

2023 Survey

Agenda

- QuILTSS Program
- Survey instruments
- Timeline
- Reports
- Best Practices
- Questions?

TennCare QuILTSS-15 Resident, Family & Employee Survey Timeline	
Milestone	To be completed by
Attend a Pre-survey preparation webinar with TennCare/NRC Health QuILTSS #15 Overview presented by TennCare/NRC Health *Participation in this webinar is highly recommended for the TennCare QuILTSS Initiative. Tuesday October 18, 1:30 pm CT. Register below: https://nrchealth.zoom.us/webinar/register/WN_pftEDQ68S7GaHABqPmQLjw	Oct 18, 2022
For materials resources and information to prepare for the survey go to the TennCare QuILTSS - NRC Health webpage: https://go.nrchealth.com/l/279972/2021-10-26/qf6fg	
Complete the online Survey Sign-up Agreement https://nrchealth.com/wp-content/uploads/2022/08/2023-QuILTSS-Survey-Sign-up.docx *Please be sure to include your bulk counts of cognitive residents and employees- we will use these numbers to estimate the number of resident and employee surveys that will be shipped to your facility (final counts will be requested on your data file) Email completed document to: tmcostello@nrchealth.com	Nov 3, 2022
Kick-off webinars hosted by NRC Health: Wednesday Nov 2, 2:00 pm CT - Register below: https://nrchealth.zoom.us/webinar/register/WN_KIQ2DSNwTCu8dyb1_4ocmg Thursday November 3, 10:00 am CT - Register below:	Nov 3, 2022
Resident and Employee surveys will be shipped in one package	

QuILTSS #15 Memo

October 6, 2022

QUI.LTSS@tn.gov



MEMO

TO: Medicaid Nursing Facilities

FROM: Mark Lynn, Value Based Purchasing Director, LTSS

DATE: October 6, 2022

SUBJECT: QuILTSS #15 Submission Process and the Continued Public Health Emergency Due to COVID-19

The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information regarding specific requirements for the QuILTSS #15 submission process. The measurement period for QuILTSS #15 is January 1 – December 31, 2022, except that the NRC Health survey process for QuILTSS #15 will take place in January 2023 in order to both avoid the holidays and provide a roughly annual interval since the last survey was conducted. Scores from QuILTSS #15 will be used for purposes of setting nursing facility rates that will be effective July 1, 2023.

The continued COVID-19 Public Health Emergency (PHE) has significantly impacted Nursing Facilities (NF) across the country, including in Tennessee. NF residents are among the populations most vulnerable to contracting COVID-19 and are at greatest risk of negative outcomes from the disease.

We understand that NFs and their staff are on the front lines of the COVID-19 response. We appreciate all that you are doing to strengthen infection control procedures and reduce the risk of disease exposure and spread, while also continuing to provide the day-to-day care your residents and their families depend on.

Similar to prior QuILTSS submission periods and in an effort to reduce the administrative burden on NFs and their staff while continuing to support and incentivize the provision of high quality, person-centered care, TennCare, has made the following adjustments to the QuILTSS submission process for the QuILTSS #15 submission measurement period:

1. The NRC Health survey will remain optional.

All Nursing Facilities will have the option to participate in the NRC Health Survey for QuILTSS #15. It is *entirely at the facility's discretion* if they wish to participate. For facilities that choose to participate, survey launch activities need to commence very soon and will continue through January 2023. TennCare and NRC Health will be hosting a joint webinar to outline the QuILTSS #15 measurement process and answer any questions NFs may have. Following is a link to the webinar:

QuILTSS Quality Measures

- **Satisfaction 35 points**
 - Member/Resident: 15 points
 - Family: 10 Points
 - Staff: 10 Points
- **Culture Change/Quality of Life 30 Points**
 - Respectful Treatment: 10 Points
 - Resident Choice: 10 Points
 - Member/Resident and Family Input: 5 Points
 - Meaningful Activities: 5 Points

QuILTSS #15 MEMO: Survey

- Due to the continued pandemic, the NRC Health survey is **optional** for QuILTSS #15
- QuILTSS#15 survey scores will be compared to QuILTSS#14 scores. The most advantageous scores will be utilized for QuILTSS #15 results
- Facilities who do not adhere to the methodology or who do not obtain survey results sufficient for the QuILTSS #15 survey will default to their QuILTSS #14 score

Satisfaction Measures

- **Resident**

- All Medicaid residents with a BIMS of 8 or above
- All Long-Stay residents that have a BIMS of 8 or above and have lived in the skilled nursing center for at least 100 days as of January 1, 2023 (moved-in on or before September 23, 2022)

- **Family**

- One family member/responsible party for each Medicaid resident
- One family member/responsible party for each long-stay resident that has lived in the nursing center for at least 100 days as of January 1, 2023 (moved-in on or before September 23, 2022)
- If a resident has multiple family member contacts, you may send multiple surveys

- **Employee**

- All full- and part-time employees should receive a survey
- All agency/contracted staff

Culture Change/Quality of Life Measures

- Questions for each of these measures will be included on the Resident surveys
- There will be a section for each measure
 - Respectful Treatment
 - Resident Choice
 - Member/Resident and Family Input
 - Meaningful Activities

Survey Questions – Family and Resident

Satisfaction Based

Rate this facility on Management's responsiveness to your suggestions and concerns?

