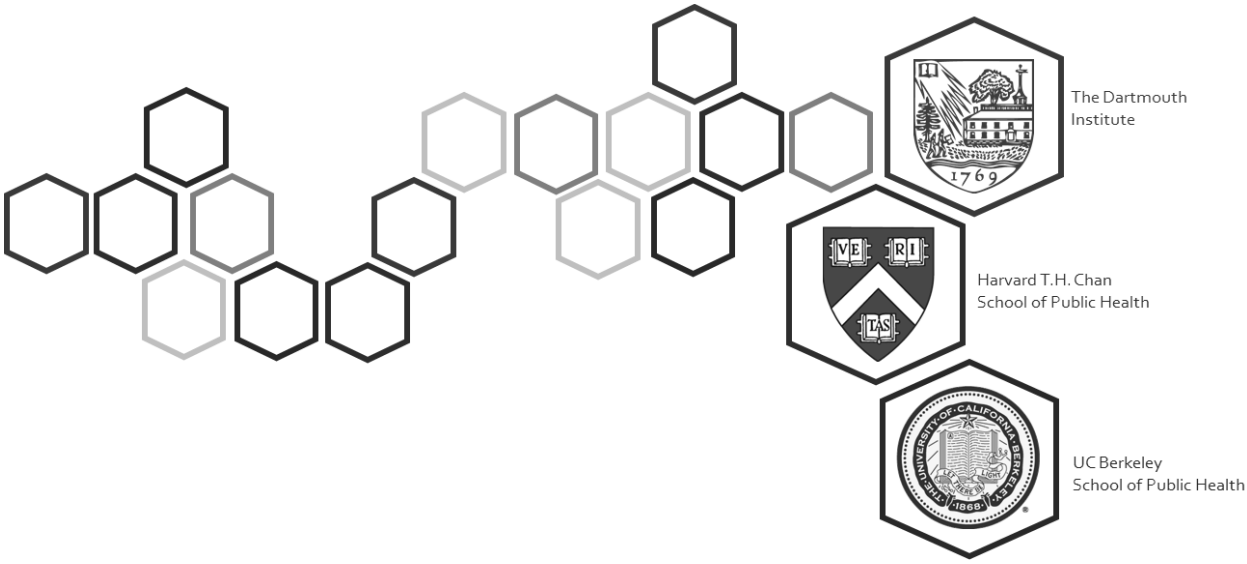

National Survey of Healthcare Organizations & Systems

Improving Care For All

Hospital Level Questionnaire

Thank you for participating in the **National Survey of Healthcare Organizations and Systems** (NSHOS). The results of this survey will help advance our understanding of how changes in healthcare delivery are influencing the quality and costs of care.

Survey Information

- The survey should take about 30 minutes of your time.
- Your responses will be kept confidential.
- Please reach out to colleagues if you need support to answer specific questions.
- When answering survey questions, please think specifically about:

  [ENTER HOSPITAL NAME]

- If you are involved in the leadership of multiple hospitals, please focus specifically on the hospital indicated above.
- **If you have any questions:** Call 484-840-4375 or email NSHOS@dartmouth.edu

Background Information

1. What is the name of your hospital?

2. What is your title at the hospital?

3. Which of the following best describes your hospital?

   ☐ Acute Care Hospital
   ☐ Critical Access Hospital
   ☐ Academic Medical Center
   ☐ Other _____

4. Does your hospital currently use any of the following transformational performance improvement approaches:

	Yes	No
Lean without Six Sigma	☐	☐
Lean with Six Sigma	☐	☐
Robust Performance Improvement *(a combination of Lean, Six sigma plus a change management package)*	☐	☐
Six Sigma without Lean	☐	☐

Culture and Leadership

5. Which statement best describes your hospital?

Distribute 100 points between the 4 statements, giving the most points to the statement that best describes your hospital.

