
 - Not applicable (my organization does not participate in these activities).
4. In your organization, what is the typical role of pharmacy staff in monitoring and intervening for adverse drug events (ADEs)?
- Pharmacy staff lead most or all of our ADE monitoring/intervention efforts.
 - Pharmacy staff are consulted for, but do not necessarily lead, our ADE monitoring/intervention efforts.
 - Pharmacy staff usually have minimal involvement in our ADE monitoring/intervention efforts.
 - Other (please describe): _____

5. CMS defines a medication error as, “*Any preventable event that may cause or lead to inappropriate medication uses or patient harm while the medication is in the control of the health care professional, patient, or consumer.*”

Responding to medication errors often involves contacting a resident’s physician or family. How consistently does your facility notify the following?

5a. A resident’s physician within two to three days of any medication error	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we’re doing great with this.
5b. A resident’s family within two to three days of any medication error	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we’re doing great with this.
5c. A resident’s physician within 24 hours of any medication error	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we’re doing great with this.
5d. A resident’s family within 24 hours of any medication error	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Always or almost always; we’re doing great with this.
5e. A resident’s physician within 24 hours if an ADE occurs	○ Inconsistently; we could benefit from assistance with this.	○ Somewhat consistently; we do our best but other factors	○ Most of the time; we do this pretty well with	○ Always or almost always; we’re doing

		sometimes take priority.	some exceptions.	great with this.
5f. A resident's family within 24 hours if an ADE occurs	<input type="radio"/> Inconsistently; we could benefit from assistance with this.	<input type="radio"/> Somewhat consistently; we do our best but other factors sometimes take priority.	<input type="radio"/> Most of the time; we do this pretty well with some exceptions.	<input type="radio"/> Always or almost always; we're doing great with this.

Health Equity and Person & Family Engagement

6. We can promote health equity by removing obstacles to living a healthy life —regardless of someone’s social circumstances. However, organizations may approach this in different ways.

Which of the following are present in your organization? Select all that apply.

- An active health equity team or committee.
- Dedicated and sufficient funds to work toward health equity goals.
- Regular staff training or professional development opportunities that focus on health equity or related topics.
- Organizational or strategic plans that incorporate health equity.
- A shared understanding of what health equity looks like in the communities we serve.
- Unsure or not applicable

7. Culturally and Linguistically Appropriate Services (CLAS) Standards are guidelines that help health care organizations respectfully and appropriately serve people who may not share a language or culture with their providers. There are three major CLAS themes, each of which addresses specific activities:

- *Governance, Leadership and Workforce*: supporting cultural and linguistic diversity in your organization through hiring, promotion, education, and leadership policies.
- *Communication and Language Assistance*: providing understandable, accessible health care-related information to patients and families via multiple formats (verbal, written, etc.).
- *Engagement, Continuous Improvement and Accountability*: using patient/family feedback and demographic data to establish, plan, implement, and evaluate your organization’s CLAS efforts.

With these activities in mind, rate how consistently your organization applies each standard.

7a. Governance, Leadership and Workforce

- Unsure
- Inconsistently; we could benefit from assistance with this.
- Somewhat consistently; we do our best but other factors sometimes take priority.
- Most of the time; we do this pretty well with some exceptions.

7b. Communication and Language Assistance

- Unsure
- Inconsistently; we could benefit from assistance with this.
- Somewhat consistently; we do our best but other factors sometimes take priority.
- Most of the time; we do this pretty well with some exceptions.

7c. Engagement, Continuous Improvement and Accountability

- Unsure
- Inconsistently; we could benefit from assistance with this.
- Somewhat consistently; we do our best but other factors sometimes take priority.
- Most of the time; we do this pretty well with some exceptions.

8. How consistently does your organization ask patients/residents to self-report the following information? Please read the response options carefully.

8a. Basic demographic (e.g., race, ethnicity, gender) or linguistic (e.g., someone's primary language) information

- Never; our organization does not collect this information.
- Inconsistently; we do our best but other factors sometimes take priority.
- Most of the time; we do this pretty well with some exceptions.
- Selectively; we do this for some groups of patients/residents but not for everyone.
- Always or almost always; we're doing great with this.

8b. Disability status

- Never; our organization does not collect this information.
- Inconsistently; we do our best but other factors
- Most of the time; we do this pretty well
- Selectively; we do this for some groups of patients/residents
- Always or almost always; we're

		sometimes take priority.	with some exceptions.	but not for everyone.	doing great with this.
8c. Cultural or religious information	○ Never; our organization does not collect this information.	○ Inconsistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Selectively; we do this for some groups of patients/residents but not for everyone.	○ Always or almost always; we're doing great with this.
8d. Social needs (e.g., housing, transportation, finances, access)	○ Never; our organization does not collect this information.	○ Inconsistently; we do our best but other factors sometimes take priority.	○ Most of the time; we do this pretty well with some exceptions.	○ Selectively; we do this for some groups of patients/residents but not for everyone.	○ Always or almost always; we're doing great with this.

