

Superior Health Quality Alliance Program Assessment (2023)

Introduction

These are the questions included in the Program Assessment for Clinics; Hospitals; Health Systems; Adult Living (excluding Nursing Homes); Health Plans, Managed Care Organizations, or Accountable Care Organizations; and Home Health, Home Care, or Hospice. 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

Clinic, Hospital & Health System Only:

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 the 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): _____

All Organizations:

2. 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).

Hospital; Health System; & Home Health, Home Care, or Hospice Only:

3. 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): _____

Health Equity and Person & Family Engagement

4. 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
5. 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.

5a. 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.
5b. 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.
5c. 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.

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

6a. Basic demographic (e.g., race, ethnicity, gender) or linguistic (e.g., someone's primary	○ 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.
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language)
information

6b. Disability status	<input type="radio"/> Never; our organization does not collect this information.	<input type="radio"/> Inconsistently; 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"/> Selectively; we do this for some groups of patients/residents but not for everyone.	<input type="radio"/> Always or almost always; we're doing great with this.
6c. Cultural or religious information	<input type="radio"/> Never; our organization does not collect this information.	<input type="radio"/> Inconsistently; 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"/> Selectively; we do this for some groups of patients/residents but not for everyone.	<input type="radio"/> Always or almost always; we're doing great with this.
6d. Social needs (e.g., housing, transportation, finances, access)	<input type="radio"/> Never; our organization does not collect this information.	<input type="radio"/> Inconsistently; 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"/> Selectively; we do this for some groups of patients/residents but not for everyone.	<input type="radio"/> Always or almost always; we're doing great with this.

7. 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
8. 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.
- 8a. 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 (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): _____
- 8b. 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): _____
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Infection Prevention & Control

9. 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): _____
10. Has your organization implemented a public health emergency preparedness plan that addresses emerging infectious disease?
- Yes
 - No
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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.

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

- 11a. We use a standardized, evidence-based policy, procedure or protocol for hypertension screening and treatment.
- Strongly disagree Disagree Agree Strongly agree
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11b. Our clinical team regularly reviews individual and aggregate patient/resident data to evaluate our hypertension management intervention efforts. Strongly disagree Disagree Agree Strongly agree

11c. We provide culturally and linguistically appropriate hypertension management education to patients/residents. Strongly disagree Disagree Agree Strongly agree

12. Consider how your organization approaches **managing Type 2 diabetes** and rate your agreement with the following statements.

12a. We use a standardized, evidence-based policy, procedure or protocol for Type 2 diabetes screening and treatment. Strongly disagree Disagree Agree Strongly agree

12b. 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

12c. We provide culturally and linguistically appropriate Type 2 diabetes management education to patients/residents. Strongly disagree Disagree Agree Strongly agree

13. Consider how your organization approaches **managing tobacco cessation counseling or interventions** and rate your agreement with the following statements.

13a. We use a standardized, evidence-based policy, procedure or protocol for tobacco cessation screening and treatment. Strongly disagree Disagree Agree Strongly agree

13b. Our clinical team regularly reviews individual and aggregate patient/resident data to evaluate our tobacco cessation intervention efforts. Strongly disagree Disagree Agree Strongly agree

13c. We provide culturally and linguistically appropriate tobacco cessation education to patients/residents. Strongly disagree Disagree Agree Strongly agree

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

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

14b. 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

14c. We provide culturally and linguistically appropriate cardiac rehabilitation referral education to patients/residents. Strongly disagree Disagree Agree Strongly agree

15. 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.

15a. 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

15b. Our clinical team regularly reviews individual and aggregate patient/resident data to evaluate our early-stage chronic kidney disease intervention efforts. Strongly disagree Disagree Agree Strongly agree

15c. We provide culturally and linguistically appropriate early-stage chronic kidney disease education to patients/residents. Strongly disagree Disagree Agree Strongly agree

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.

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

16a. Older adults with multiple comorbidities Does not apply Not at all challenging Somewhat challenging Extremely challenging

16b. Long-term care/skilled nursing facility residents Does not apply Not at all challenging Somewhat challenging Extremely challenging

16c. Medicare beneficiaries Does not apply Not at all challenging Somewhat challenging Extremely challenging

16d. People who frequently use the emergency department Does not apply Not at all challenging Somewhat challenging Extremely challenging

16e. People on multiple medications Does not apply Not at all challenging Somewhat challenging Extremely challenging

16f. 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
16g. People with social needs gaps (e.g., transportation, housing, financial or access issues)	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17. Indicate how challenging each of the following issues are for your organization.				
17a. Communication processes across the continuum of care	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17b. Managing a structured care coordination program	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
16c. Prioritizing quality improvement efforts (inadequate staffing, time, administrative buy-in, etc.)	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17d. Inconsistent on-boarding or staff orientation for new staff	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17e. Knowledge loss from staff turnover	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17f. Identifying community resources to support patient/resident social needs (e.g., transportation, housing, financial or access issues)	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17g. Using a standardized policy, procedure or protocol to manage patients/residents at high risk of readmission	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17h. Reducing emergency department utilization	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging

17i. Reducing hospital admissions	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging
17j. Reducing 30-day readmissions	<input type="radio"/> Does not apply	<input type="radio"/> Not at all challenging	<input type="radio"/> Somewhat challenging	<input type="radio"/> Extremely challenging

18. 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?**

18a. Dedicating time and/or staff to identifying high-risk patients/residents	<input type="radio"/> Not as well as other organizations	<input type="radio"/> About as well as other organizations	<input type="radio"/> Better than other organizations	<input type="radio"/> Unsure or not applicable
18b. Developing patient/resident education materials that resonate with the people we serve	<input type="radio"/> Not as well as other organizations	<input type="radio"/> About as well as other organizations	<input type="radio"/> Better than other organizations	<input type="radio"/> Unsure or not applicable
18c. Identifying tools that help us manage patient/resident care more effectively	<input type="radio"/> Not as well as other organizations	<input type="radio"/> About as well as other organizations	<input type="radio"/> Better than other organizations	<input type="radio"/> Unsure or not applicable
18d. Using quality strategies to improve issues in our procedures or patient/resident outcomes	<input type="radio"/> Not as well as other organizations	<input type="radio"/> About as well as other organizations	<input type="radio"/> Better than other organizations	<input type="radio"/> Unsure or not applicable

Conclusion

19. 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.

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