

Georgia Health Care Association Customer Employee Survey 2022

Teresa Costello
Account Manager



2022 GHCA Fall Survey

Agenda

- Georgia Quality Incentive Program (QIP)
- Surveys
- Timeline
- Best Practices
- Questions?

GHCA QIP Program

Georgia Quality Incentive Program

- Quarterly Add-on
- 2023 Incentives for Resident/Family Satisfaction
- 2023 Incentives for Employee Satisfaction

ABC Nursing Center				
State Provider Number 000000000		123 Road Anywhere, GA 30329		
Quarterly Quality Incentive Report				
Data: Q2 2021			Effective: Oct 1, 2021	
Criteria	Facility Score	Thresholds	Points Earned	Total Points
5 Non-Clinical Measures via NRC QP Data				
Resident/Family satisfaction	2020 / 88.7%	2020 to current - 83.8%	1	3
Employee satisfaction	September 2020	2020 to current	1	
RL/LVN Stability	31.4	70	0	
CNA/NA Stability	45.8	67.3	0	
AHCA Bronze Quality Award	June 2021	Active Winner	1	
6 Clinical Measures via CMS or NRC Data				
CMS - Percentage of high risk long-stay residents with pressure ulcers	5.4%	10.5%	1	5
CMS - Percentage of long-stay residents who were physically restrained	0%	0.1%	1	
NRC - Residents w unplanned weight loss/gain	9.1%	8%	0	
CMS - Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	100%	96.7%	1	
CMS - Percentage of long-stay residents experiencing one or more falls with major injury	0.2%	3.2%	1	
NRC - Residents w pressure sores worsened	0%	0.7%	1	
QUALITY INCENTIVE ADD-ON				2%

GHCA QIP Program

- 2023 family/resident point will be based on the CoreQ recommendation question score
- In recommending this facility to your friends and family, how would you rate it overall?
- Resident and Family data combined
- Top3 Box responses (Excellent, Very Good, Good)

GHCA QIP Program

- 2023 employee point will be based on participation in the 2022 survey
- Failure to participate in the 2022 survey disqualifies a Center for the 2023 Incentive Addition for the entire year

<https://go.nrchealth.com/ghca-resources>

GHCA QIP Web Page

Resources

- QIP Data Entry Link
- QIP Program Information
- Pre Survey Tool Kit
- Notification letters
- Marketing Materials
- Use Results Tool Kit
- Webinar Recordings

nrc
HEALTH | Human Understanding

Georgia Health Care Association Quality Incentive Program by NRC Health

This is your monthly quality metric data collection survey. Data collected from this survey will be used for the quarterly Georgia Department of Community Health Incentive Payment Program. Each month one designated individual for your Center must enter the Quality Incentive Metrics required in order to earn additional possible add-ons from the Department of Community Health quarterly incentive. For additional information or instructions see the Resources below.

We respectfully request that data be submitted by the 10th of the month for the previous months data. For example: January data must be entered by February 10th.

[ENTER DATA HERE](#)

Resources

Quality Incentive (QIP) Program

WORK SHEETS AND MORE
GHCA QIP Data Entry → (.pdf)
QM Data Entry Worksheet → (.docx)
Georgia Performance Incentive matrix → (.xlsx)
Quality Incentive Program Overview → (.pptx)

QUALITY INCENTIVE PROGRAM OVERVIEW

Georgia Quality Incentive Program

DATA ENTRY PROCESS

Georgia QIP Monthly Data Entry

Pre Survey Tool Kit

DOCUMENTS
Customer notification letters → (.doc)
Employee notification letter → (.doc)
2021 GHCA Timeline → (.doc)
Survey Order Form → (.doc)

WE'RE LISTENING
We're Listening Implementation Manual → (.pdf)
Handouts → (.zip)
Posters → (.zip)
Table Tents → (.zip)
Letters → (.zip)

SURVEY TEMPLATES
SNF Family Survey → (.pdf)
SNF Resident Survey → (.pdf)
Employee Survey → (.pdf)
Employee cover letter → (.pdf)
SNF Family cover letter → (.pdf)
SNF Resident cover letter → (.pdf)

Use Results Tool Kit

DOCUMENTS
Crosswalk → (.xlsx)
5-Whys Guide & Template → (.doc)
2021 Action Planning →

Georgia Health Care Association
Customer Employee 2021

GHCA REPORTS REVIEW 2021

Georgia Health Care Association
Reports Review 2021

2021 GHCA Action Planning

2021 Action Planning
Taking Your Data and Creating Action

Behavioral Based Surveys

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?