9. Organizations use the patient/resident information they collect in a variety of ways. What does your organization do with this data? Select all that apply.

- Identify gaps in care as they occur and/or before they become a problem.
- Predict who may need services or referrals in the future.
- Create interventions that address common care needs.
- Educate staff about our patients'/residents' needs and how social needs can influence outcomes.
- Monitor and evaluate how our interventions change patient/resident outcomes.
- Integrate patient/resident characteristics into safety and/or quality improvement efforts.
- Other (please describe): _____
- Unsure or not applicable.

10. Does your organization request input or suggestions from any of the following groups? Select all that apply.

- Direct feedback from individual patients/residents or their families.
- The broader community of populations we serve.
- Local coalitions or interest groups that reflect the populations we serve (e.g., local disability council).

- Staff who interact with patients/residents and/or families.
- Other (please describe): _____
- Our organization does not request external input.

10a. How does your organization solicit feedback from the individuals and/or group(s) you selected? Select all that apply.

- During appointments or informal conversations with patients/residents and/or families.
- Anonymous or non-anonymous surveys.
- Feedback forms or comment boxes.
- Phone line or chat service.
- Focus groups or listening sessions.
- Formal patient/family advisory group or resident council.
- Patient/resident and/or family advisor(s) represented on organization's boards/committees.
- Providing compensation (e.g., cash payment, gift cards, etc.) for individuals who provide input.
- Requesting targeted feedback from select groups of patients/residents.
- Internal meetings with staff who interact with patients/residents and/or families.
- Other (please describe): _____

10b. What does your organization do with the feedback it receives from the individuals and/or group(s) you selected above? Select all that apply.

- Summarize and distribute internally.
- Modify existing policies and procedures to incorporate key themes.
- Inform current and future operational activities.
- Integrate insights into our quality improvement efforts.
- Follow up with individuals/groups who provide feedback if more clarity is needed.
- Summarize and distribute to individuals/groups who provide input.
- Other (please describe): _____

Infection Prevention & Control

11. Has anyone from your organization participated in local, state or national education or training related to COVID-19?

- Yes
- No

12. Would you be interested in receiving assistance with setting up a mobile vaccination clinic for any of the following immunizations? Select all that apply.

- COVID-19
- Influenza

- None of the above
- Other (please describe): _____

13. Which of the following challenges does your organization face with pneumococcal and/or influenza vaccinations? Select all that apply.

- Negative beliefs about vaccinations.
- Concern about effectiveness of vaccinations.
- Concern about getting sick after the vaccine.
- General mistrust of vaccinations.
- Number of vaccinations recommended.
- Difficulty tracking vaccinations in the Immunization Registry, Minimum Data Set (MDS) and/or electronic health records.
- Consent management (e.g., obtaining signatures, updated materials, staff protocols).
- Inadequate supply of vaccines or other materials.
- Vaccinations are only offered off-site.
- None of the above or does not apply.
- Other (please describe): _____

Chronic Disease Management

The following questions will ask how your organization approaches five common concerns: hypertension, Type 2 diabetes, tobacco cessation, cardiac rehabilitation and early-stage chronic kidney disease. For the purposes of these questions, please use the following definitions:

- *Policy, procedure, or protocol*: an organization's stated position on or plan of action for a particular issue, including strategies and instructions for implementation.
- *Patient education*: communication strategies that aim to influence patient behavior, knowledge and skills (e.g., teaching/demonstrations, printed materials, videos).
- *Culturally and linguistically appropriate*: communication that is tailored to an individual's culture and language preferences.

14. Consider how your organization approaches **managing hypertension** and rate your agreement with the following statements.

14a. We use a standardized, evidence-based policy, procedure or protocol for hypertension screening and treatment. Strongly disagree Disagree Agree Strongly agree

14b. Our clinical team regularly reviews individual and aggregate patient/resident data Strongly disagree Disagree Agree Strongly agree

to evaluate our hypertension management intervention efforts.

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- 14c. We provide culturally and linguistically appropriate hypertension management education to patients/residents. Strongly disagree Disagree Agree Strongly agree
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15. Consider how your organization approaches **managing Type 2 diabetes** and rate your agreement with the following statements.

- 15a. We use a standardized, evidence-based policy, procedure or protocol for Type 2 diabetes screening and treatment. Strongly disagree Disagree Agree Strongly agree
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- 15b. Our clinical team regularly reviews individual and aggregate patient/resident data to evaluate our Type 2 diabetes management intervention efforts. Strongly disagree Disagree Agree Strongly agree
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- 15c. We provide culturally and linguistically appropriate Type 2 diabetes management education to patients/residents. Strongly disagree Disagree Agree Strongly agree
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16. Consider how your organization approaches **managing tobacco cessation counseling or interventions** and rate your agreement with the following statements.

