

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 Staffing Questionnaire

Inter-university Consortium for  
Political and Social Research  
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Agency Name: \_\_\_\_\_

Agency ID: \_\_\_\_\_

# 2007 National Home and Hospice Care Survey

## Staffing Questionnaire

Prepared for the  
Centers for Disease Control and Prevention  
National Center for Health Statistics

by

Westat  
1650 Research Boulevard  
Rockville, MD 20850  
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Dear Director/Administrator,

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) is conducting the National Home and Hospice Care Survey on a randomly selected nationwide sample of home health care and hospice agencies. This voluntary survey is authorized by Federal Law.

We would like some information about the staff of your agency, including their training, benefits, and experience. Any information you provide will be used only for research purposes and will be held in strict confidence. It will not be released to anyone, other than the agencies involved in the survey that are listed in the Dear Director letter sent to you previously, without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL 107-347).

If you wish to comment on any question or qualify your answers, please feel free to use space in the margins or on the inside of the final page. Your comments will be read and taken into account.

Please answer all of the questions in reference to the agency listed on the front cover.

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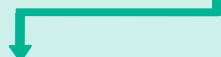
# A Background of Director

These first few questions ask about the background of this agency's Director/Administrator.

1. Does this agency currently have a Director/Administrator (or acting) on staff?

<sup>2</sup> ☐ No → SKIP TO QUESTION 10.

<sup>1</sup> ☐ Yes



2. Does this agency's Director/Administrator have a nursing degree?

<sup>2</sup> ☐ No → SKIP TO QUESTION 4.

<sup>1</sup> ☐ Yes



3. What is the highest nursing degree that the agency's Director/Administrator holds?

Mark one box.

<sup>1</sup> ☐ Diploma Degree in Nursing

<sup>2</sup> ☐ Associates Degree in Nursing

<sup>3</sup> ☐ Bachelors Degree in Nursing

<sup>4</sup> ☐ Masters Degree in Nursing

<sup>91</sup> ☐ Other nursing degree (PLEASE SPECIFY)

4. What is the **highest** degree of any kind that the agency's Director/Administrator holds?

Mark one box.

<sup>1</sup> ☐ Diploma Degree in Nursing

<sup>2</sup> ☐ Associates Degree in Nursing

<sup>3</sup> ☐ Associates Degree in Health Care Administration

<sup>4</sup> ☐ Associates Degree (other health related)

<sup>5</sup> ☐ Associates Degree (not health related)

<sup>6</sup> ☐ Bachelors Degree in Nursing

<sup>7</sup> ☐ Bachelors Degree in Health Care Administration

<sup>8</sup> ☐ Bachelors Degree (other health related)

<sup>9</sup> ☐ Bachelors Degree (not health related)

<sup>10</sup> ☐ Masters Degree in Nursing

<sup>11</sup> ☐ Masters Degree in Health Care Administration

<sup>12</sup> ☐ Masters Degree (other health related)

<sup>13</sup> ☐ Masters Degree (not health related)

<sup>91</sup> ☐ Other (PLEASE SPECIFY)

- 5.** Does this agency's Director/Administrator have a Certified Home or Hospice Care Executive (CHCE) certification?

<sup>2</sup> ☐ No  
<sup>1</sup> ☐ Yes

- 6.** What other medical specialty certifications does this agency's Director/Administrator have?

Mark all that apply.

- <sup>0</sup> ☐ None  
<sup>1</sup> ☐ American Nurses Credentialing Center (ANCC) certification (Nurse Practitioner, Nursing Case Management, Public/Community Health, etc.)  
<sup>2</sup> ☐ Certification from a professional health care association/organization [for example, Certified Hospice and Palliative Nurse (CHPN), Certified Rehabilitation Registered Nurse (CRRN), etc.]

- 7.** About how long has he/she been the Director/Administrator at this agency?

Write number in only one box.

a  Number of weeks  
OR  
b  Number of months  
OR  
c  Number of years

- 8.** Altogether, about how long has he/she worked as Director/Administrator at any home health or hospice agency, including this one?

Write number in only one box.

a  Number of weeks  
OR  
b  Number of months  
OR  
c  Number of years

- 9.** Does the agency's Director/Administrator also serve as the Director of Nursing for this agency?