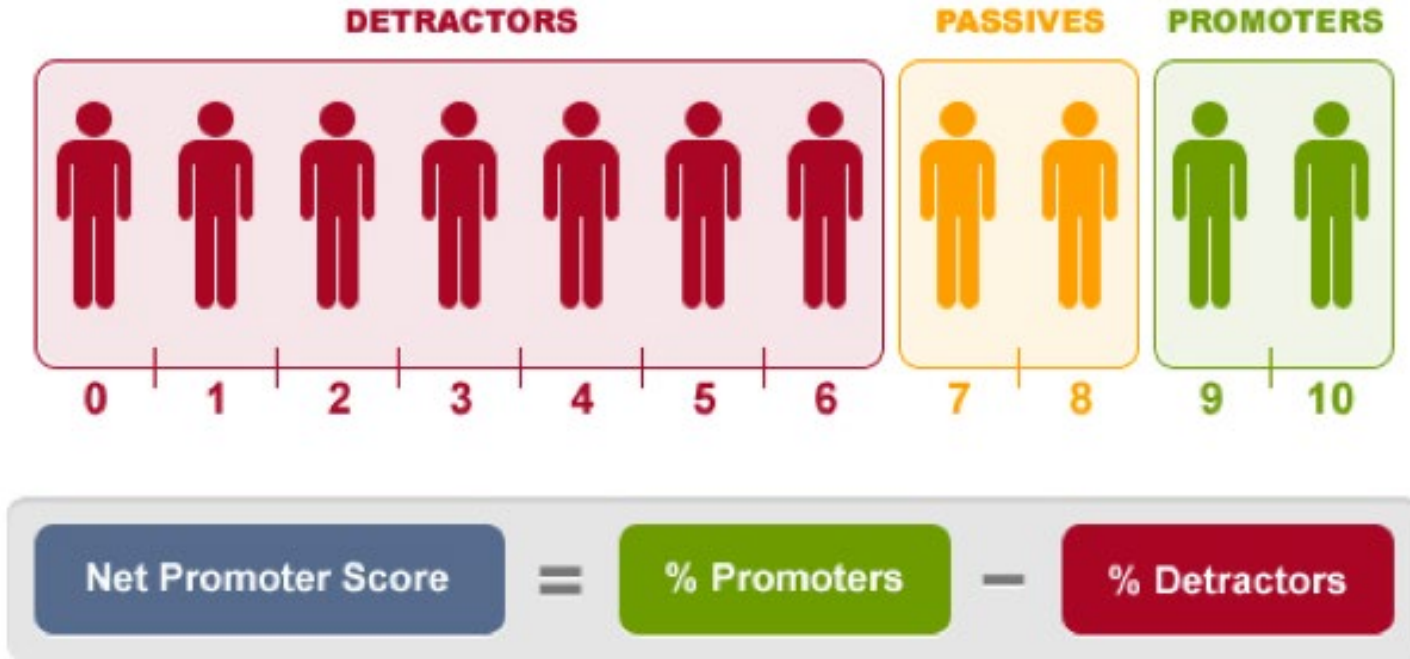
- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

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

Questionnaire

- NPS – Likely to recommend
- Quality of Care
- Quality of Service
- Safety
- CoreQ
- Open Ended

<<Facility_Full>>

<<Facility_Name_1>>
 <<Facility_Name_2>>

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: ●

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 Extremely likely (Please choose one)

	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

THANK YOU!

 lled
 EXCELLENT

pe enclosed.

Employee Survey

Questionnaire

- NPS Likely to Recommend
- Work Environment
- Training
- Supervision
- Commitment
- Open End

<<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

Methodology

Paper with Web Option

Web:

- family.opinionpro.net
- resident.opinionpro.net
- Employee.opinionpro.net

Enter code on cover letter as instructed

Or complete survey on paper and
Return by mail. Do not return paper
Survey if it was completed online

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!

2022 Point in Time Survey Initiative Details

What is important to Customers & Employees

- Belief action will be taken
- Convenient - Confidential
- Responsiveness

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.

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We're Listening Campaign Overview

Welcome to the NRC Health We're Listening Campaign Manual. We are pleased to partner with the Georgia Health Care Association to offer Skilled Nursing and Family Satisfaction Surveys. NRC Health has designed the right campaign to help reach your goals. Many NRC Health clients have success and to significantly increase response rates and provided ideas for implementing the survey. We encourage you to be creative and design or rename your NRC Health client service team will be there to support you.

Survey results returned by eligible respondents divided into a small portion of the data. High response rates are more important than a small portion of the data.

Steps that address confidentiality concerns by ensuring your data and report your results, as required before providing unit results.

nrc HEALTH | Human understanding | 1243 Q Street | Lawrence, KS 66044 | P: 781.263.4344 | F: 781.263.4344 | nrchealth.com

Goals

Set specific measurable goals:

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

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 greatly 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 residents' 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) 801-3884.

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.