Our hospital is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.	
...is a very dynamic and entrepreneurial place. People are willing to try new things to see if they work.	
...is a very formalized and structured place. Bureaucratic procedures generally govern what people do.	
...is very production oriented. The major concern is getting the job done.	
	Sum to 100 points

6. How much influence would you say that physicians have in the way your hospital sets priorities and strategies?

- ☐ None
- ☐ Very little
- ☐ Some
- ☐ A lot

Screening and Referral Activity

7. At any time prior to discharge, does your hospital have a system in place to screen appropriate patients for:

	Yes	No
Tobacco use	☐	☐
Opioid use specifically	☐	☐
Substance use disorders *(other than tobacco and opioid)*	☐	☐
Polypharmacy	☐	☐
Depression	☐	☐
Low health literacy	☐	☐
Food insecurity	☐	☐
Housing instability	☐	☐
Utility needs	☐	☐
Interpersonal violence	☐	☐
Transportation needs	☐	☐
Need for financial assistance with medical bills	☐	☐
Medicaid eligibility	☐	☐

8. For your patients who are identified as using tobacco, what percentage are referred to tobacco cessation programs?

- ☐ None
- ☐ Some
- ☐ Most
- ☐ All

9. For your patients who are identified as having a substance use disorder, what percentage are referred to substance use treatment programs?

- ☐ None
- ☐ Some
- ☐ Most
- ☐ All

10. How difficult is it to obtain treatment for patients with opioid use disorders?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Not at all difficult

11. Do any of the clinicians at your hospital provide drug treatment *(e.g. buprenorphine)* for opioid use disorders?

- ☐ Yes
- ☐ No

Care Transitions

12. In your hospital, for how many patients undergoing a care transition to a home or a post-acute facility are any of the following strategies used to reduce the risk of readmission?

	None	Some	Most	All	Don't know
Medication reconciliation	☐	☐	☐	☐	☐
Telephone follow-up *(within 72 hours of discharge)*	☐	☐	☐	☐	☐
In-home follow up *(within 72 hours of discharge)*	☐	☐	☐	☐	☐
Standardized process in place to ensure timely follow-up with primary/specialty care	☐	☐	☐	☐	☐
Discharge summaries are transmitted to clinicians accepting care of the patient	☐	☐	☐	☐	☐
Use of a patient navigator or care manager while patient is in hospital	☐	☐	☐	☐	☐
Use of a care manager or health coach post-discharge	☐	☐	☐	☐	☐

13. Do you collect any of the following information regarding how well the operational aspects of care transitions are being implemented?

	Yes	No
Percentage of patients who receive a phone call after discharge	☐	☐
Percentage of discharge summaries that reach PCP within 72 hours of discharge	☐	☐
Percentage of patients given education on self-care	☐	☐
Percentage of patients readmitted within 30 days	☐	☐
Percentage of patients with ED visits within 30 days	☐	☐

IF NO TO ALL, SKIP TO **QUESTION 15**

14. Is any of the information collected in **question 13** being used to improve care transitions in any of the following ways:

	Yes	No
Staffing changes	☐	☐
Modifications to the Electronic Health Record *(EHR)*	☐	☐
Changes to staff training	☐	☐
Modifications to the discharge planning process	☐	☐

Palliative Care and Pain Management

15. Do patients cared for in your hospital have access to:

	Yes	No
A hospital-based palliative care program	☐	☐
A community-based palliative care program	☐	☐
A practice or service dedicated to managing pain	☐	☐

Care of Complex, High Need Patients

By complex, high need patients we mean those experiencing one or more of the below who require multi-faceted care and may be at high risk for hospitalization or emergency department use:

- multiple chronic conditions
- multiple functional limitations, including frailty
- severe, persistent behavioral health challenges

16. Does your hospital have a system in place to identify complex, high-need patients?

☐ Yes

☐ No → **SKIP TO QUESTION 18**

17. **IF YES:** To what extent does your hospital segment high-risk patients into subgroups with common needs *(e.g. frailty, mental illness, similar combinations of chronic conditions)*?

☐ We do **not** subdivide high-risk patients into subgroups

☐ We subdivide **some** high-risk patients into subgroups with common needs

☐ We subdivide **most** high-risk patients into subgroups with common needs

18. For your complex, high need patients, how often:

	Never	Sometimes	Often	Always
Is a care coordinator who is a clinician involved in carrying out a care plan	☐	☐	☐	☐
Is a non-clinician *(e.g. health coach)* involved in carrying out a care plan	☐	☐	☐	☐
Are clinical protocols followed for specific subgroups	☐	☐	☐	☐
Are home visits carried out by practice staff or a clinician	☐	☐	☐	☐

19. Does your hospital routinely collect any of the following information about your complex, high need patients?

	Yes	No
Emergency Department use	☐	☐
Medication adherence	☐	☐
Post-acute care use *(e.g. Skilled Nursing Facility)*	☐	☐

20. Has the information about discharged high need patient experiences led to:

	Yes	No
Staffing changes	☐	☐
Modifications to the Electronic Health Record *(EHR)*	☐	☐
Changes to staff training	☐	☐
Modifications to the discharge planning process	☐	☐

Behavioral Healthcare

Behavioral health includes depression, anxiety, other mental illness or substance use disorders.