- ☐ **Excellent**
- ☐ **Good**
- ☐ **Fair**
- ☐ **Poor**



Behavioral Based

Are your concerns responded to in a timely manner?

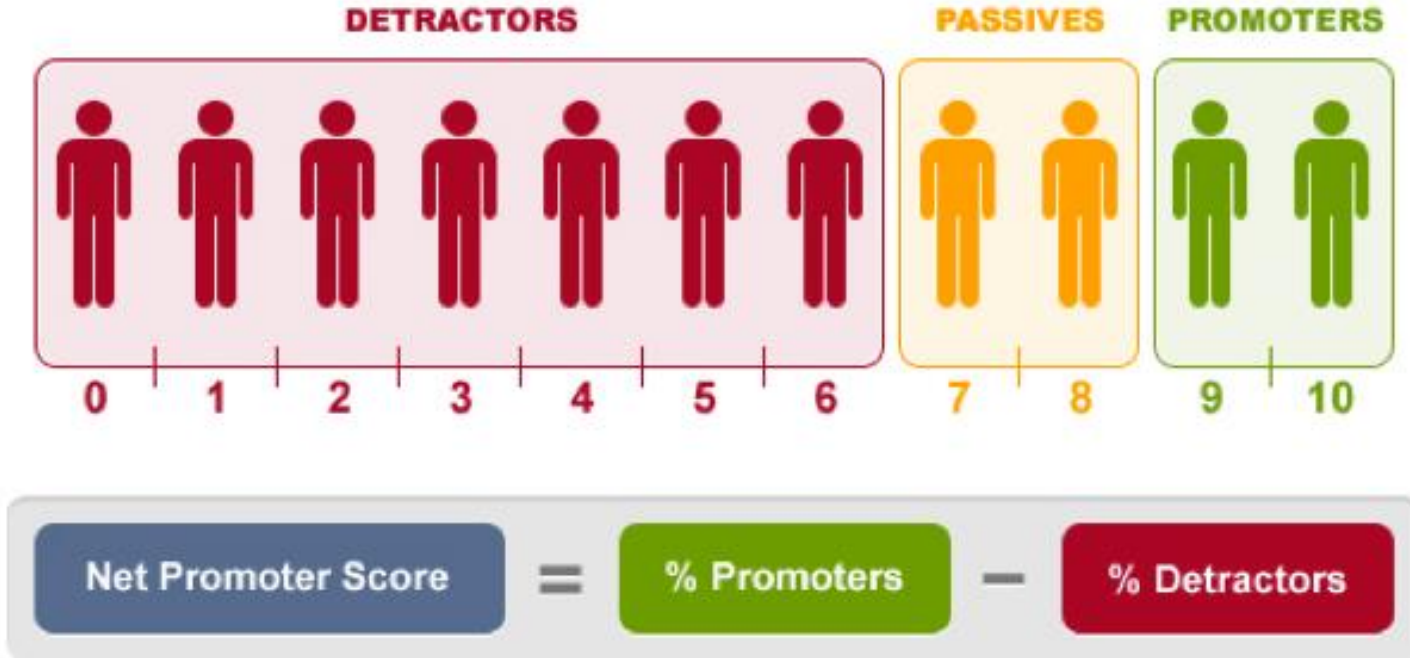
- ☐ **No**
- ☐ **Yes, somewhat**
- ☐ **Yes, mostly**
- ☐ **Yes, definitely**

Net Promoter Score (NPS)

How likely would you be to recommend this facility to your family and friends?

0 Not at all likely
1/2/3/4/5/6/7/8/9/
10 Extremely likely

NPS Scoring



AHCA CoreQ

The questions below are part of a national initiative to measure the quality of skilled nursing care centers:

- **In recommending this facility to your friends and family, how would you rate it overall?**
- Overall how would you rate the staff?
- How would you rate the care you receive?

Poor, Average, Good, Very Good, Excellent

Resident & Family Surveys

Shorter Questionnaire

- NPS – Likely to recommend
- Quality of Care
- Quality of Service
- Safety
- CoreQ
- TennCare Culture Change/Quality of Life (Resident Only)
- Open End

<<Facility_Full>>				
Culture Change	NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
13. Overall, are you satisfied with the way your personal choices are met?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Overall, do staff show genuine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<<Facility_Full>>											
<<Facility_Name_1>>											
<<Facility_Name_2>>	DUE DATE: <<RETURN_DATE>>										
<p>Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.</p> <p>INCORRECT: <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> CORRECT: <input type="radio"/></p>											
Resident Satisfaction Survey											
OVERALL RECOMMENDATION											
1. How likely would you be to recommend this facility to your family and friends?											
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Not at all likely		(Please choose one)								Extremely likely	
		NO		YES SOMEWHAT		YES MOSTLY		YES DEFINITELY			
2. Does staff really care about you?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
3. Does staff listen to you?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
4. Does staff know your personal choices, routines and preferences?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
5. Are staff aware of your personal health needs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
6. Do you trust the staff?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
7. Do staff seem well trained and competent?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
8. Are your concerns addressed in a timely manner?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
9. Are you kept informed about services and care?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
10. Do activities, services and programs support your health and wellbeing?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
11. Do you feel safe and secure here?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
12. Is the dining experience enjoyable?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
PLEASE ANSWER QUESTIONS ON REVERSE SIDE											

Measure the quality of skilled nursing care from "poor" to "excellent"		
GOOD	VERY GOOD	EXCELLENT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employee Survey

Questionnaire






- NPS Likely to Recommend
- Work Environment
- Training
- Supervision
- Commitment
- **Overall would you recommend as a place to work?**

with this organization?