This person may be called the Director of Professional Services or Clinical Director or is the clinical lead manager or supervisor nurse.

- <sup>2</sup> ☐ No ➔ CONTINUE TO QUESTION 10.  
<sup>1</sup> ☐ Yes ➔ SKIP TO QUESTION 14.

## B Background of Director of Nursing

- 10.** The following questions are about the Director of Nursing at this agency.

This person may be called the Director of Professional Services or Clinical Director or is the clinical lead manager or supervisor nurse who reports to this agency's Director/Administrator.

Does this agency currently have a Director of Nursing (or acting) on staff?

☐ No → **SKIP TO QUESTION 16.**

☐ Yes

- 11.** What is the highest nursing degree the Director of Nursing holds?

**Mark one box.**

- ☐ 1 Diploma Degree in Nursing  
☐ 2 Associates Degree in Nursing  
☐ 3 Bachelors Degree in Nursing  
☐ 4 Masters Degree in Nursing  
☐ 91 Other nursing degree (PLEASE SPECIFY)

- 12.** What is the **highest** degree of any kind the Director of Nursing holds?

**Mark one box.**

- ☐ 1 Diploma Degree in Nursing  
☐ 2 Associates Degree in Nursing  
☐ 3 Associates Degree in Health Care Administration  
☐ 4 Associates Degree (other health related)  
☐ 5 Associates Degree (not health related)  
☐ 6 Bachelors Degree in Nursing  
☐ 7 Bachelors Degree in Health Care Administration  
☐ 8 Bachelors Degree (other health related)  
☐ 9 Bachelors Degree (not health related)  
☐ 10 Masters Degree in Nursing  
☐ 11 Masters Degree in Health Care Administration  
☐ 12 Masters Degree (other health related)  
☐ 13 Masters Degree (not health related)  
☐ 91 Other (PLEASE SPECIFY)

**13.** What medical specialty certifications does this agency's Director of Nursing have?

Mark all that apply.

- <sup>0</sup> ☐ None
- <sup>1</sup> ☐ American Nurses Credentialing Center (ANCC) certification, (for example, Nurse Practitioner, Nursing Case Management, Public/Community Health, etc.)
- <sup>2</sup> ☐ Certification from a professional health care association/organization [for example, Certified Hospice and Palliative Nurse (CHPN), Certified Rehabilitation Registered Nurse (CRRN), etc.]

**14.** About how long has he/she been the Director of Nursing at this agency?

Write number in only one box.

- <sup>a</sup>  Number of weeks  
OR  
<sup>b</sup>  Number of months  
OR  
<sup>c</sup>  Number of years

**15.** Altogether, about how long has he/she been the Director of Nursing at any home health or hospice agency, including this one?

Write number in only one box.

- <sup>a</sup>  Number of weeks  
OR  
<sup>b</sup>  Number of months  
OR  
<sup>c</sup>  Number of years

Next, we would like to know about the background and turnover of this agency's staff.

**16.** Approximately what percentages of the RNs currently on staff have the following as their highest education/training?

Write percentage on each line. If none, please enter "0." Your entries should equal 100%

## Percent of RNs

- <sup>a</sup>  % Diploma
- <sup>b</sup>  % Associate Degree
- <sup>c</sup>  % BS/BSN (4 years)
- <sup>d</sup>  % MS/MSN or higher

% Total

**17.** Do any of the RNs currently on staff have any specialty certifications?

(Examples include: palliative care, pain management, wound and ostomy care, gerontology, rehabilitation, nursing administration, medical-surgical nursing, public/community health, etc.)

- <sup>2</sup> ☐ No → SKIP TO QUESTION 19.
- <sup>1</sup> ☐ Yes → CONTINUE TO QUESTION 18.



**18.** Do any of the RNs on staff have the following certifications?

Mark one box in each row.

- | No                                    | Yes   |
|---------------------------------------|---|
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Palliative Care         |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Wound and Ostomy Care   |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Pain Management         |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Gerontology             |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Public/Community Health |

**19.** Does this agency have the following types of Advanced Practice Nurses on staff? Include both full-time and part-time employees

Mark one box in each row.

