

ICPSR 28961

**National Home and Hospice Care
Survey, 2007**

*United States Department of Health and
Human Services. Centers for Disease
Control and Prevention. National Center
for Health Statistics*

Agency File Questionnaire

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2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ5

Is AGENCY part of a chain?

PRESS F1 FOR HELP SCREEN.

1 YES

2 NO

RF

DK

AQ5A

What is the name of the chain?

Enter Chain Name

AQ6

Is AGENCY a (home health/home care) agency, a hospice agency or does this agency serve both (home health/home care) and hospice patients?

1 HOME HEALTH/HOME CARE AGENCY ONLY

2 HOSPICE AGENCY ONLY

3 BOTH HOME HEALTH/HOME CARE AND HOSPICE AGENCY

91 NONE OF THE ABOVE

AQ6A

What type of service do you provide?

Refused

Don't know

AQ6B

Does this agency provide its patients with ONLY homemaker services and durable medical equipment and supplies or are OTHER types of services to patients also provided?

0 ONLY HOMEMAKER SERVICES AND/OR EQUIPMENT/SUPPLIES

1 OTHER SERVICES (ALSO) PROVIDED

2 REFUSED

DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ7

How many (home health/home care) admissions did AGENCY have during calendar year ?

Only include this agency's home health patients for this location.

NUMBER OF ADMISSIONS.

REFUSED
DON'T KNOW

AQ8

How many (home health/home care) discharges did AGENCY have during calendar Year?

Only include this agency's home health discharges for this location.

NUMBER OF DISCHARGES

REFUSED
DON'T KNOW

AQ9

What is the number of (home health/home care) patients currently being served by

{ AGENCY } at this location?

ENTER NUMBER OF CURRENT PATIENTS

REFUSED
DON'T KNOW

AQ10

How many hospice admissions did { AGENCY } have during calendar year ?

Only include this agency's hospice admissions for this location.

ENTER NUMBER OF ADMISSIONS.

REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ11

How many hospice discharges did {AGENCY} have during calendar year ?
Only include this agency's hospice discharges for this location.

ENTER NUMBER OF DISCHARGES

REFUSED
DON'T KNOW

AQ11A

Did this agency have any hospice patients discharged in {BEGMONTH} through
{ENDMONTH} of 2007?

1 YES
2 NO

REFUSED
DON'T KNOW

AQ12

What is the number of hospice patients currently being served by {AGENCY} at this
location?

ENTER NUMBER OF CURRENT PATIENTS

REFUSED
DON'T KNOW

AQ13

In what year was this agency established to provide hospice care?

ENTER A 4-DIGIT YEAR. _____

PRESS F1 FOR HELP SCREEN.

REFUSED
DON'T KNOW

AQ14

In what year was this agency established to provide (home health/home care)
services?

ENTER A 4-DIGIT YEAR. _____

PRESS F1 FOR HELP SCREEN.

REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ15

Which one of these categories on this card best describes the ownership of this agency?

PRESS F1 FOR HELP SCREEN.

- 1 FOR PROFIT
- 2 PRIVATE NONPROFIT
- 3 CITY/COUNTY/STATE GOVERNMENT
- 4 DEPARTMENT OF VETERANS AFFAIRS
- 5 OTHER FEDERAL AGENCY
- 91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ15A

SPECIFY OWNERSHIP (91)

WRITE OTHER TYPE OF OWNERSHIP _____

REFUSED
DON'T KNOW

Q16A

What are {AGENCY}'s patient referral sources for (home health/home/hospice) care?

SELECT ALL THAT APPLY.

- 1 HOSPITAL
- 2 NURSING HOME
- 3 ASSISTED LIVING FACILITY
- 4 PHYSICIAN'S OFFICE
- 5 OUTPATIENT MEDICAL/SURGICAL CENTER
- 6 REHABILITATION FACILITY
- 7 PATIENT/FAMILY/FRIEND
- 8 OTHER HOME HEALTH/HOSPICE AGENCY
- 9 INSURANCE PROVIDER/PAYER SOURCE
- 10 COMMUNITY ORGANIZATION
- 91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ16B

What other referral source was used for care that?