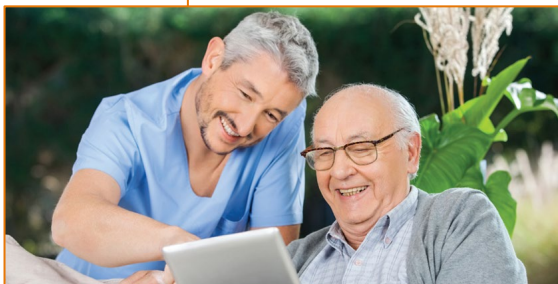
We're Listening Materials

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 choices and preferences?
- Are staff aware of your important health needs?
- Would you recommend this community to your family and friends?



to listen.



We're 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.



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

2022 Timeline

August 24

- Submit Survey Order Form

Sept 9

- Notify Stakeholders

Sept 21

- NRC Health mails surveys

Sept 26

- Distribute Surveys

Oct 18

- Return surveys to NRC Health

Oct 21

- Final Due date for surveys to NRC Health

Nov 18

- Reports available

Who should receive a survey?

- All residents who possess cognitive capacity must be given a survey – if they are not able to complete a survey you must order a survey for their family member or guardian
- All employees full and part time should be given a survey

Screening Residents

- Residents with BIMS scores of 8 and above must be offered a survey
- If a resident needs assistance in completing the survey – you must provide that assistance
- If the resident is unable to complete a survey alone or with assistance – order a family survey

Residents Who Require Assistance

Survey Helpers

- Family members?
- Volunteers?
- Facility staff with permission of the resident or family member



Order Surveys

- **Complete by and submit no later than August 24th**
- **Order one survey for each cognitive resident **or** family member & one for each employee**
- Email to: internalorders@nrchealth.com
- Include facility name in subject line of email
- Ex: ABC Nursing Center GHCA 2022 Survey

Survey Submission Form

- Due no later than August 24



2022 Georgia Health Care Association Employee, Resident and Family Survey Submission Form

Please complete the order form below with the total number of employee surveys needed, the total number of family surveys needed, and the total number of resident surveys needed.

- Every employee should receive a survey.
- Each resident should have a voice. If the resident is their own responsible party and able to respond on their own behalf, the survey should be given to them. If the resident is not able to respond on their own behalf, the survey should go to the responsible party or other individual most appropriate to respond on the resident's behalf such as family member, guardian, etc.

It is critical to provide accurate counts of your employees and family/resident surveys for a successful survey process.

Anytime between now and **Wednesday August 24, 2022** please complete this order form and e-mail it to: internalorders@nrchealth.com

FACILITY NAME Enter text here		CORPORATION NAME Enter text here	
FACILITY ADDRESS Enter text here			
ADMINISTRATOR NAME Enter text here		ADMINISTRATOR EMAIL ADDRESS Enter text here	
DON NAME Enter text here		DON_EMAIL ADDRESS Enter text here	
SURVEY CHAMPION NAME Enter text here		SC EMAIL ADDRESS Enter text here	
NUMBER OF EMPLOYEE SURVEYS Enter Number here	NUMBER OF FAMILY SURVEYS Enter Number here	NUMBER OF RESIDENT SURVEYS Enter Number here	

The Organization identified above, by execution of this Consent through its authorized representative, grants National Research Corporation permission to release data obtained in responses to the CoreQ Satisfaction Questionnaire and the Quality Profile administered on behalf of the Organization for use in connection with the American Health Care Association/National Center for Assisted Living LTC Trend Tracker and the Department of Community Health. The parties hereby agree that execution of this Consent may be conducted by electronic means, including Electronic Signature, including the typed name of the sender.

National Research Corporation

d/b/a NRC Health

1245 Q Street

Lincoln, NE 68508

Signature: _____

Name: _____

Title: _____

Date: _____

[Center Name] ("Member")

Street Address

City, State and Zip

Signature: _____

Name: _____

Title: _____

Date: _____

NRC Health Mails Surveys

- Sept 21 – NRC Health ships bulk packages of Employee Resident & Family Surveys
- Bulk Package will arrive via UPS addressed to the administrator's attention

There will be one package

- Expected arrival dates
Sept 22 – Sept 26



September 9: Communication

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

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We're Listening Campaign Overview

Welcome to the NRC Health We're Listening Campaign Manual. We are pleased to partner with the Georgia Health Care Association to offer Bidirectional Hearing and Family Satisfaction Surveys. NRC Health has designed the right campaign to help reach your goals. Many NRC Health clients have utilized the "We're Listening" campaign to promote awareness and to significantly increase response rates.

NRC Health has developed sample posters and handouts and provided ideas for implementing the We're Listening campaign. However, we encourage you to be creative and design or rename your own marketing materials to promote your programs. The NRC Health client service team will be there to help you along the way.