- | No                                    | Yes   |
|---------------------------------------|---|
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Clinical Nurse Specialist |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Nurse Practitioner        |

**20.** Does this agency ever employ or seek to employ any of the following?

*Do not include contract workers.*

Mark one box in each row.

- | No                                    | Yes   |
|---------------------------------------|---|
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> RNs                 |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> LPNs/LVNs           |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Certified HHAs/CNAs |
| <sup>2</sup> <input type="checkbox"/> | <sup>1</sup> <input type="checkbox"/> Non-certified Aides |

**21.** Does this agency currently have any RN employees on staff?

*Do not include contract workers.*

<sup>2</sup> ☐ No → **SKIP TO QUESTION 23.**

<sup>1</sup> ☐ Yes

**22.** How many?

*Do not include contract workers.*

a  Number of full-time RN employees

b  Number of part-time RN employees

**OR**

c  Number of FTE RN employees

**23.** Does this agency currently have any LPN/LVN employees on staff?

*Do not include contract workers.*

<sup>2</sup> ☐ No → **SKIP TO QUESTION 25.**

<sup>1</sup> ☐ Yes

**24.** How many?

*Do not include contract workers.*

a  Number of full-time LPN/LVN employees

b  Number of part-time LPN/LVN employees

**OR**

c  Number of FTE LPN/LVN employees

**25.** Does this agency currently have any **certified HHA/CNA employees** on staff?

*Do not include contract workers.*

<sup>2</sup> ☐ No → **SKIP TO QUESTION 27.**

<sup>1</sup> ☐ Yes

**26.** How many?

*Do not include contract workers.*

a  Number of full-time certified HHA/CNA employees

b  Number of part-time certified HHA/CNA employees

**OR**

c  Number of FTE certified HHA/CNA employees

**27.** Does this agency currently have any **non-certified aide employees** on staff?

*Do not include contract workers.*

<sup>2</sup> ☐ No → **SKIP TO QUESTION 29.**

<sup>1</sup> ☐ Yes

**28.** How many?

*Do not include contract workers.*

a  Number of full-time non-certified aide employees

b  Number of part-time non-certified aide employees

**OR**

c  Number of FTE non-certified aide employees

**29.** Does this agency currently use any **contract workers** for ANY of the following staff: RNs, LPNs, certified HHAs/CNAs, or non-certified aides?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 38.**

<sup>1</sup> ☐ Yes

**30.** Does this agency currently use any **RN contract workers**?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 32.**

<sup>1</sup> ☐ Yes

**31.** How many?

a  Number of full-time RN contract workers

b  Number of part-time RN contract workers

**32.** Does this agency currently use any **LPN/LVN contract workers**?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 34.**

<sup>1</sup> ☐ Yes

**33.** How many?

a  Number of full-time LPN/LVN contract workers

b  Number of part-time LPN/LVN contract workers

**34.** Does this agency currently use any certified HHA/CNA contract workers?

<sup>2</sup> ☐ No → SKIP TO QUESTION 36.

<sup>1</sup> ☐ Yes

**35.** How many?

a  Number of full-time certified HHA/CNA employees

b  Number of part-time certified HHA/CNA employees

**36.** Does this agency currently use any non-certified aide contract workers?

<sup>2</sup> ☐ No → SKIP TO QUESTION 38.

<sup>1</sup> ☐ Yes

**37.** How many?

a  Number of full-time non-certified aide contract workers

b  Number of part-time non-certified aide contract workers

**38.** Does this agency currently have any vacancies for ANY of the following staff: RNs, LPNs/LVNs, certified HHAs/CNAs, or non-certified aides?

This would include vacant positions for employees for which you are actively recruiting, even if for now you are using contract workers.

<sup>2</sup> ☐ No → SKIP TO QUESTION 47.

<sup>1</sup> ☐ Yes → CONTINUE TO QUESTION 39.

**39.** Does this agency currently have any RN vacancies?

<sup>2</sup> ☐ No → SKIP TO QUESTION 41.

<sup>1</sup> ☐ Yes

**40.** How many?

a  Number of full-time RN vacancies

b  Number of part-time RN vacancies

**41.** Does this agency currently have any LPN/LVN vacancies?

<sup>2</sup> ☐ No → SKIP TO QUESTION 43.