Enter other referral source(s)

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ16C

Which one of the referral sources you mentioned refers the greatest number of (home health/home care/hospice) patients to this agency?

***What would you say is the main source of this agency's (home health/home care/hospice) patient referrals?

SELECT ONLY ONE

ENTER NUMBER OF MAIN REFERRAL SOURCE (AQ16A). _____

REFUSED
DON'T KNOW

AQ17

Is this agency currently certified by MEDICARE as a Home Health Agency?
PRESS F1 FOR HELP SCREEN.

- 1 YES
- 2 NO
- 3 PENDING

REFUSED
DON'T KNOW

AQ18

Is this agency currently certified by MEDICARE as a Hospice?
PRESS F1 FOR HELP SCREEN.

- 1 YES
- 2 NO
- 3 PENDING

REFUSED
DON'T KNOW

AQ19

What is the MEDICARE provider number for {AGENCY}?

ENTER MEDICARE PROVIDER NUMBER. _____

REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ19A

MEDICARE provider number verification

I have entered {AQ19/MEDICARE PROVIDER NUMBER}. Is this correct?

- 1 YES
- 2 NO

AQ20

Is this agency currently certified by MEDICAID as a Home Health Agency?

PRESS F1 FOR HELP SCREEN.

- 1 YES
- 2 NO
- 3 PENDING
REFUSED
DON'T KNOW

AQ21

Is this agency currently certified by MEDICAID as a Hospice?

PRESS F1 FOR HELP SCREEN.

- 1 YES
- 2 NO
- 3 PENDING
REFUSED
DON'T KNOW

AQ23a1

How much does MEDICAID pay this agency for _____?

- 1 RESPONDENT PROVIDES A SINGLE RATE
 - 2 RESPONDENT PROVIDES A RANGE
 - 3 SERVICE NOT OFFERED
- REFUSED
DON'T KNOW

AQ23a2

How much does MEDICAID pay this agency for _____?

ENTER SINGLE RATE IN WHOLE DOLLARS. _____

- REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ23a2a

How much does MEDICAID pay this agency for _____?

- | | |
|----|-----------------|
| 1 | VISIT |
| 2 | HOUR |
| 3 | HALF HOUR |
| 4 | 15 MINUTES |
| 91 | OTHER (SPECIFY) |

AQ23a2b

MEDICAID SINGLE RATE UNIT – OTHER SPECIFY

What is the MEDICAID single rate unit for other specify (AQ23a2a-91) ?

SPECIFY UNIT. _____

AQ23a3

MEDICAID LOWEST RATE

How much does MEDICAID (lowest rate)pay this agency for _____?

ENTER LOWEST RATE IN WHOLE DOLLARS. _____

REFUSED
DON'T KNOW

AQ23a4

MEDICAID HIGHEST RATE

[How much does MEDICAID (highest rate) pay this agency for _____?

ENTER HIGHEST RATE IN WHOLE DOLLARS. _____

REFUSED
DON'T KNOW

AQ23a4a

MEDICAID HIGH AND LOW RATE UNIT

How much does MEDICAID pay this agency for _____?

- | | |
|---|-----------|
| 1 | VISIT |
| 2 | HOUR |
| 3 | HALF HOUR |

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Agency Qualification (AQ) Module

4	15 MINUTES
91	OTHER (SPECIFY)

AQ23a4b

MEDICAID HIGH AND LOW RATE UNIT – OTHER SPECIFY

What is the MEDICAID high and low rate unit for other specify (AQ23a4a – 91)?

SPECIFY UNIT. _____

AQ23Aa1

PRIVATE HOME HEALTH CARE RATE TYPE

How much does this agency charge SELF OR PRIVATE PAY home health patients for
_____ ?

- | | |
|---|-----------------------------------|
| 1 | RESPONDENT PROVIDES A SINGLE RATE |
| 2 | RESPONDENT PROVIDES A RANGE |
| 3 | SERVICE NOT OFFERED |

REFUSED
DON'T KNOW

AQ23Aa2

PRIVATE HOME HEALTH CARE SINGE RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for
_____ ?