What is a Survey Response Rate?
A survey response rate is the number of completed surveys returned by eligible respondents divided by the number of eligible people who were invited to participate in the survey.

Why Do Response Rates Matter?
Response rates are important for the validity and integrity of the data. High response rates are more representative of your entire organization's experience to assist in a small portion.

Address: NRC Health, 1000 Peachtree Street, NE, Atlanta, GA 30309

Phone: 1 800 368 4364

Website: nrc.org

We're Listening

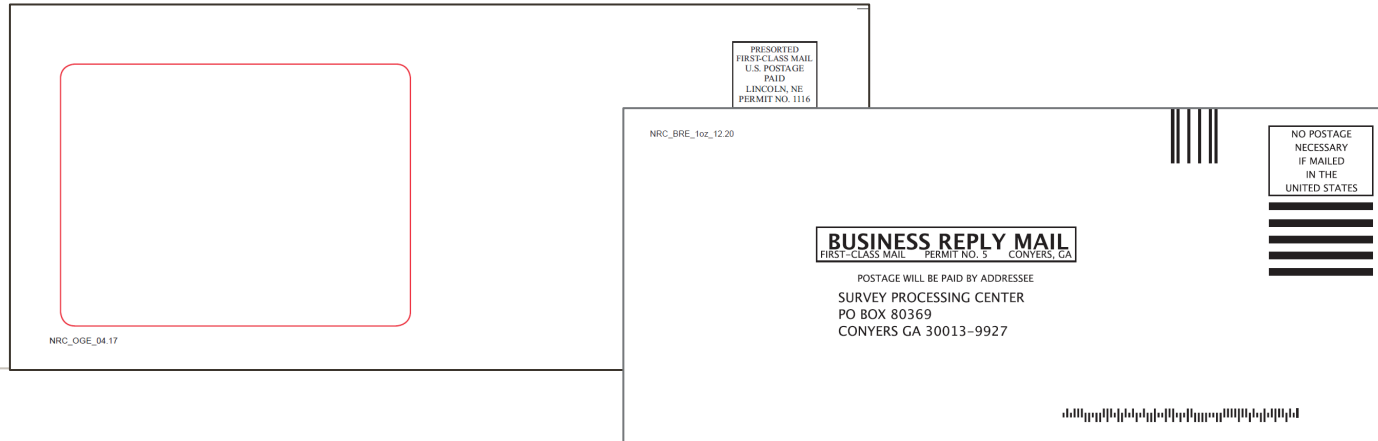
You're the reason we're here.
It's our goal to provide you with the best resident and family-centered care. To improve, we need to hear from you. You may receive a questionnaire asking about your stay with us. Please let us know how we're doing.

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Distribution of Surveys

- The week of Sept 26th distribute surveys to residents and employees
- Mail family surveys - you are responsible for adding family address labels **and postage** to the envelope provided



October 17: Return Surveys to NRC Health

- Collect completed surveys and ship in bulk back to NRC Health, or instruct recipients to mail individual surveys directly to NRC Health
- **Do not photocopy surveys**
- **Do not return surveys that have been completed online**
- **Get a Tracking number**
- **Return unused unopened Surveys**



No later than October 21

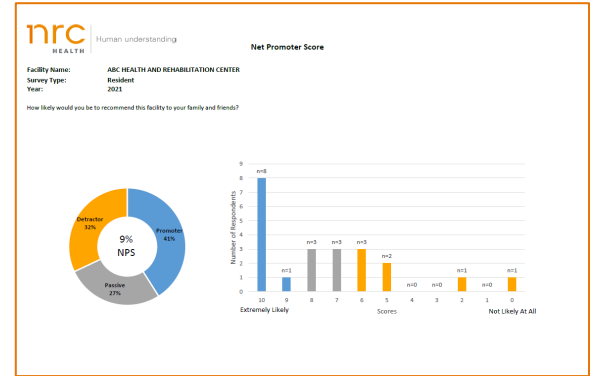
- Final date for NRC Health to accept surveys
- Surveys must be **received** at NRC Health by this date



Nov 18: Reports Available

Reports link will be emailed to the Administrator

- **Reporting webinar**
- Tuesday November 22, 10:00 am ET
- **Action Planning webinar**
- Wednesday December 14, 10:00 am ET
- Use the links on the timeline to register
- Webinars will be recorded for those unable to attend



<https://go.nrchealth.com/ghca-resources>

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 - Taking Your Data and Creating Action

Summary

- **Email Announcement sent June 22**
- ✓ Timeline and instructions
- ✓ Survey Submission form
- **Coming Soon:**
- ✓ Webinar recording

Reminder -survey order is due August 24

Contact Information:

Teresa Costello

tmcostello@nrchealth.com

800-388-4264