<sup>1</sup> ☐ Yes

**42.** How many?

a  Number of full-time LPN/LVN vacancies

b  Number of part-time LPN/LVN vacancies

**43.** Does this agency currently have any certified HHA/CNA vacancies?

<sup>2</sup> ☐ No → SKIP TO QUESTION 45.

<sup>1</sup> ☐ Yes

**44.** How many?

a  Number of full-time certified HHA/CNA vacancies

b  Number of part-time certified HHA/CNA vacancies

**45.** Does this agency currently have any non-certified aide vacancies?

<sup>2</sup> ☐ No → SKIP TO QUESTION 47.

<sup>1</sup> ☐ Yes

**46.** How many?

a  Number of full-time non-certified aide vacancies

b  Number of part-time non-certified aide vacancies

**47.** Over the past 3 months, did this agency hire ANY of the following staff: RNs, LPNs/LVNs, certified HHAs/CNAs, or non-certified aides?

*Do not include contract workers.*

<sup>2</sup> ☐ No → SKIP TO QUESTION 56.

<sup>1</sup> ☐ Yes

**48.** Did this agency hire any RNs in the past 3 months?

<sup>2</sup> ☐ No → SKIP TO QUESTION 50.

<sup>1</sup> ☐ Yes

**49.** How many?

a  Number of full-time RNs hired

b  Number of part-time RNs hired

**50.** Did this agency hire any LPN/LVNs in the past 3 months?

<sup>2</sup> ☐ No → SKIP TO QUESTION 52.

<sup>1</sup> ☐ Yes

**51.** How many?

a  Number of full-time LPN/LVNs hired

b  Number of part-time LPN/LVNs hired

**52.** Did this agency hire any certified HHAs/CNAs in the past 3 months?

<sup>2</sup> ☐ No → SKIP TO QUESTION 54.

<sup>1</sup> ☐ Yes

**53.** How many?

a  Number of full-time certified HHAs/CNAs hired

b  Number of part-time certified HHAs/CNAs hired

**54.** Did this agency hire any non-certified aides in the past 3 months?

<sup>2</sup> ☐ No → SKIP TO QUESTION 56.

<sup>1</sup> ☐ Yes

**55.** How many?

a  Number of full-time non-certified aides hired

b  Number of part-time non-certified aides hired

- 56.** Over the past 3 months, have any of the following staff **terminated employment**: RNs, LPNs/LVNs, certified HHAs/CNAs, or non-certified aides?

*This would include both voluntary and involuntary terminations (retired, dismissed, resigned).*

*Do not include contract workers.*

<sup>2</sup> ☐ No → **SKIP TO QUESTION 65.**

<sup>1</sup> ☐ Yes

- 57.** Were there any **RN terminations** in the past 3 months?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 59.**

<sup>1</sup> ☐ Yes

- 58.** How many?

a  Number of full-time RNs terminated

b  Number of part-time RNs terminated

- 59.** Were there any **LPN/LVN terminations** in the past 3 months?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 61.**

<sup>1</sup> ☐ Yes

- 60.** How many?

a  Number of full-time LPN/LVNs terminated

b  Number of part-time LPN/LVNs terminated

- 61.** Were there any certified HHA/CNA terminations in the past 3 months?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 63.**

<sup>1</sup> ☐ Yes

- 62.** How many?

a  Number of full-time certified HHA/CNAs terminated

b  Number of part-time certified HHA/CNAs terminated

- 63.** Were there any **non-certified aide terminations** in the past 3 months?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 65.**

<sup>1</sup> ☐ Yes

- 64.** How many?

a  Number of full-time non-certified aides terminated

b  Number of part-time non-certified aides terminated

**65.** What is the average length of orientation at this agency for the following types of newly hired nursing staff?

For each employee type, write length of orientation in appropriate box.

If no orientation, check the NONE box.

