

**APPENDIX P:**

**MODEL QUALITY ASSURANCE PLAN**

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## **HOME HEALTH CARE CAHPS SURVEY MODEL QUALITY ASSURANCE PLAN**

Survey vendors that meet the necessary business requirements to become an approved Home Health Care CAHPS (HHCAHPS) Survey vendor will receive interim approval as an HHCAHPS Survey vendor once they have participated in the Introduction to the HHCAHPS Survey training session and successfully completed a written Training Certification Form. The final step in the approval process is the submission of an acceptable Quality Assurance Plan (QAP). This model QAP is intended to serve as a guide for survey vendors to help them develop a similar document that describes their implementation of and compliance with all guidelines required to implement the HHCAHPS Survey.

Each vendor must complete and submit a QAP to the HHCAHPS Coordination Team within 6 weeks after the vendor's first quarterly submission of HHCAHPS Survey data. In addition, each vendor will be required to update and resubmit its QAP on or before April 30 of each year thereafter, and whenever it makes key staff or protocol changes. Each vendor will receive final approval as an HHCAHPS Survey vendor after its QAP has been reviewed and accepted by the HHCAHPS Coordination Team.

The vendor's QAP should include the sections listed below. The specific requirements for these sections are described in the pages that follow.

- I. Organization Background and Staff Experience
- II. Work Plan
- III. Sampling Plan
- IV. Survey Implementation Plan
- V. Data Security, Confidentiality, and Privacy Plan
- VI. Questionnaire and Materials Attachments

To facilitate review of the QAP, each vendor should use the outline format noted above.

### **I. ORGANIZATION BACKGROUND AND STAFF EXPERIENCE**

In this section of the QAP, each HHCAHPS Survey vendor must provide the following information.

- Your organization's name, address, and telephone number. If your organization has multiple locations, include the address of both the main location and the address of the locations at which the primary operations, including sampling, data collection and data processing activities, are being conducted.
- Describe the history and affiliation with any other organization (e.g., other company or university affiliation). Include the scope of business, number of years in business, and number of years of survey experience.
- Describe your organization's survey experience conducting person-level surveys using each approved data collection mode for the HHCAHPS Survey. You must discuss each data collection mode for which you have received approval, regardless of whether you have any home health agency (HHA) clients who are using that mode.
- Provide an organizational chart that shows the names and titles of staff members, including subcontractors, who are responsible for each of the following tasks:
  - Overall project management, including tracking and supervision of all tasks below.
  - Sampling procedures, including creation of the sample frame, selection of the sample, and assignment of a unique identification number to each sampled patient.
  - Data collection procedures, including overseeing implementation of the data collection mode for which your organization has been approved.
  - Data receipt and data entry/scanning procedures.
  - File development and submission processes.

The organizational chart should also clearly specify all staff reporting relationships, including those staff who are responsible for managing subcontractors. It should designate any individuals who have quality assurance oversight responsibility and indicate which tasks they are responsible for.

- Summarize the background and experience of the individuals who are responsible for the tasks listed in the organizational chart above, including a description of any subcontractors serving in these roles. The description of each individual's experience should include a discussion of how the person's qualifications are relevant to the HHCAHPS Survey tasks that he or she is expected to perform. Resumes should be available upon request.

## II. WORK PLAN

- Describe how your organization is implementing the HHCAHPS Survey for each mode for which your organization has been approved. This section of your QAP must describe the entire process that your organization is following, including:
  - a. how you are obtaining the sample frame and selecting the sample;
    - how you are fielding the survey, receiving and processing the data;
    - the procedures that you are following to prepare and submit final files; and
    - the type of quality control procedures you are following at each stage to ensure data quality.

For each step above, you must specify the name of the individual who is responsible for conducting and providing oversight of the activity.

- Include a copy of a schedule or timeline that you are following to ensure that you are able to conduct all activities within the timeframes specified in the HHCAHPS Survey protocols. The timeline must describe when that activity will be completed (for example, *x weeks* after sample selection, or *y weeks* after mailing the first questionnaire). The timeline must include receipt of files from HHAs, sample selection, each step of the mailout or telephone implementation, data file cleaning, and data file preparation and submission.

## III. SAMPLING PLAN

- Describe how you are working with your client HHAs to ensure that the HHAs understand patient survey eligibility criteria and the measures you take to ensure that all patient information needed for sample selection is included on the file that is submitted and that the monthly patient files are submitted in time for you to select the sample and initiate the survey within 21 days after the sample month ends.
- Describe how HHAs submit the monthly patient files to your organization and how you check those files. That is, describe the steps that you take to ensure that the HHA has included all required data on the monthly patient files and the checks you make to ensure that the same patient information is not included more than once on the monthly patient information file.
- Describe how you create the sample frame. This section should describe the process you are using to develop a sampling frame that complies with the HHCAHPS Survey protocol. Specifically, you must explain how you are creating the frame, what patient survey eligibility

criteria you are using, and the types of patients who are being excluded and how those cases are being identified. Please make sure your QAP addresses each of the following questions:

- b. How do you check monthly patient information files for complete information?
- What do you do if information is missing from the monthly patient information files?
  - What are the eligibility and exclusion criteria that you use to determine which patients are eligible and which patients should be excluded from the sample frame? How do you know whether your client HHAs have included all eligible patients on the monthly patient files? Do you obtain and retain documentation from the HHAs about who was excluded and the reasons those patients were excluded from the monthly patient information files?
  - Do you check the monthly patient information files to ensure that patients are only listed once on the file? If so, what information and process do you use to identify and remove patients who may have been listed on the monthly patient information file more than once?
  - What do you do if information needed for determining patient eligibility is missing from the monthly patient information file?
  - If the source of payment is missing, are patients included or excluded from the sample frame?
  - What process (system or procedures) do you use to identify and remove patients who have been included in the survey sample in the last 5 months?
  - HHCAHPS Survey vendors are expected to calculate and use a sample rate for each HHA client to ensure that an even distribution of patients is sampled over a 12-month period. How do you determine a sample rate for each HHA?
  - How is the sample selected? What software program do you use to generate the seed number and assign random numbers used for sampling?
  - What documentation about sample frame creation do you retain and for how long?
  - What software do you use to assign a unique sample identification number to each sample patient?
  - Which staff member conducts the activities above and which staff member performs quality control of that person's work to ensure that the sample frame was created correctly and the sample selected is correct?