<<Facility_Full>>

DUE DATE: <<RETURN_DATE>>

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.

INCORRECT:     CORRECT: 

Employee Satisfaction Survey

OVERALL RECOMMENDATION

1. Where 0 is the least likely and 10 is the most likely, how likely are you to recommend this organization as a place to work?

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not at all likely (Please choose one) Extremely likely

	NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
2. Does this work environment inspire you to do your best work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. At work, are you able to do what you do best every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have great relationships with the people you work with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do the people you work with treat each other with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have the equipment you need to provide high quality care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does the person to whom you report create opportunities for your professional growth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is there high quality communication among the people you work with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does this organization value its employees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you have the training you need to do your job effectively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall, would you recommend this facility as a place to work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

envelope enclosed.

Methodology

- Resident – paper with web option
- Family – paper with web option
- Employee – paper with web option

Web Option

family.opinionpro.net

resident.opinionpro.net

Employee.opinionpro.net

Enter code on cover letter as
instructed

Dear family member,

%Facility_Full% is committed to providing high quality, person-centered care. To do so, it is important to us that we hear directly from you, as well as residents and staff.

This survey will help us hear from you about the care we provide for your loved one. We want to know if you are satisfied with the care they receive. We also want to make sure we honor their choices, treat them with respect, seek and respond to input from them and from you, and provide meaningful activities that they value and enjoy. So there are questions about each of those things. Please be sure to answer **all** of the questions. We will use your responses to help us improve the quality of care we provide.

Your responses to the survey questions will remain **completely confidential**. NRC Health will send us a report of all of the completed surveys. We will not know how any one person answered the questions.

There are two ways to complete the survey. Please complete and submit only one version of the survey:

1. You can complete the survey online. We encourage you to take the on-line version as it will be much quicker. To complete the survey online, type nrc.to/TennCareSNFFamily into your web browser.

Enter %Surveyee_ID% to access the survey. After you complete the survey, you will have the chance to share any other feedback you think is important for %Facility_Full% to know. All of your online responses will be completely confidential.

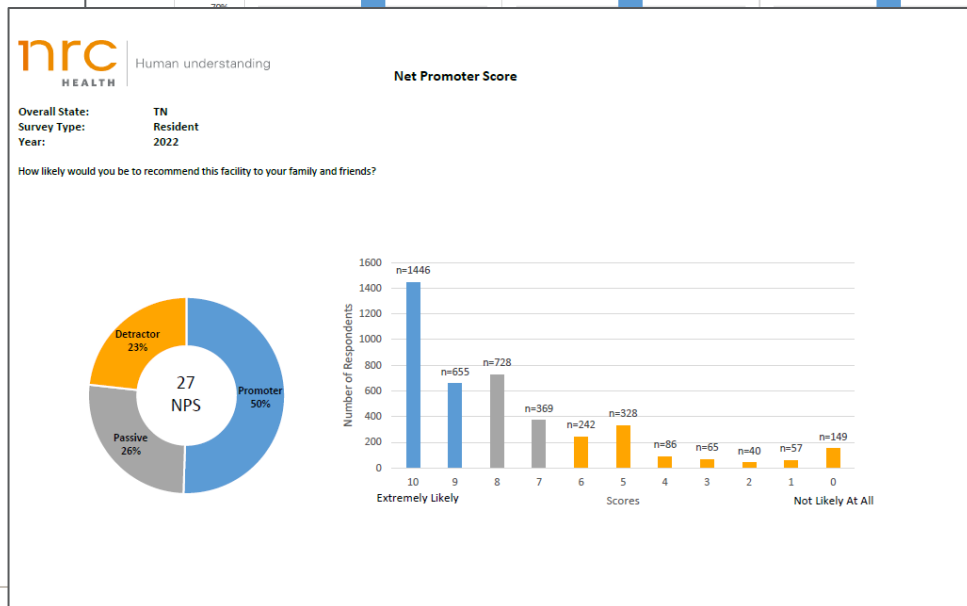
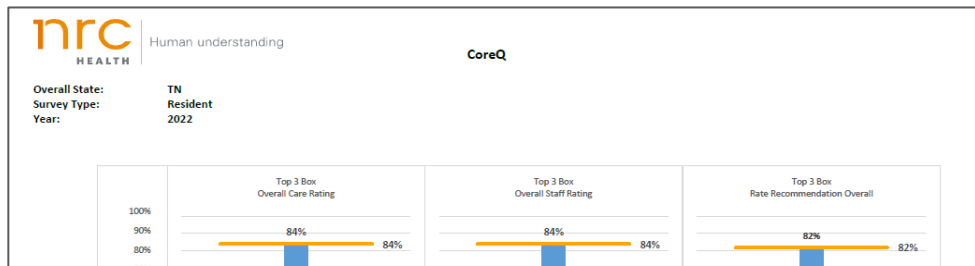
2. You can complete the survey on paper. To ensure anonymity, you will place your completed survey in a sealed envelope. The completed survey will be sent to NRC Health in the envelope provided.