	<u>None</u>	<u>HOURS</u>	<u>DAYS</u>	<u>WEEKS</u>
RNs	0 <input type="checkbox"/> OR a <input type="text"/>	OR b <input type="text"/>	OR c <input type="text"/>	
LPNs/ LVNs	0 <input type="checkbox"/> OR d <input type="text"/>	OR e <input type="text"/>	OR f <input type="text"/>	
Certified HHAs/ CNAs	0 <input type="checkbox"/> OR g <input type="text"/>	OR h <input type="text"/>	OR i <input type="text"/>	
Non- certified Aides	0 <input type="checkbox"/> OR j <input type="text"/>	OR k <input type="text"/>	OR l <input type="text"/>	

**66.** About what percentage of this agency's current nursing staff have been employed for more than 1 year?

Write in percentage in each box. If none for a staff type, please enter "0."

Percent employed  
more than 1 year

a <input type="text"/>	% of RNs
b <input type="text"/>	% of LPNs/LVNs
c <input type="text"/>	% of Certified HHAs/CNAs
d <input type="text"/>	% of Non-certified Aides

**67.** If hired today, what would be the hourly wage of entry-level nursing staff at this agency?

Write in dollar amount in each box.

Entry-level  
Hourly Wages

\$ <input type="text"/>	RNs
\$ <input type="text"/>	LPNs/LVNs
\$ <input type="text"/>	Certified HHAs/CNAs
\$ <input type="text"/>	Non-certified Aides

PLEASE CONTINUE  
TO NEXT PAGE

## D Profile of Other Agency Workers

**68.** Does this agency use any **volunteers** to help your current patients or this agency's staff in any way?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 72.**

<sup>1</sup> ☐ Yes

**69.** What kinds of services do they provide?

**Mark all that apply.**

- <sup>1</sup> ☐ General office help
- <sup>2</sup> ☐ Homemaker/household services
- <sup>3</sup> ☐ Personal care (haircuts, nail care, massage, etc.)
- <sup>4</sup> ☐ Transportation services
- <sup>5</sup> ☐ Visiting with patients
- <sup>6</sup> ☐ Bereavement/family support
- <sup>7</sup> ☐ Recreational activities
- <sup>8</sup> ☐ Pet therapy
- <sup>9</sup> ☐ Religious/spiritual activities
- <sup>91</sup> ☐ Other (PLEASE SPECIFY)

**70.** About how many volunteer workers currently provide services for this agency?

<sup>a</sup>  Number of volunteers

**71.** In total, how many of this agency's current patients receive services from any of your volunteer workers?

<sup>a</sup>  Number of current patients

**OR**

<sup>b</sup>  % Percent of current patients

**72.** Is this agency ever used as a clinical or training site for students?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 74.**

<sup>1</sup> ☐ Yes

**73.** For what types of students?

**Mark all that apply.**

- <sup>1</sup> ☐ Home Health Aide
- <sup>2</sup> ☐ Nurse (RN, LPN)
- <sup>3</sup> ☐ Advance Practice Nurse (NP, CNS)
- <sup>4</sup> ☐ Physician Assistant
- <sup>5</sup> ☐ Medical Student/Intern/Resident
- <sup>6</sup> ☐ Therapist (Physical, Speech, Occupational)
- <sup>7</sup> ☐ Social Worker
- <sup>91</sup> ☐ Other (PLEASE SPECIFY)

**74. Does this agency have any of the following types of staff or contract personnel who provide services to patients served by this agency?**

Please mark "No" or "Yes" for each personnel type.

No   Yes

- |   |                          |   |                          |  |
|---|--------------------------|---|--------------------------|--|
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Physicians   |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Dental health professionals                        |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Psychiatrists                                      |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Psychologists                                      |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Nutritionists, Dietitians                          |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Occupational Therapists                            |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Occupational Therapy Assistants                    |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Physical Therapists                                |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Podiatrists  |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Respiratory Therapists                             |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Social Workers                                     |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Speech Pathologists/Audiologists                   |
| 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | Complementary Alternative Medicine (CAM) Providers |

**75. Which of these nursing staff retention/recruitment strategies are used by this agency?**

Mark all that apply.

