Improving Partnerships by Inviting Feedback Robust Interview Study Reveals Nursing Home Leaders' Perspectives, Preferences and Pain Points

Problem

Nursing homes play a pivotal role in supporting the health of beneficiaries, and face unique challenges. To better assist and collaborate with staff, it is crucial for Comagine Health to understand the perspectives of nursing home leaders about the barriers and opportunities they face.

Action

Comagine Health conducted a guided interview study with 22 nursing home leaders to investigate how QIN-QIOs can provide better support to facilities, support that is informed by their needs.

Results

Awareness

Generally, interviews revealed that partners had high levels of awareness of both Comagine Health and the QIN-QIO Program, with relatively positive views of both. Notable gaps in awareness of the offerings of Comagine Health and the QIN-QIO were more directed toward **the breadth** of QIN-QIO reach.



High awareness of Comagine Health



High awareness of QIN-QIO Program

Barriers

Nearly all barriers to implementation of quality improvement practices that were shared by nursing home leaders were related to workforce challenges. A deficit-cycle theme was apparent, which described how nursing home needs exceed current resources. This contributed to growing compensation gaps between agency and staff nurses, which led to some staff nurses exiting the field and a compounded lack of resources to meet resident needs. Other roadblocks revealed include lack of access to SMEs or ongoing, crossorganizational training.

Opportunities (Major Themes)

- consultants.
- measure oriented.







Communication and Education

The interviews also revealed that communication preferences were nearly evenly distributed between synchronous and asynchronous mechanisms. Requests for synchronous communication skewed toward being tailored to fit the unique needs of nursing homes alongside real-time support and guidance while requests for asynchronous communication focused on the need for learning content that could be consumed independently, at a pace set by the participant. This preference was described as a need for self-guided education curriculum and tools that could be used by frontline staff at nursing homes independent of their tenure, shift and various competing responsibilities.

Many facilities requested a greater degree of in-person technical assistance.

> 1. Repositioning improvement advisors so they are perceived as members of the nursing home team rather than federal

> 2. Supporting holistic learning and growth opportunities that are process-integration oriented rather than disease or

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Synchronous Communication

The exchange of information between two or more people in real-time.

Examples:

- In-person meeting
- Videoconferencing
- Live webinar
- Virtual chat
- Phone call

Use When:

Developing and building teams; creating processes and systems

Benefits:

Peer collaboration and real-time responses to questions

Scan this QR code for the **Project Findings Summary**. Questions about this project? Contact Lisa Hollibaugh, MBA, CPHQ, FACHE, at https://www.uhites.org.





Asynchronous Communication

The exchange of information between two or more people on their own time.

Examples:

- Email
- Newsletter
- Website
- Learning modules
- Resources

Use When:

Educating on clinical topics; providing just-in-time training

Benefits:

Fits nursing home scheduling and capacity needs