21. Do you do any of the following to integrate behavioral health services in your emergency department?

	Yes	No
Routine screening for depression	☐	☐
Routine screening for sexual, physical or psychological abuse	☐	☐
Assessment of marijuana use *(medical or otherwise)*	☐	☐
Assessment of opioid use *(prescription or illicit)*	☐	☐
Assessment of alcohol abuse	☐	☐
Assessment of any other substance use *(apart from marijuana, opioid or alcohol)*	☐	☐
Team approach to behavioral health including mental health provider *(i.e. psychiatrist, psychiatric nurse practitioner)*	☐	☐
Telehealth or telepsychiatry	☐	☐
Referral to mental health provider when a need is identified	☐	☐
Direct referral to the behavioral health provider in the community for that patient's need	☐	☐

Adoption of Innovation

22. To what extent are the following factors a barrier to your hospital's use of new evidence-based clinical treatments *(e.g. new drugs, new technology)*?

	Major barrier	Minor barrier	Not a barrier
Lack of a process for identifying beneficial innovations	☐	☐	☐
Lack of a process for disseminating information about innovations	☐	☐	☐
Not enough time to implement	☐	☐	☐
Insufficient financial resources to implement	☐	☐	☐
Lack the necessary knowledge/expertise to implement	☐	☐	☐
Lack of incentives to implement	☐	☐	☐

23. To what extent are the following factors a barrier to your hospital's use of **evidence-based care delivery innovations** *(e.g. care transition programs, use of community health workers)*?

	Major barrier	Minor barrier	Not a barrier
Lack of a process for identifying beneficial innovations	☐	☐	☐
Lack of a process for disseminating information about innovations	☐	☐	☐
Not enough time to implement	☐	☐	☐
Insufficient financial resources to implement	☐	☐	☐
Lack the necessary knowledge/expertise to implement	☐	☐	☐
Lack of incentives to implement	☐	☐	☐

24. Does your hospital currently use any culturally tailored programs or interventions? *For example, a hospital serving a South Asian population might create a South Asian Cardiovascular Center to provide screening, prevention, and treatment for heart disease.*

☐ Yes
☐ No
☐ Don't know

Decision-Making and Engagement

Shared decision-making involves informing patients of their options and the benefits or harms of those options, supporting them to compare those options and then make choices that are aligned with their informed goals and values.

25. Considering the physicians and staff in your hospital, how many:

	None	Some	Most	All
Are formally trained in shared decision-making	☐	☐	☐	☐
Routinely engage in shared decision-making	☐	☐	☐	☐

26. Does your hospital engage or solicit input from patients, family members or at home caregivers by asking for their input:

	Yes	No
On advisory committee(s)	☐	☐
On quality improvement team(s)	☐	☐
Using open forums or town hall meetings	☐	☐

Evidence Acquisition

27. Does your hospital use any of following approaches on a routine basis to disseminate best patient care practices?

	Yes	No
Regular staff meetings	☐	☐
Regular listserv email/newsletter	☐	☐
Departmental representatives or champions	☐	☐
An electronic database of practice or system endorsed guidelines	☐	☐
Decision supports tools embedded in the EHR	☐	☐
Performance improvement events *(e.g. LEAN Kaizen training)*	☐	☐

28. Does your hospital use evidence based guidelines that have been written down and approved as the preferred protocols for treatment of:

	Yes	No
Congestive heart failure	☐	☐
Acute Coronary Syndrome	☐	☐
Hip fracture treatment	☐	☐
Community acquired pneumonia	☐	☐
Sepsis	☐	☐
Pre-eclampsia	☐	☐
Neutropenic fever	☐	☐
Inpatient radiology	☐	☐
Serious mental illness	☐	☐

29. Does your hospital currently use any EHR-based clinical decision-support tools *(e.g. embedded order sets)* to improve adherence to evidence-based care for:

	Yes	No
Congestive heart failure	☐	☐
Acute Coronary Syndrome	☐	☐
Hip fracture treatment	☐	☐
Community acquired pneumonia	☐	☐
Sepsis	☐	☐
Pre-eclampsia	☐	☐
Neutropenic fever	☐	☐
Inpatient radiology	☐	☐
Serious mental illness	☐	☐

Information Systems

30. How many electronic health record *(EHR)* systems do you have in place across your hospital and any owned or managed physician practices? *(Please select one response.)*