%Facility_Full% will not see it. In addition to the survey, enclosed you will find a Comment Form. You can use this form to provide any other feedback you think is important for %Facility_Full% to know. Your handwritten comments will be transcribed into an electronic format so your handwriting is not seen by facility staff. No one will know who provided comments unless that person's name is included in the comment. Please be open in sharing your feedback. It will help us improve our care.

THANK YOU for helping us improve the care we provide. We value your feedback!

Reports

Reports will
be emailed to
the administrator



What is important to Customers & Employees

- Belief action will be taken
- Convenience
- Post-Survey Follow Up

Communication is the most critical step to the success of our survey and response rate

Leadership

- A high response rate helps to ensure the survey results are representative of the survey population
- Higher response rates are correlated with higher scores
- Influenced by the visible support of facility leadership

Best Practices For Increased Participation

- Site Champion
 - ✓ Drives the process
- Set Goals
- Implementation Plan
 - ✓ Communication
 - ✓ Delegates
 - ✓ Schedules



Recommendations

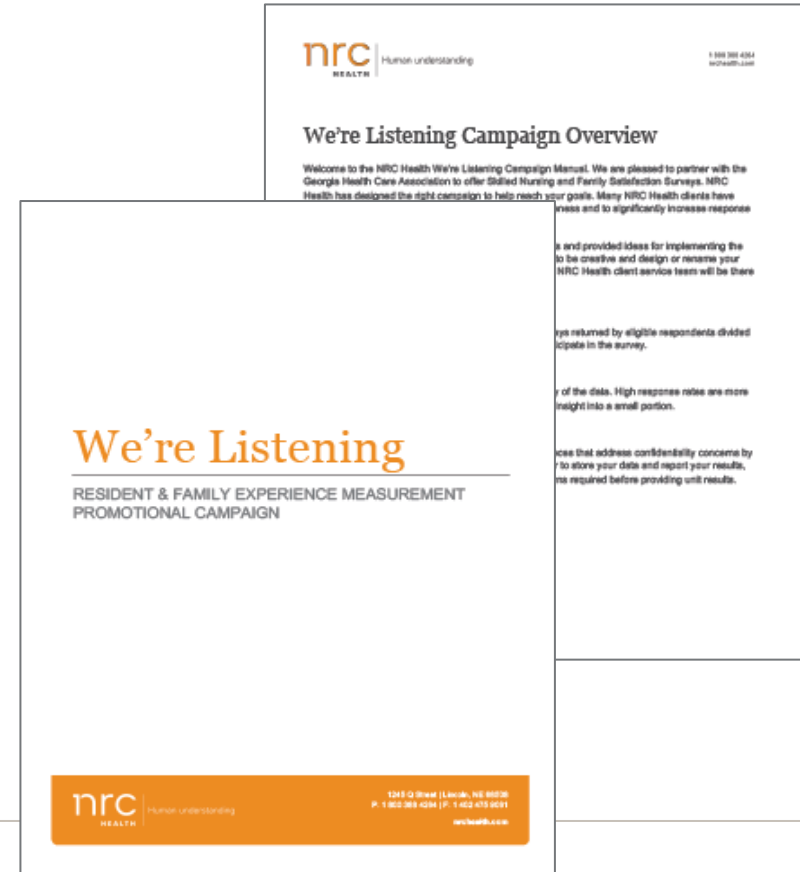
Hold a meeting with Stakeholders to discuss the results of the last survey

- What you learned
 - Areas for improvement
 - Areas doing well
- Your Action Plans – what has changed since the last survey
- Make it an event

Create an Implementation Plan

- Implementation Manual
- Communicate that the survey is coming
- Mail or distribute notification letters to family and residents
- Educate all employees
- Posters etc.

<https://go.nrchealth.com/l/279972/2021-10-26/qf6fg>



Goals

Set specific measurable goals:

- Increase participation
- Send communication to family members
- Inform employees

QuILTSS-15 Timeline



<https://nrchealth.com/wp-content/uploads/2022/08/2023-QuILTSS-Survey-Sign-up.docx>

2023 TennCare QuILTSS #15 Survey Sign-Up Agreement

Participating facility Name:
Federal Medicare Provider #
Corporation/Organization Name:
Address:
Phone:
Administrators Name:
Administrators Email Address:
Survey Champion Name:
Survey Champion Email Address:
Licensed Skilled Nursing Bed Count:
Total number of Eligible Residents: -Medicaid Residents regardless of length of stay. Must have a BIMS of 8 or above -Long stay residents with a BIMS of 8 or above and have lived in the skilled nursing center for at least 100 days as of Jan 1, 2023. (resident admitted on or before Sept 23, 2022)
Total Number of Employees (Full / Part time):

The Organization identified above, by execution of this Agreement through its authorized representative, grants NRC Health permission to release data obtained in responses to the Satisfaction Questionnaire administered on behalf of the Organization to TennCare for use in connection with the TennCare QuILTSS Initiative.