ENTER SINGLE RATE IN WHOLE DOLLARS. _____

AQ23Aa2a

PRIVATE PAY SINGLE RATE UNIT

How much does this agency charge SELF OR PRIVATE PAY home health patients for
_____ ?

- | | |
|----|-----------------|
| 1 | VISIT |
| 2 | HOURLY |
| 3 | HALF HOUR |
| 4 | 15 MINUTES |
| 91 | OTHER (SPECIFY) |

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ23Aa2b

PRIVATE SINGLE RATE UNIT OTHER SPECIFY

ENTER OTHER SPECIFY (AQ23Aa2a – 91)

SPECIFY UNIT. _____

AQ23Aa3

PRIVATE HOME HEALTH CARE LOWEST RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for
_____ ?

ENTER LOWEST RATE IN WHOLE DOLLARS. _____

AQ23Aa4

PRIVATE HOME HEALTH CARE HIGHEST RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for
_____ ?

ENTER HIGHEST RATE IN WHOLE DOLLARS. _____

AQ23Aa4a

PRIVATE PAY HIGH AND LOW RATE UNIT – OTHER SPECIFY

How much does this agency charge self or private pay home health patients for
_____ ?

- | | |
|----|-----------------|
| 1 | VISIT |
| 2 | HOURLY |
| 3 | HALF HOUR |
| 4 | 15 MINUTES |
| 91 | OTHER (SPECIFY) |

AQ23Aa4b

PRIVATE HIGH AND LOW RATE UNIT OTHER SPECIFY

ENTER OTHER SPECIFY (AQ23Aa4a – 91)

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

SPECIFY UNIT. _____
AQ25A1

HOSPICE SERVICES MIX MODE

About how many of this agency's HOSPICE patients are currently receiving
_____ ?

- 1 RESPONDENT PROVIDES NUMBER OF PATIENTS
- 2 RESPONDENT PROVIDES % OF PATIENTS

REFUSED
DON'T KNOW

AQ25A2

HOSPICE SERVICE MIX NUMBER

About how many of this agency's HOSPICE patients are currently receiving
_____ ?

ENTER NUMBER OF PATIENTS. _____

REFUSED
DON'T KNOW

AQ25A3

HOSPICE SERVICE MIX PERCENTATE

About how many of this agency's hospice patients are currently receiving
_____ ?

ENTER PERCENTAGE OF PATIENTS. _____

REFUSED
DON'T KNOW

AQ25B

Does this agency consider itself a Free Standing hospice agency, a Hospital Based agency, a Home Health Based agency or a Nursing Home Based agency?

This would be the same as this agency's MEDICARE filing status for Agency

SELECT ONE

PRESS F1 FOR HELP SCREEN.

- 1 FREE STANDING AGENCY
- 2 HOSPITAL BASED AGENCY
- 3 HOME HEALTH BASED AGENCY
- 4 NURSING HOME BASED AGENCY

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

REFUSED
DON'T KNOW

AQ25C

Does this hospice operate any dedicated hospice facilities or units?

***This is a facility or unit that has one or more beds that are owned or leased by the hospice and staffed by hospice, and whose major policies and procedures are set by the hospice.

1 YES
2 NO

REFUSED
DON'T KNOW

AQ25D

How many INPATIENT HOSPICE BEDS does this agency have in these dedicated facilities or units?

ENTER NUMBER OF BEDS _____

REFUSED
DON'T KNOW

AQ28

SHOW CARD AQ28.

Is this agency owned or is it in operation with any of the following places or organizations?

SELECT ONLY ONE.

PRESS F1 FOR HELP SCREEN.

1 OUTPATIENT MEDICAL/SURGICAL CENTER
2 MANAGED CARE ORGANIZATION
3 HOSPITAL
4 SKILLED NURSING FACILITY
5 HEALTH CARE SYSTEM
6 NO, TOTALLY INDEPENDENT AGENCY
91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ28A

AGENCY AFFILIATION – OTHER SPECIFY (AQ28 – 91)

SPECIFY PLACE/ORGANIZATION. _____

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

REFUSED
DON'T KNOW

AQ29

SHOW CARD AQ29.