- 1 ☐ Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)
- 2 ☐ Reimbursement for workshops/conferences
- 3 ☐ Sign-on bonus
- 4 ☐ Recruitment bonus
- 5 ☐ Career ladder positions for Nurses
- 6 ☐ Career ladder positions for HHAs/CNAs
- 7 ☐ Flexible scheduling or job sharing
- 8 ☐ Bonus/paid time off
- 9 ☐ Sabbatical
- 10 ☐ Tuition (reimbursement or direct payment for employees/new hires)
- 11 ☐ Payback for unused sick/vacation time
- 91 ☐ Other (PLEASE SPECIFY)



**76.** What types of employee benefits are offered to **full-time RN and LPN/LVN** staff by this agency?

Mark all that apply.

- 1 ☐ Fully paid health insurance plan for employee
- 2 ☐ Fully paid health insurance plan for employee spouse/dependents
- 3 ☐ Partially paid health insurance plan for employee
- 4 ☐ Partially paid health insurance plan for employee spouse/dependents
- 5 ☐ Other employee insurance plan (dental, vision, disability, life)
- 6 ☐ Retirement/pension
- 7 ☐ 401k plan/tax-deferred annuity
- 8 ☐ Paid vacation/holidays
- 9 ☐ Paid sick days
- 10 ☐ Paid time off days for "other/personal" reasons
- 11 ☐ Other paid bonuses
- 12 ☐ Mileage reimbursement/agency car
- 13 ☐ Uniforms
- 14 ☐ Cell phones/reimbursements
- 15 ☐ Career promotion/development (workshops, conferences, certification exam, etc.)
- 16 ☐ Education reimbursement
- 91 ☐ Other (PLEASE SPECIFY)


**77.** What types of employee benefits are offered to **full-time HHA/CNA** staff by the agency?

Mark all that apply.

- 1 ☐ Fully paid health insurance plan for employee
- 2 ☐ Fully paid health insurance plan for employee spouse/dependents
- 3 ☐ Partially paid health insurance plan for employee
- 4 ☐ Partially paid health insurance plan for employee spouse/dependents
- 5 ☐ Other employee insurance plan (dental, vision, disability, life)
- 6 ☐ Retirement/pension
- 7 ☐ 401k plan/tax-deferred annuity
- 8 ☐ Paid vacation/holidays
- 9 ☐ Paid sick days
- 10 ☐ Paid time off days for "other/personal" reasons
- 11 ☐ Other paid bonuses
- 12 ☐ Mileage reimbursement/agency car
- 13 ☐ Uniforms
- 14 ☐ Cell phones/reimbursements
- 15 ☐ Career promotion/development (workshops, conferences, certification exam, etc.)
- 16 ☐ Education reimbursement
- 91 ☐ Other (PLEASE SPECIFY)


# F Agency Information Technology Capabilities

**78.** Does this agency currently have an Electronic Medical Records system? This is a computerized version of the patient's medical information used in the management of the patient's health care.

Exclude electronic records used only for billing purposes and required documentation, such as OASIS files.

<sup>2</sup> ☐ No

<sup>1</sup> ☐ Yes → **SKIP TO QUESTION 80.**

**79.** Does this agency have plans to obtain an Electronic Medical Records System **within the next year**?

<sup>2</sup> ☐ No → **SKIP TO QUESTION 81.**

<sup>1</sup> ☐ Yes → **SKIP TO QUESTION 81.**

**80.** With this agency's **current** Electronic Medical Records system, please indicate for each component listed below, whether it is used, available but not used, or not available.

Mark one box on each line.

<u>Used</u>	<u>Available/ Not used</u>	<u>Not Available</u>	
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Computerized Physicians Order Entry (CPOE) - prescriptions, labs, tests, etc.
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Test results (chest x-rays, labs, etc.)
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Patient demographics
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Electronic reminders for tests (labs, imaging, etc.)
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Clinical Decision Support System (CDSS) contraindications, allergies, guidelines, etc.
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Clinical notes
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Public health reporting (notifiable diseases)
<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	Sharing medical records electronically with other agencies

**81.** For each item below, please indicate whether or not this agency uses any of the following Management Systems electronically?

Mark one box in each row.

<u>No</u>	<u>Yes</u>	
<sup>2</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	Billing system
<sup>2</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	Inventory control (i.e. bar coding)
<sup>2</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	Human Resources management (personnel records)
<sup>2</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	Staff management (e.g., staffing scheduling, etc.)
<sup>2</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	Accounting

**82.** For each item below, please indicate whether or not this agency uses any of the following Education Systems?

Mark one box in each row.