The Organization identified above, by execution of this Agreement through its authorized representative, grants NRC Health permission to release data obtained in responses to the CareQ Satisfaction Questionnaire administered on behalf of the Organization for use in connection with the American Health Care Association/National Center for Assisted Living LTC Trend Tracker.

National Research Corporation
d/b/a NRC Health
1245 Q Street
Lincoln, NE 68508

Member Name
Street Address
City, State and Zip

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Dated: _____

Dated: _____

The following terms and conditions attached to this Agreement as Exhibits "A" and "B", which are incorporated herein by this reference, are an integral part of this Agreement. The Parties hereby agree that execution of this Agreement or amendments thereto may be conducted by electronic means, including an Electronic Signature. Electronic Signature means any electronic symbol attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record, including the typed name of the sender.

Submit your completed form no later than Nov 3, 2022 by email to:

Teresa Costello
Account Manager
1-800-388-4264
tmcostello@nrchealth.com

Ordering Surveys

- **Resident Surveys -will arrive bulk with individual resident names**
- **Employee Surveys –will arrive bulk anonymous**
- **Family Surveys -will be mailed**
- All surveys, bulk and mail will be ordered using a data file template

Ordering Resident Surveys

- All **Medicaid** residents with a BIMS of 8 or above
- All Long-Stay residents that have a BIMS of 8 or above and have lived in the skilled nursing center for at least 100 days as of January 1, 2023 (moved-in on or before September 23, 2022)

Ordering Family Surveys

- One family member/responsible party for each **Medicaid resident**
- One family member/responsible party for each **long-stay resident that has lived in the nursing center for at least 100 days** as of January 1, 2023 (moved-in on or before September 23, 2022)
- If a resident has multiple family member contacts, you may send multiple surveys

Ordering Employee Surveys

- Every employee both full and part-time should receive a survey including PRN staff and contract staff

Reminder

Ordering correct number of surveys is critical to having sufficient data for QuILTSS

“Facilities who do not adhere to the methodology for a survey or who do not obtain survey results sufficient for measurement purposes will have their scores default to scores from QuILTSS #14, which in some cases could be QuILTSS #13 or QuILTSS #12.”

Submit data file

- HIPAA requires that all files containing personal health information (PHI) be submitted via a secure link (on the data file)
- Important: **Do not email data files**

No later than Nov 23 : Submit data file

1

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Spanish...

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F

G

H

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J

K

L

M

Completed files must be submitted to NRC Health no later than November 24th, 2021.

Upload

nrc

HEALTH

Human understanding

1 800 388 4264
nrchealth.com

You must Enable Macros to utilize this program.

If you experience a problem with utilizing macros, please email Teresa Costello at tmcostello@nrchealth.com to request a non-macro version.

Instructions

To order **EMPLOYEE** surveys (both full and part time), please enter the number of English and Spanish surveys you need into the yellow highlighted spaces below.

To order **FAMILY** and **RESIDENT** surveys, please enter the required information for each individual who will receive a survey.

- Facility Name: Enter the name of the facility
- Corporation: Enter the name of the corporation. If your facility is not affiliated with a corporation, please list your facility name
- Enter information about the resident or family member who will receive the survey (first name, last name, address 1, and address 2, city, state, and zip code)
- Survey Type: Select "Family" or "Resident" from the drop down for each row
 - Family** – Enter one family member (the main contact) for each resident who has lived in the facility for at least 100 days as of Jan 3, 2022 (admitted on or before Sept 23, 2021).
 - Resident** – Enter information for each resident who should receive a survey. Eligible residents include:
 - All non-Medicaid residents with a BIMS of 8 or above who have lived in the facility of at least 100 days as of Jan 3, 2022 (admitted on or before Sept 23, 2021), and
 - All Medicaid residents with a BIMS of 8 or above, regardless of how long they have lived at the facility.
- Language: Select English or Spanish from the drop down to indicate the survey language required for each individual.

Please provide contact info in the event our teams have questions regarding your data submission.

Name:

Email:

Phone Number:

To order employee surveys, please enter the number needed in the yellow boxes below:

English Employee Surveys Needed:

0

Spanish Employee Surveys Needed:

0

Facility Name

Corporation

nrc

HEALTH

Instructions

Address Collection Sheet

+

Address Collection Sheet – 2nd Tab

	D	E	F	G	H	I	J	K	L
1	Validate Data	To order resident and family surveys, please enter information for each person who should receive a survey (one row per person)							
2	Survey Recipient's First Name	Survey Recipient's Last Name	Address 1	Address 2	City	State	Zip Code	Survey type	Survey language
3									
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6									
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21									

Preparing your data file

- Save file as:

TN_FACILITY NAME_data_MM.DD.YYYY.xlsx

Example:

TN__COLONIAL HAVEN_data_11.10.22.xlsx

Save as Macro Enabled Worksheet

Then: Click the link in the header of the Data file to upload your file



Completed files must be submitted to NRC Health no later than November 24th, 2021.



1 800 388 4264
nrchealth.com

You must Enable Macros to utilize this program.