Does AGENCY have a FORMAL CONTRACT with any of these outside agencies or organizations where you provide services to their patients?

*** This refers to FORMAL CONTRACTS with other places besides the one this agency is owned or in operation with that you just mentioned.

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

- 1 ASSISTED LIVING FACILITY/ BOARD AND CARE HOME / LIFE CARE/ CONTINUING CARE RETIREMENT COMMUNITY
- 2 HOSPITAL
- 3 SKILLED NURSING FACILITY
- 4 HOSPICE
- 5 MANAGED CARE/PRIVATE INSURANCE PROVIDER
- 6 NO FORMAL CONTRACT WITH OUTSIDE AGENCIES/ORGANIZATIONS
- 91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ29A

FORMAL CONTRACT OTHER SPECIFY (AQ29 – 91)

SPECIFY TYPE OF AGENCY OR ORGANIZATION.

AQ30

SHOW CARD AQ30.

Please look at this card and tell me if your agency is ACCREDITED by any of these organizations.

SELECT ALL THAT APPLY.

- 1 ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC)
- 2 COMMUNITY HEALTH ACCREDITATION PROGRAM (CHAP)
- 3 JOINT COMMISSION FOR ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO)
- 4 OTHER ACCREDITATION (SPECIFY)
- 5 NOT ACCREDITED

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

REFUSED
DON'T KNOW

AQ30A

AGENCY ACCREDITATION OTHER SPECIFY (AQ30 – 4)

SPECIFY TYPE OF ACCREDITATION

AQ31

Does this agency provide staff training to understand CULTURAL DIFFERENCES AND BELIEFS that may affect delivery of services?

- 1 YES
- 2 NO

REFUSED
DON'T KNOW

AQ32

CULTURAL TRAINING

For which staff is training mandatory?

SELECT ALL THAT APPLY.

- 1 ADMINISTRATIVE/CLERICAL/MANAGEMENT STAFF – ALL
- 2 ADMINISTRATIVE/CLERICAL/MANAGEMENT STAFF – SOME
- 3 DIRECT SERVICE PROVIDERS – ALL
- 4 DIRECT SERVICE PROVIDERS – SOME
- 5 VOLUNTEERS – ALL
- 6 VOLUNTEERS – SOME
- 7 NO MANDATORY TRAINING FOR ANY STAFF
- 91 OTHER STAFF (SPECIFY)

REFUSED
DON'T KNOW

AQ32A

CULTURAL TRAINING – OTHER SPECIFY (AQ32 – 91)

SPECIFY TYPE OF STAFF, AND SPECIFY IF ALL OR SOME.

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ33

SHOW CARD AQ33.

Are any of these COMMUNICATION PRACTICES used with this agency's patients?

SELECT ALL THAT APPLY.

- 1 PROVIDE INTERPRETER SERVICES
- 2 PATIENT-RELATED MATERIALS TRANSLATED INTO LANGUAGES OF
COMMONLY REPRESENTED GROUPS IN SERVICE AREA
- 3 PROVIDE MULTI-LINGUAL STAFF
- 4 NONE OF THE ABOVE
- 91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ33A

COMMUNICATION PRACTICES - OTHER SPECIFY (AQ33 - 91)

SPECIFY TYPE COMMUNICATION PRACTICE.

AQ34

SHOW CARD AQ34

Which of these SERVICES does this agency offer?

Include services offered by this agency as a result of contractual arrangements.

PRESS F1 FOR HELP SCREEN

SELECT ALL THAT APPLY.

- 1 COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)
- 2 DIETARY AND NUTRITIONAL SERVICES
- 3 ENTEROSTOMAL THERAPY
- 4 IV THERAPY
- 5 PHYSICIAN SERVICES
- 6 PODIATRY SERVICES
- 7 SKILLED NURSING/NURSING SERVICES
- 8 WOUND CARE
- 9 NONE OF THESE SERVICES

REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ35

SHOW CARD AQ35.