- Describe the quality control checks that you are performing on the sampling activities, how frequently those checks are being performed, and by whom. Indicate what percentage of the sample frame or sample file is being checked, and describe the documentation that you maintain to verify that the quality control procedures have taken place. Note that this documentation may be requested by the HHCAHPS Survey Coordination Team at any time.
- If applicable, describe any sampling exceptions that you have requested or been approved for. Explain the exceptions request and the specific procedures you are or will be following to implement the approved exception.

#### **IV. SURVEY IMPLEMENTATION PLAN**

- Describe the system resources that you are using to implement your approved survey mode(s). This includes a description of the relevant hardware or software. For example, describe the electronic telephone interviewing systems, mailing equipment, scanning or data entry equipment, and case management system that you are using.
- Describe training that is being given to all staff working on the HHCAHPS Survey project, including telephone interviewers (if applicable), mail survey production staff, and data receipt/data processing/data entry staffs. If you are using any subcontractors for any roles, describe how the subcontractor's staff are being trained. Include a discussion of quality control procedures that you are implementing during training to ensure compliance with HHCAHPS Survey protocols, and describe documentation that is being kept to provide evidence of this quality control.
- Describe the toll-free customer support telephone line that you are offering, including the actual telephone number, how customer support staff are being trained, and who is responsible for training and responding to questions related to the HHCAHPS Survey. Also include information on the days of the week and times of the day that you are staffing the customer support line and how you are handling after-hours contacts, and include text of any recordings that are being used. Include a discussion of quality control procedures that are being implemented to ensure compliance with HHCAHPS Survey protocols and describe documentation that is being kept to provide evidence of this quality control.
- Describe the production and mailout process for mail surveys, if applicable, including who is responsible for the process, and what quality control checks are being implemented at each stage (for example, monitoring the quality and content of mail survey packages, use of seeded mailings, and frequency of checks). Describe all quality control checks that are being implemented and documented to ensure that the HHCAHPS Survey protocols are being followed.

- Describe the receipt and data entry or scanning process for mail surveys, if applicable, including who is responsible for the process and what quality control checks are being implemented at the questionnaire receipt, data entry, or scanning phase, and how frequently those checks are being made. Describe all quality control checks that are being implemented and documented to ensure that the HHCAHPS Survey protocols are being followed.
- Describe the process for implementing the telephone survey, if applicable, including who is responsible for training and monitoring interviewer performance, how training and monitoring are being documented, and what systems and procedures are being used to ensure that all interviewing is conducted according to the HHCAHPS Survey protocols (for example, varying times of day that calls are attempted and tracking the status of call attempts). If you are using a telephone survey subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is in compliance with HHCAHPS Survey protocols.
- If you are approved for Mixed Mode administration, you must address all of the paragraphs above regarding both Mail and Telephone processes. In addition, you must include a discussion of the control system used to monitor case status as the case transitions from the mail phase of the survey to the telephone follow-up phase. Describe how you keep track of surveys that are returned while the telephone follow-up phase is in effect. Describe the processes that you have in place to ensure that sample members who have returned a completed survey are not called after the completed survey is received. How do you determine which completed survey to retain (mail or telephone interview data) if the sample member returns a completed survey and participates in a telephone interview?
- Describe the processes you are using to create data files and submit them to the HHCAHPS Survey Data Center through the HHCAHPS Survey Web site. Discuss quality control checks that are being implemented during file creation, including how these checks are being documented.

## **V. Data SECURITY, CONFIDENTIALITY, AND PRIVACY PLAN**

- Describe the measures that you are taking to ensure data security, including a discussion of the use of passwords, file encryption, backup systems, and any other measures to ensure the security of HHCAHPS Survey data. Describe how often passwords are changed. For both hard-copy questionnaires and electronic data files, describe how and for how long these materials will be stored and when and how they will be destroyed.
- Describe how confidentiality agreements are being implemented among vendor staff and any subcontractor staff, including how affidavits of confidentiality are being documented. Include a copy of the confidentiality agreement that is being used as an appendix in your QAP.

- Describe the measures that are being taken to protect respondent privacy and ensure compliance with Health Insurance Portability and Accountability Act requirements.
- If you are approved for telephone surveys, include a screenshot or text indicating the voluntary nature of the sample member's participation.

## **VI. QUESTIONNAIRE AND MATERIALS ATTACHMENTS**

- Attach a copy of your formatted mail survey questionnaire if you are approved for Mail Only or Mixed Mode administration. Be sure to include the cover page and back page.
- If you are approved for Telephone Only or Mixed Mode administration, attach all screen shots from your telephone interview program—beginning with the introductory screens and ending with the last question in the interview. If your interview includes the Consent to Share Responses question, please include a screen shot of this question as well.
- If you are approved for Mail Only or Mixed Mode administration, include a copy of your cover letter(s).
- Only submit English versions of the requested materials; it is not necessary to submit questionnaires, cover letters, or scripts in other languages, even if you are approved for them.