If you experience a problem with utilizing macros, please email Teresa Costello at tmcostello@nrchealth.com to request a non-macro version.

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- Corporation: Enter the name of the corporation. If your facility is not affiliated with a corporation, please list your facility name
- Enter information about the resident or family member who will receive the survey (first name, last name, address 1, and address 2, city, state, and zip code)
- Survey Type: Select "Family" or "Resident" from the drop down for each row
 - **Family** – Enter one family member (the main contact) for each resident who has lived in the facility for at least 100 days as of Jan 3, 2022 (admitted on or before Sept 23, 2021).
 - **Resident** – Enter information for each resident who should receive a survey. Eligible residents include:
 - All non-Medicaid residents with a BIMS of 8 or above who have lived in the facility of at least 100 days as of Jan 3, 2022 (admitted on or before Sept 23, 2021), and
 - All Medicaid residents with a BIMS of 8 or above, regardless of how long they have lived at the facility.
- Language: Select English or Spanish from the drop down to indicate the survey language required for each individual.

Please provide contact info in the event our teams have questions regarding your data submission.

Name:

Email:

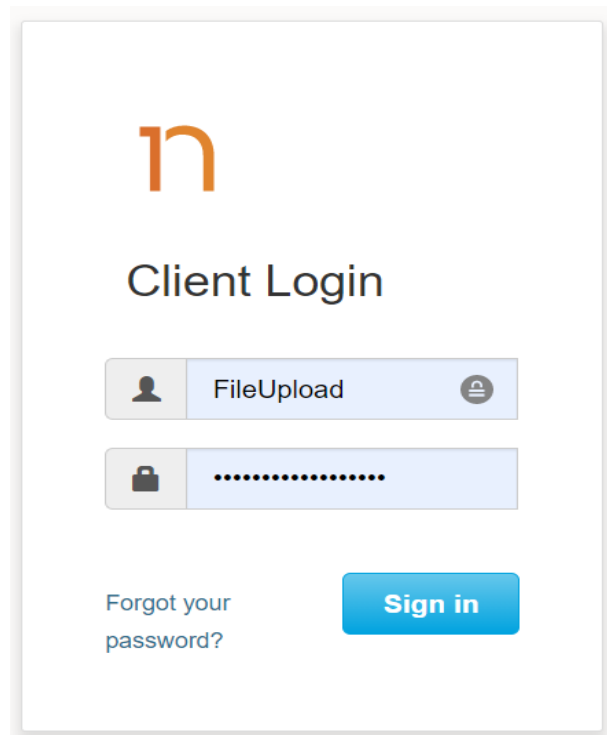
Phone Number:

Upload

File Upload

<https://nrchealth-dataexchange.nrch.us/login>

- User Name:
FileUpload
- Password:
TennCare#2Survey



The image shows a 'Client Login' form. At the top is the 'nrc' logo in orange. Below it is the title 'Client Login'. There are two input fields: the first is for the username, with a person icon on the left and a 'FileUpload' value; the second is for the password, with a lock icon on the left and a masked password '.....'. Below the password field is a link 'Forgot your password?' and a blue 'Sign in' button.

nrc



Client Login


FileUpload

.....

[Forgot your password?](#) [Sign in](#)

Browse and select your file

HomeAccountShare


 File Manager







Home



Account



Share

Logout



 Check All Delete Rename New Folder

 Filter Find


 Zip Unzip


Show 10 ▾


Name	Type	Size	Date
No data available in table			


Showing 0 to 0 of 0 entries


PreviousNext





 Add Files...


 Add Folder...

 Start Upload

 Cancel

 Clear

Upload Drag & Drop on    



Browse and click on your file

This PC > Documents > 2022



Search 2022


New folder

Name	Status	Date modified	Type
TennCare Test	✓	11/3/2021 9:21 AM	File folder
TennCare_Test_3.11.3.21	✓	11/3/2021 9:38 AM	Microsoft Excel Macro-Enabled ..
TennCareABCCenter1Corp_11.3.21	↻	11/3/2021 10:48 AM	Microsoft Excel Macro-Enabled ..



See your file

HomeAccountShare


 File Manager







Home



Account


Share

Logout







 Check All Delete Rename New Folder

 Zip Unzip

 Filter

☐ Find

Show 10 

Name 	Type	Size 	Date 
No data available in table			

Showing 0 to 0 of 0 entries

PreviousNext





+ Add Files...

+ Add Folder...

Start Upload



Cancel

Clear

Upload Drag & Drop on 

tennCareABCCenter1Corp_11.3.21.xlsm	112.75 KB	<div><div>Start</div><div>Cancel</div></div>
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Start Upload

HomeAccountShare


File Manager







Home



Account


Share


Logout







 Filter




Show 10


Name	Type	Size	Date
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+ Add Files...

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 Start Upload


 Cancel


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Upload. Drag & Drop on    

TennCareABCCenter1Corp_11.3.21.xlsm



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File successful uploaded!



 Home Account Share 

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
Home
Account
Share
Logout

File "TennCareABCCenter1Corp_11.3.21.xlsm" successfully uploaded





 Check All Delete Rename New Folder

Zip Unzip

 Filter

☐ Find

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Name	Type	Size	Date
 TennCareABCCenter1Corp_11.3.21.xlsm	file	113 KB	11/3/2021 10:53 AM 

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+ Add Files...

