Appendix A: Patient selection vignettes

Scenario 1: The patients are both 80 year-old women seeking Long Term Care. One patient has moderate to severe dementia of the Alzheimer's type and diffuse osteoarthritis with severe pain in her low back and knees that has been difficult to control. The other patient has moderate to severe dementia of the Alzheimer's type and has had issues with physical and verbal agitation that have been difficult to control.

Scenario 2: The patients are both 80 year-old women with moderate to severe dementia of the Alzheimer's type seeking Long Term Care. One patient has been losing weight despite numerous interventions and is also becoming increasingly dependent and now requires help with feeding. The other patient is unsteady on her feet and has had numerous falls despite multiple interventions to address risk factors such as medications and muscle weakness.

Scenario 3: The patients are both 80 year-old women coming from the hospital for subacute rehabilitation for deconditioning. One patient has a large stage 3 sacral pressure ulcer and a past history of multiple healed pressure ulcers. The other patient has a large non-healing surgical wound after removal of a ruptured appendix that will need frequent packing and dressing changes.

Scenario 4: Both patients are 80 year-old women being considered for post-acute rehabilitation admission. Both patients have mild cognitive impairment. One developed delirium in the hospital and continues to have a mildly waxing and waning course. The other has developed significant functional impairment and is no longer able to dress or go to the toilet without assistance.

Appendix B: Semi-structured interview guide, selected questions

Administrator and Director of Nursing (DON) questions

1. To what extent do you think prospective residents and/or families consider clinical quality in deciding on a nursing home?

2. Do you have a formal Total Quality Management (TQM) or Continuous Quality Improvement (CQI) program? Or a similar program?

3. As an administrator/DON of [name of nursing home], what would you say are some of the factors that drive you to improve quality?

4. Are there particular aspects of quality you have been focusing on recently? What are they?

5. How familiar are you with Nursing Home Compare (NHC)?

6. Do you think NHC actually reflects quality?

7. Do the NHC measures reflect aspects of quality that are under a facility's control?

8. What do you think is the main driver of the star ratings – staffing, deficiencies, or the clinical quality measures?

9. Which measures, if any, should not be used? And why?

10. Do you think consumers use NHC to determine the quality of a NH?

11. Do you feel that the NHC quality measures are appropriately risk adjusted? e.g. By age, by stage of dementia.

12. Are there consequences to scoring well? Poorly?

13. Has your opinion of Nursing Home Compare (5 star rating) changed over time?

14. Now that I know your opinions, I'd like to find out what, if anything, you have changed or tried to change in response to Nursing Home Compare.

15. Do you check your Nursing Home Compare scores on a regular basis? How often?

Minimum Dataset (MDS) Nurse questions

1. How do you go about gathering the information you need for the MDS?

2. Do you find the MDS to be generally straightforward?

3. Are there any parts of the MDS that call for more judgment calls or creativity than others?

4. Are you involved in discussions with your supervisors about quality improvement efforts in this nursing home? Explain.

5. Tell me how familiar you are with Nursing Home Compare?

6. You, better than anyone, understand the importance of coding. How big of a role do you think coding plays in the NHC scores? Specifically, do you think that more or less accurate coding can affect a Nursing Home's scores?

7. Since your stay here, have you been asked to improve MDS coding patterns or pay more attention to coding patterns for any of these measures?

8. Do you think all nursing homes probably code the same way?