- ☐ A single EHR across all facilities
- ☐ Multiple EHRs
- ☐ A mixture of EHR and paper systems
- ☐ No EHR capabilities at present → **SKIP TO QUESTION 32**

31. Does your hospital's EHR connect directly to the EHR at the primary care practices your patients use? *(Please select one response.)*

- ☐ Yes, single EHR
- ☐ Yes, different EHR, but one that is fully interoperable
- ☐ Yes, partially interoperable
- ☐ No, not connected

Performance and Care Delivery Reporting

32. How does your hospital use information about **individual clinician performance** for:

(For each row, check all that apply.)	Use for feedback	Use for internal quality improvement	Use for physician compensation
Preventive services *(e.g. immunizations, screening)*	☐	☐	☐
Patient experiences *(e.g. patient satisfaction or CAHPS scores)*	☐	☐	☐
Overuse of medical tests or procedures *(e.g. high cost imaging)*	☐	☐	☐
Underuse of medical test or procedures *(e.g. HEDIS)*	☐	☐	☐
Use of acute care services *(e.g. readmissions, emergency room use)*	☐	☐	☐
Clinical quality *(e.g. blood pressure control, diabetes control, complication rates)*	☐	☐	☐
Total inpatient cost of care	☐	☐	☐

33. Excluding CMS, do outside entities, such as health plans, state, federal or regional organizations, provide you with publicly reported data about the quality of care delivered by your hospital or its physicians?

☐ Yes

☐ No

34. Does your hospital report the quality of care provided **by your hospital** to:

	Yes	No
Regional or state-wide quality non-governmental improvement initiative	☐	☐
State government quality reporting body	☐	☐
Health plan public reporting on quality	☐	☐

35. Does your hospital report the quality of care provided **by your physicians** to:

	Yes	No
Regional or state-wide quality non-governmental improvement initiative	☐	☐
State government quality reporting body	☐	☐
Health plan public reporting on quality	☐	☐

Competition

36. How intense is the competition for patients in the inpatient setting in your market?

☐ Not at all

☐ Somewhat

☐ Very

Payment Models

REMINDER: YOUR RESPONSES TO THIS SURVEY WILL BE KEPT CONFIDENTIAL.

37. In the past year did any of your hospital's total annual revenue come from:

	Yes	No
Shared savings or capitation	☐	☐
Pay for performance programs	☐	☐
Episode based contracts *(e.g. care bundles)*	☐	☐
Other alternative payment contracts	☐	☐

38. Please do your best to estimate the percentage of your hospital's annual revenues that came from the following alternative payment contracts.

_____%	shared savings or capitation
_____%	pay for performance programs
_____%	episode based contracts *(e.g. care bundles)*
_____%	other shared savings revenue *(please specify)*_____
	_____

39. In the past year did your hospital incur any losses, penalties or cost-over-runs from risk bearing or shared savings arrangements?

☐ Yes

☐ No

40. In the past year, did your hospital receive any revenue *(not from shared saving arrangements)* from external entities for performance improvements *(e.g. for meeting HEDIS measures, other measures of clinical quality, or patient experience/satisfaction measures)*?

Please do not include bonuses paid from Medicare and Medicaid programs.

☐ Yes

☐ No → **SKIP TO QUESTION 42**

41. **IF YES:** Please enter the percentage of your hospital's total annual revenue obtained from each of the sources below:

_____%	patient satisfaction or experiences
_____%	clinical quality measures
_____%	use of information technology *(excluding "meaningful use" bonuses from Medicare and Medicaid)*
_____%	HEDIS measures
_____%	other bonus

42. Does your hospital own or manage primary care practices?

☐ Yes

☐ No → **PLEASE END HERE**

43. **IF YES:** Do your practices maintain a list or registry to help manage the care of patients with:

	Yes	No
Diabetes	☐	☐
Congestive heart failure	☐	☐
Asthma/COPD	☐	☐
Coronary artery disease	☐	☐
Hypertension	☐	☐
Depression	☐	☐
Preventive services *(immunizations, screening tests)*	☐	☐

That completes the survey. Thank you very much for your valuable time!

The results will help guide healthcare policies at the federal, state and local levels and in the private sector.

To ensure that your survey reaches us, please return it in the enclosed postage-paid envelope to:

SSRS
NSHOS
PO Box 90730
Allentown PA 18109-9945

Thank you for participating in the
National Survey of Healthcare Organizations and Systems.