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Upload Drag & Drop on    

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Residents Who Require Assistance

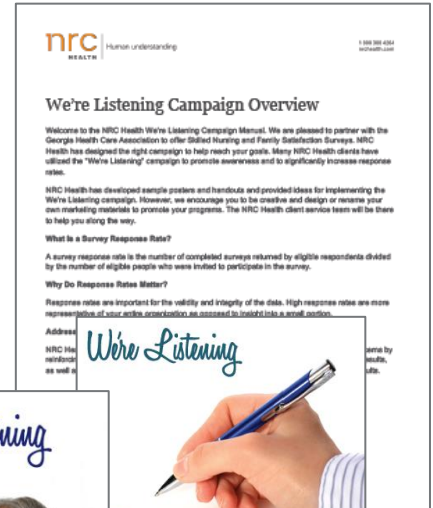
Survey Helpers



- Facility staff with permission of the resident or family member
- Staff who does not provide direct care
- Activities/Social Services/etc

Dec 14: Communication

- Mail or distribute notification letters to family, residents and employees
- Implementation Manual to help



Notification Letters

Dear [name],

We are committed to providing excellent care and service. NRC Health, an independent outside resource, has been commissioned to conduct a satisfaction survey of our [insert all that apply: residents, patients, participants, clients, families and other involved individuals]. We are asking for your assistance in completing the short survey, designed to give us feedback on levels of satisfaction with the care and service we provide.

Your input will help us in two very important ways. It will help us identify opportunities for improvement, as well as identify areas in which our staff has achieved excellence in the care and service they deliver.

Please watch your mail for this envelope!

The envelope will contain a survey from NRC Health.



IMPORTANT INFORMATION:

1. It will take only a few minutes of your time to complete the survey.
2. Your responses are confidential. Surveys are processed by NRC Health and a summary report is prepared. This report does not include any information that can be linked to individual responses.
3. There is a form for written comments. If you choose to submit comments, the form will be shared with us. It is not necessary for you to identify yourself on the survey or comment form.

We strive for excellence! Your time and participation is greatly appreciated. Your input is needed so we can continue to improve areas that are important to you.

Please complete the survey and return it to NRC Health in the postage-paid envelope provided. It is important that you return the survey by the due date.
We appreciate your help! Thank you!

To all employees,

We clearly recognize that the work you do is important. And, we recognize that job satisfaction directly impacts the quality of care and services our residents receive. You give us the best possible work environment! To provide a work environment that meets our expectations, we need to know what is important to you — and where to make improvements.

As you may know, we partner with NRC Health to conduct our employee satisfaction surveys. We value your feedback and want to achieve 100% participation from all employees.

NRC Health has been commissioned as an independent outside resource to conduct a satisfaction survey of our employees. All responses will be processed, compiled and shared with us in report form — employee names **will not** be included. This report does not include any information that can be linked to individual responses.

In addition to the short survey, you will have the opportunity to submit narrative comments. These comments will be shared with us exactly as you enter them during the survey.

Watch your mail for this envelope!

The envelope will contain the survey from NRC Health.



Please give us your honest feedback!

Your responses are **confidential** — your identity will not be known unless you choose to identify yourself in a comment. If you have any questions at all, please feel free to contact NRC Health Client Services at (800) 601-3884.

Your participation rate is important to the success of this survey.

Please use the survey to give us your honest feedback. We appreciate your help.

We're Listening Materials

We are committed to ensuring you have the best experience possible when in our care. We have partnered with the Georgia Health Care Association and NRC Health. In order to continue to improve our services, we need your honest feedback.

Soon, you will receive a questionnaire asking you to complete a short survey for you to tell us about your experience with our community. We would appreciate your response.

You may be asked questions similar to the following:

- How would you rate the care you received?
- Does staff respect your personal needs?
- Are staff aware of your important health needs?
- Would you recommend this community to your family and friends?

We're Listening



You're the reason we're here.

It's our goal to provide you with the best experience. To improve, we need to hear from you.

You may receive a questionnaire asking about your experience.

Please let us know how we're doing.

here to listen.

We're Listening



You're the reason we're here.

It is our goal to foster an engaging work environment. To improve, we need to hear from you.

You will receive a questionnaire please complete the short survey. Your confidential answers will help us continue our investment in you.

Your participation leads to celebration.

We're Listening

It is our goal to foster an engaging work environment. To improve, we need to hear from you.

You will receive a questionnaire, please complete the short survey. Your confidential answers will help us continue our investment in you.

We're Listening



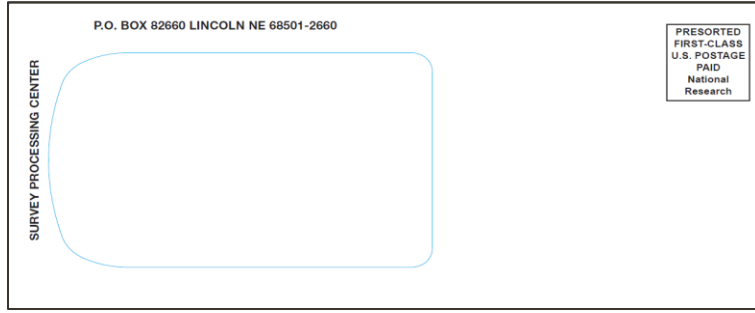
You're the reason we're here.