Which of these COMPLEMENTARY AND ALTERNATIVE MEDICINE therapies does this agency use?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

- | | |
|----|--|
| 1 | ACUPUNCTURE |
| 2 | AROMATHERAPY |
| 3 | ART THERAPY |
| 4 | GUIDED IMAGERY/RELAXATION |
| 5 | MASSAGE |
| 6 | MUSIC THERAPY |
| 7 | PET THERAPY |
| 8 | SUPPORTIVE GROUP THERAPY |
| 9 | THERAPEUTIC TOUCH |
| 10 | TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) |
| 91 | OTHER (SPECIFY) |
| | REFUSED |
| | DON'T KNOW |

AQ35A

ALTERNATIVE MEDICINE THERAPIES USED – OTHER SPECIFY (AQ35 – 91)

SPECIFY OTHER COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) THERAPY.

AQ36

SHOW CARD AQ36.

Does AGENCY offer any of the SERVICES on this card?
Include services offered by this agency as a result of contractual arrangements.

PRESS F1 FOR HELP SCREEN

SELECT ALL THAT APPLY.

- | | |
|----|---------------------------|
| 1 | DURABLE MEDICAL EQUIPMENT |
| 2 | PHARMACY SERVICES |
| 3 | OCCUPATIONAL THERAPY |
| 4 | PHYSICAL THERAPY |
| 5 | RESPIRATORY THERAPY |
| 6 | SPEECH THERAPY/AUDIOLOGY |
| 7 | NONE OF THESE SERVICES |
| 91 | OTHER THERAPY (SPECIFY) |
| | REFUSED |
| | DON'T KNOW |

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ36A

OTHER SERVICES PROVIDED OTHER SPECIFY (AQ36 – 91)
SPECIFY OTHER THERAPY.

AQ37

SHOW CARD AQ37.

Does AGENCY offer any of the OTHER SERVICES on this card?
Include services offered by this agency as a result of contractual arrangements.

PRESS F1 FOR HELP SCREEN

SELECT ALL THAT APPLY.

- 1 COMPANION SERVICES
- 2 CONTINUOUS HOME CARE
- 3 HOMEMAKER SERVICES
- 4 MEALS ON WHEELS SERVICES
- 5 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLs)
- 6 TRANSPORTATION SERVICES
- 7 VOLUNTEER SERVICES
- 8 PASTORAL SERVICES/SPIRITUAL COUNSELING
- 9 MENTAL HEALTH SERVICES
- 10 REFERRAL SERVICES
- 11 RESPITE CARE
- 12 (MEDICAL) SOCIAL SERVICES
- 13 ETHICAL ISSUES COUNSELING
- 14 GRIEF/BEREAVEMENT COUNSELING
- 15 NONE OF THESE SERVICES

REFUSED
DON'T KNOW

AQ38

SPECIAL PATIENT SERVICES

Does AGENCY provide services to any of the types of patients listed on this card?

SELECT ALL THAT APPLY.

- 1 DEVELOPMENTALLY DISABLED
- 2 MATERNAL AND NEONATAL CARE PATIENTS
- 3 PATIENTS WITH HIV/AIDS
- 4 PATIENTS WITH ALZHEIMER'S DISEASE/DEMENTIA
- 5 PATIENTS RECEIVING PERITONEAL OR HEMO DIALYSIS
- 6 PEDIATRIC PATIENTS
- 7 NONE OF THE ABOVE

REFUSED
DON'T KNOW

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ39

NO ADMIT - LACK OF STAFF

In the past month, was this agency unable to admit patients because of lack of staff?

- 1 YES
- 2 NO

REFUSED
DON'T KNOW

AQ40

NO ADMIT - LACK OF CAPABILITIES

In the past month, was this agency unable to admit patients because of lack of capabilities?

For example, patients with special or complex medical needs, ventilator patients, patients with IVs-peripheral lines, IVs-central lines.]

- 1 YES
- 2 NO

REFUSED
DON'T KNOW

AQ41

ADVANCE DIRECTIVES POLICY

SHOW CARD AQ41.