- 16a. We use a standardized, evidence-based policy, procedure or protocol for tobacco cessation screening and treatment. Strongly disagree Disagree Agree Strongly agree
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- 16b. Our clinical team regularly reviews individual and aggregate patient/resident data Strongly disagree Disagree Agree Strongly agree
-

to evaluate our tobacco cessation intervention efforts.

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- 16c. We provide culturally and linguistically appropriate tobacco cessation education to patients/residents. Strongly disagree Disagree Agree Strongly agree
-

17. Consider how your organization approaches **managing cardiac rehabilitation referrals** and rate your agreement with the following statements.

- 17a. We use a standardized, evidence-based policy, procedure or protocol for cardiac rehabilitation referral screening and treatment. Strongly disagree Disagree Agree Strongly agree
-

- 17b. Our clinical team regularly reviews individual and aggregate patient/resident data to evaluate our cardiac rehabilitation referral intervention efforts. Strongly disagree Disagree Agree Strongly agree
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- 17c. We provide culturally and linguistically appropriate cardiac rehabilitation referral education to patients/residents. Strongly disagree Disagree Agree Strongly agree
-

18. Consider how your organization approaches **managing early-stage chronic kidney disease** (i.e., identifying/treating stages 1 and 2 and slowing progression to End Stage Renal Disease; ESRD) and rate your agreement with the following statements.

- 18a. We use a standardized, evidence-based policy, procedure or protocol for early-stage chronic kidney disease screening and treatment. Strongly disagree Disagree Agree Strongly agree
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- 18b. Our clinical team regularly reviews individual and aggregate patient/resident data Strongly disagree Disagree Agree Strongly agree
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to evaluate our early-stage chronic kidney disease intervention efforts.

18c. We provide culturally and linguistically appropriate early-stage chronic kidney disease education to patients/residents.	<input type="radio"/> Strongly disagree	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Strongly agree
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Care Coordination

Care coordination includes:

- Deliberately organizing care activities.
- Sharing information between everyone involved.
- Knowing and communicating the person’s needs and preferences at the right time to the right people.
- Using all available information to provide safe, appropriate and effective care.

19. How challenging is it for your organization to coordinate care for the following groups?

19a. Older adults with multiple comorbidities	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
19b. Long-term care/skilled nursing facility residents	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
19c. Medicare beneficiaries	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
19d. People who frequently use the emergency department	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
19e. People on multiple medications	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
19f. People with chronic pain/long-term opioid use	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging

19g. People with social needs gaps (e.g., transportation, housing, financial or access issues) Does not apply Not at all challenging Somewhat challenging Extremely challenging

20. Indicate how challenging each of the following issues are for your organization.

20a. Communication processes across the continuum of care Does not apply Not at all challenging Somewhat challenging Extremely challenging

20b. Managing a structured care coordination program Does not apply Not at all challenging Somewhat challenging Extremely challenging

20c. Prioritizing quality improvement efforts (inadequate staffing, time, administrative buy-in, etc.) Does not apply Not at all challenging Somewhat challenging Extremely challenging

20d. Inconsistent on-boarding or staff orientation for new staff Does not apply Not at all challenging Somewhat challenging Extremely challenging

20e. Knowledge loss from staff turnover Does not apply Not at all challenging Somewhat challenging Extremely challenging

20f. Identifying community resources to support patient/resident social needs (e.g., transportation, housing, financial or access issues) Does not apply Not at all challenging Somewhat challenging Extremely challenging

20g. Using a standardized policy, procedure or protocol to manage patients/residents at high risk of readmission Does not apply Not at all challenging Somewhat challenging Extremely challenging

20h. Reducing emergency department utilization Does not apply Not at all challenging Somewhat challenging Extremely challenging

20i. Reducing hospital admissions Does not apply Not at all challenging Somewhat challenging Extremely challenging

20j. Reducing 30-day readmissions Does not apply Not at all challenging Somewhat challenging Extremely challenging

21. There are many ways to reduce hospital admissions, 30-day readmissions and emergency department over-utilization, including the four interventions below. Think about organizations that are similar to your organization. (Similar organizations may be those that serve similar populations or offer similar services in your general area.) **How do you think your organization compares to similar organizations in the following interventions?**

21a. Dedicating time and/or staff to identifying high-risk patients/residents Not as well as other organizations About as well as other organizations Better than other organizations Unsure or not applicable

21b. Developing patient/resident education materials that resonate with the people we serve Not as well as other organizations About as well as other organizations Better than other organizations Unsure or not applicable

21c. Identifying tools that help us manage patient/resident care more effectively Not as well as other organizations About as well as other organizations Better than other organizations Unsure or not applicable

21d. Using quality strategies to improve issues in our procedures or patient/resident outcomes Not as well as other organizations About as well as other organizations Better than other organizations Unsure or not applicable

Conclusion

22. If you answered on behalf of more than one site or facility (i.e., as part of a health system), please note any information that would be helpful as we review your response.

23. We appreciate your time and engagement. Is there anything else you would like us to know?