No   Yes

- <sup>2</sup> ☐   <sup>1</sup> ☐ Satellite Broadcast capability (in service, training)
- <sup>2</sup> ☐   <sup>1</sup> ☐ Staff Internet access
- <sup>2</sup> ☐   <sup>1</sup> ☐ Patient Internet access (web site with patient educational materials)

**83.** Does this agency use any telemedicine capabilities? Telemedicine is the use of electronic communication and information technologies to provide or support clinical care at a distance.

<sup>2</sup> ☐ No → **SKIP TO QUESTION 86.**

<sup>1</sup> ☐ Yes

**84.** For each item below, please indicate whether or not this agency uses any of the following telemedicine capabilities?

Mark one box in each row.

No   Yes

- <sup>2</sup> ☐   <sup>1</sup> ☐ Routine telephone monitoring of patients' health, involving conversation with nurse or other health care provider/monitor
- <sup>2</sup> ☐   <sup>1</sup> ☐ E-mail access to health professionals for patients/caregivers
- <sup>2</sup> ☐   <sup>1</sup> ☐ Video consults with health care professionals
- <sup>2</sup> ☐   <sup>1</sup> ☐ Routine video monitoring of patients' health, involving conversation with nurse or other health care provider/monitor
- <sup>2</sup> ☐   <sup>1</sup> ☐ Routine non-video monitoring of patients' health, without conversation (e.g., regular transmission of vital signs)
- <sup>2</sup> ☐   <sup>1</sup> ☐ Other telemedicine capability (PLEASE SPECIFY)

**85.** For about what percentage of this agency's current patients is telemedicine used?

Enter percent of current patients or mark the None box.

<sup>0</sup> ☐ None   **OR**   <sup>a</sup>  % of patients

**86.** Does this agency's staff use any system for Electronic Point of Care Documentation?

Include PDAs (Personal Digital Assistants) Notebook PCs, or other portable handheld devices.

<sup>2</sup> ☐ No → **SKIP TO QUESTION 91.**

<sup>1</sup> ☐ Yes

**87.** How many of your **direct care staff** use these?

<sup>0</sup> ☐ None

<sup>1</sup> ☐ Some

<sup>2</sup> ☐ All

**88.** How many of your administrative staff use these?

<sup>0</sup> ☐ None

<sup>1</sup> ☐ Some

<sup>2</sup> ☐ All

**89.** Do any other staff use these?

<sup>2</sup> ☐ No

<sup>1</sup> ☐ Yes (PLEASE SPECIFY)

**90.** Are these devices used for any of the following?

Mark one box in each row.

No Yes

<sup>2</sup> ☐ <sup>1</sup> ☐ Computerized Physicians Order Entry (prescriptions/pharmacy, labs, tests)

<sup>2</sup> ☐ <sup>1</sup> ☐ Test results

<sup>2</sup> ☐ <sup>1</sup> ☐ Electronic reminders for tests

<sup>2</sup> ☐ <sup>1</sup> ☐ Clinical Decision Support System guidelines or reference systems

<sup>2</sup> ☐ <sup>1</sup> ☐ E-mail communication with agency staff/other staff

<sup>2</sup> ☐ <sup>1</sup> ☐ Scheduling appointments/visits

<sup>2</sup> ☐ <sup>1</sup> ☐ OASIS

<sup>2</sup> ☐ <sup>1</sup> ☐ Other (PLEASE SPECIFY)

**PLEASE CONTINUE  
TO NEXT PAGE**



**91.** Has this agency developed a written plan for management of patients during an influenza pandemic?

- <sup>0</sup> ☐ No, not started
- <sup>1</sup> ☐ Yes, in progress
- <sup>2</sup> ☐ Yes, completed

**92.** About what percentage of this agency's **patient care revenue** comes from each of the following?

Write percentage on each line. If none, please enter "0." Your entries should equal 100%

Percent of revenue

- a  % Medicare
- b  % Medicaid
- c  % Private insurance
- d  % Patient payments
- e  % Other sources
- 
- % Total

Thank you  
for your cooperation.



**WESTAT**

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