Does this agency follow any of these procedures regarding Advance Directives?

PROBE: Any others?

SELECT ALL THAT APPLY.

- 1 ON ADMISSION, ASSESS WHETHER PATIENT HAS ANY ADVANCE DIRECTIVES
- 2 ON ADMISSION, PROVIDE WRITTEN INFORMATION ABOUT ADVANCE DIRECTIVES TO PATIENT
- 3 ON ADMISSION, PROVIDE ADVANCE DIRECTIVE FORM(S) TO PATIENT
- 4 EDUCATE PATIENT/FAMILY ABOUT ADVANCE DIRECTIVES
- 5 EDUCATE AGENCY STAFF ABOUT ADVANCE DIRECTIVES
- 6 ONLY IF REQUESTED, PROVIDE INFORMATION, FORMS, EDUCATION
- 7 NO PROCEDURES FOLLOWED
- 91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ41A

ADVANCE DIRECTIVES POLICY – OTHER SPECIFY (AQ41 – 91)

SPECIFY OTHER POLICY.

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ42

ADVANCE DIRECTIVE STORAGE

Where does this agency maintain a copy of its patients' Advance Directives?

SELECT ALL THAT APPLY.

- 1 NO DESIGNATED PLACE
- 2 WITH PATIENT'S RECORDS AT AGENCY
- 3 WITH PATIENT'S RECORDS AT PATIENT'S RESIDENCE
- 4 IN SPECIAL ADVANCE DIRECTIVES FILE AT AGENCY LOCATION
- 91 OTHER (SPECIFY)
REFUSED
DON'T KNOW

AQ42A

ADVANCE DIRECTIVE STORAGE OTHER SPECIFY (AQ42 -91)

DESCRIBE STORAGE OF ADVANCE DIRECTIVE(S).

AQ43

ADVANCE DIRECTIVE IMPLEMENTATION

SHOW CARD AQ43.

What specific actions does this agency take to make sure that patients' Advance Directives are implemented?

SELECT ALL THAT APPLY.

- 1 NOTIFY ATTENDING PHYSICIAN
- 2 INFORM AGENCY STAFF PROVIDING CARE TO PATIENT
- 3 INFORM FAMILY MEMBER/NEXT OF KIN
- 4 NO SPECIFIC ACTIONS TAKEN
- 91 OTHER (SPECIFY)
REFUSED
DON'T KNOW

AQ43A

ADVANCE DIRECTIVE IMPLEMENTATION OTHER SPECIFY (AQ43 -91)

DESCRIBE IMPLEMENTATION OF ADVANCE DIRECTIVES.

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ44

ADVANCE DIRECTIVES RESTRICTIONS

Does this agency have any restrictions on implementing any kinds of Advance Directives?

For example, not providing palliative sedation, CPR, or artificial life support services?

1 YES

2 NO

REFUSED

DON'T KNOW

AQ45

ADVANCE DIRECTIVES RESTRICTIONS

What restrictions does this agency have?

DESCRIBE ADVANCE DIRECTIVES RESTRICTIONS

AQ46

OPEN ACCESS POLICY FOR HOSPICE PATIENTS

Does this agency have an Open Access policy for hospice patients?

This is when an agency admits patients that are starting or in the middle of a course of Radiation or Chemotherapy.

PRESS F1 FOR HELP SCREEN.

1 YES

2 NO

REFUSED

DON'T KNOW

AQ46A

OPEN ACCESS POLICY OTHER

About how many of this agency's current hospice patients were admitted under Open Access?

IF AGENCY HAS NO CURRENT HOSPICE PATIENTS, ENTER 9996

ENTER NUMBER OF OPEN ACCESS ADMISSIONS. _____

REFUSED

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

DON'T KNOW
AQ48

ENCOURAGE FLU VACCINATION
SHOW CARD AQ48.

Does AGENCY do any of the following to encourage employees' influenza vaccinations?

SELECT ALL THAT APPLY.