It's our goal to provide you with the best experience. To improve, we need to hear from you.

You may receive a questionnaire asking about your experience.

Please let us know how we're doing

Dec 30: Family Surveys mail



- Family Surveys will mail via US Post Office. Survey packets will come to the attention of each person in the mail

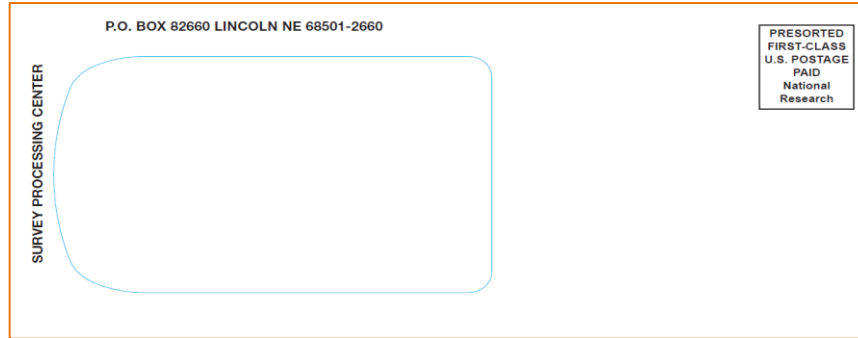
December 30: Surveys Shipping

- Resident and Employee Surveys will ship together in one package via UPS
- Addressed
Attn: Administrator



Distribution of Surveys

- Distribute surveys to residents and employees



Best Practices

- Use and refer often to the “We’re Listening” materials
- Provide sealed collection boxes for completed surveys
- Maintain confidentiality



January 23: Return Surveys

- DO
 - Ship completed surveys back (one package)
 - Return unused and unopened surveys
- DO NOT
 - Open surveys
 - Keep unused surveys

No later than January 27: Due date for surveys

- Final date for NRC Health to accept surveys
- Surveys must be **received** at NRC Health by this date



March 1: Reports available

Reports will be emailed to the administrator of each facility

Reporting Review – How to view your results

- Wed March 8, 10:00 am CT/11:00 ET
- Thurs March 9, 1:30 pm CT/2:30 ET

QuILTSS-15 Timeline



Resources

TennCare QuILTSS Survey

This is your resource page for the TennCare QuILTSS Survey program. Please see below for resources to support you in your quality journey.

TennCare QuILTSS – NRC Health Survey Webpage:

<https://go.nrchealth.com/l/279972/2021-10-26/qf6fg>

For Non-Survey Questions
Contact TennCare:
QUI.LTSS@tn.gov

RESOURCES

Pre Survey Toolkit

DOCUMENTS

[QuILTSS#14 Memo → \(.pdf\)](#)
[2022 Timeline → \(.docx\)](#)
[2022 Sign up form → \(.docx\)](#)
[TennCare Employee cover letter → \(.pdf\)](#)
[TennCare Family cover letter → \(.pdf\)](#)
[TennCare Resident cover letter → \(.pdf\)](#)
[TennCare Employee Survey 2021 → \(.pdf\)](#)
[TennCare Family Survey 2021 → \(.pdf\)](#)
[TennCare Resident Survey 2021 → \(.pdf\)](#)

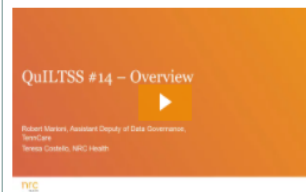
RESOURCES

[Data file Template → \(.xsm\)](#)
[Employee Notification Letter → \(.doc\)](#)
[Customer Notification Letter → \(.doc\)](#)

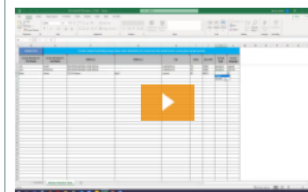
MARKETING

CUSTOMERS:
[Implementation Manual → \(.pdf\)](#)
[Handout → \(.pdf\)](#)
[Posters → \(.zip\)](#)
[Table Tent → \(.pdf\)](#)
EMPLOYEE ENGAGEMENT:
[Implementation Manual → \(.pdf\)](#)
[Handout → \(.pdf\)](#)
[Posters → \(.zip\)](#)
[Table Tents → \(.zip\)](#)

QuILTSS#14 Overview



2022 Data File Instructions



2022 Kick-off

coming soon

Upcoming Webinars

- Reporting Webinar
 - ✓ Wednesday March 8, 10:00 am CT
 - ✓ Thursday March 9, 1:30 pm CT
- Results Presentation
 - ✓ Thursday March 30, 10:00 am CT
- Action Planning Sessions
 - ✓ Thursday April 27, 2:00 pm or
 - ✓ Friday April 28, 10:00 am CT

Questions?



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Customer Success Manager

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Phone: 800-388-4264

Customer Support

Email: customersupport@nrchealth.com

Phone: 888-343-2851