- | | |
|----|--|
| 1 | VACCINATIONS OFFERED ON SITE |
| 2 | VACCINATIONS OFFERED FOR FREE |
| 3 | VACCINATIONS OFFERED AT REDUCED COST |
| 4 | EMPLOYEE INCENTIVES PROVIDED FOR VACCINATION |
| 5 | PROOF OF VACCINATION (OR CONTRAINDICATION) REQUIRED FOR
WORK/EMPLOYMENT |
| 6 | NONE OF THE ABOVE |
| 91 | OTHER (SPECIFY) |
| | REFUSED |
| | DON'T KNOW |

AQ48A

ENCOURAGE FLU VACCINATION OTHER SPECIFY (AQ48 – 91)

DESCRIBE OTHER WAYS TO ENCOURAGE VACCINATIONS.

AQ49

STAFF PERCENTAGE VACCINATED FOR FLU

SHOW CARD AQ49.

About what percentage of employees received a Flu shot last Flu season?

- | | |
|---|------------|
| 1 | 0% |
| 2 | 1 TO 20% |
| 3 | 21 TO 40% |
| 4 | 41 TO 60% |
| 5 | 61 TO 80% |
| 6 | 81 TO 99% |
| 7 | 100% |
| | REFUSED |
| | DON'T KNOW |

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQPRE Help Screens

Form Approved OMB No. 0920-0298 Exp. Date 07/31/2009

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AQ5 - A **chain** is defined as having two or more agencies under one ownership or operation.

AQ13- The year recorded should reflect the year the sampled hospice agency, under its current ownership, began delivering services.

AQ14 -The year recorded should reflect the year the sampled home health care agency, under its current ownership, began delivering services.

2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

AQ15- The agency is **for profit** if it is owned by an individual, a partnership, or a corporation.

The agency is **private nonprofit** if it is owned by a religious group or a nonprofit corporation, etc.

AQ17/18 - Pending refers to the fact that the paperwork for Medicare certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.

AQ25 B - The agency type according to the Medicare certification on file:

- 81=Hospice (non-hospital based)
- 82=Hospice (hospital-based) which includes 32X, 33X, 34X

AQ20/21 - Pending refers to the fact that the paperwork for Medicaid certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.

AQ28 - “**Hospital**” is a broad concept. It includes the following:

- acute care hospitals;
- private psychiatric hospitals;
- state or county hospitals for the mentally ill;
- Department of Veterans Affairs hospitals and medical centers;
- state hospitals for the mentally retarded;
- chronic disease, rehabilitation, geriatric, and other long-term hospitals;
- and,
- other places that are commonly called hospitals.

“**Health care system**” is an organized system that provides medical care, including inpatient, emergency, ambulatory care, and diagnostic procedures to a population. Many times, the system will have satellite facilities where some or all services may be offered.

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Agency Qualification (AQ) Module

AQ29 - Formal contracts- The parties to an arrangement have attempted to spell out all terms in a legal contract or letter of agreement. A preferred provider agreement is considered a formal contract.

AQ 34/35 - Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Examples include acupuncture, dietary supplements, and homeopathic medicine.

AQ36 - Pharmacy services (also referred to as Pharmaceutical Services) refer to the system of appropriate methods and procedures for the dispensing and administering of drugs and biologicals under the direction of a qualified pharmacist. The includes evaluation of patients' responses to the medication therapy, identification of adverse drug reactions, and taking appropriate corrective action. Drugs and biologicals must be obtained from community or institutional pharmacists or stocked by the agency. The agency must furnish the drugs and biologicals for each patient, as specified in each patient's care plan. The use of drugs and biologicals must be provided in accordance with accepted professional principles and appropriate Federal, State, and local laws.

AQ37 - Ethical issues- Regarding what is in accordance with law and accepted principles of right and wrong in the profession/industry.

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Agency Qualification (AQ) Module

Referral services- provide information about services available from public and private providers. They may also order or arrange services but they do not provide the services directly.

AQ46 - Open Access means the hospice accepts anyone who meets the eligibility requirements for hospice. (Eligibility requirement is that individual must have a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.) The patients may continue their current treatment or start new treatments.