



Nursing Home Administrators Year 1 Survey

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NHIntro

Thank you for participating in the National Dementia Workforce Study. This survey is sponsored by the National Institute on Aging and is intended to collect data about

[FACILITY_NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY]

[ZIP]

[STATE]

If this nursing home is associated with others that have a separate license, ANSWER ALL QUESTIONS IN RELATION TO ONLY THE ONE LICENSED NURSING HOME named above.

The survey should take about 25 minutes to complete.

NH1 OwnershipType

Is this nursing home's ownership non-profit, for-profit, or government?

1. Non-Profit
2. For-Profit
3. Government

[ALLOW ONE SELECTION]

NH2 OwnMultiple

Is this nursing home owned by a person, group, or organization that owns or manages two or more such entities? This may include a corporate chain.

1. Yes
 5. No
-

NH3 AssociatedWith

Is this nursing home currently owned or operated in association with:

	Yes	No
a. a continuing care retirement community (CCRC)?	<input type="radio"/>	<input type="radio"/>
b. a hospital?	<input type="radio"/>	<input type="radio"/>
c. another nursing home?	<input type="radio"/>	<input type="radio"/>
d. an assisted living community/facility?	<input type="radio"/>	<input type="radio"/>
e. a home health/home care agency?	<input type="radio"/>	<input type="radio"/>

NH4 LicenseYears

For approximately how many years has this nursing home been licensed under its current owner?

_____ years [INTEGER; RANGE 0-99]

998. Don't know

NH5a Beds

Including special care beds, how many licensed beds does this nursing home currently have?

_____ beds

[Integer; Range 0-999]

NH5b BedsFull

How many of this nursing home's total number of beds are occupied today?

_____ beds

[Integer; range 1 to number of beds entered in NH5a Beds]

NH6 MemCareExclusive

Is this nursing home dedicated exclusively to memory care?

1. Yes [Go to NH6b]

5. No [Go to NH6a]

NH6a MemCareUnit

[DISPLAY IF NH6 = NO]

Does this nursing home have a memory care unit?

01. Yes [Go to NH6b]

05. No [Go to NH7a]

NH6b MemCareBeds

How many memory care unit beds is this nursing home licensed for?

_____ beds

[Integer; range 0 to number of beds entered in NH5a Beds]

NH6c MemCareBedsFull

How many of those beds are occupied today?

_____ beds

[Integer; range 0 to number of beds entered in NH6b MemCareBeds]

NH7a BaseRate

What is the average daily base rate paid by new residents today for private-pay beds?

\$_____ per day

[INTEGER; RANGE \$0-\$99,999; Mask input to show as a dollar amount e.g., \$xx,xxx]

966666 Facility does not accept private pay residents [IF 966666 selected, skip to NH8]

NH7b MemCareBaseRate1

[ASK If NH6a = 1 YES]

Do you have a different base rate for private-pay memory care beds?

- 1. Yes [Go to NH7c]
 - 5. No [Go to NH8]
-

NH7c MemCareBaseRate2

[DISPLAY IF NH7b = 1 YES]

What is the daily base rate for memory care beds?

\$ _____ per day

[INTEGER; RANGE \$0-\$99,999; Mask input to show as a dollar amount e.g., \$xx,xxx]

NH8 Benefits

What benefits do you currently provide your full-time staff?

Select all that apply

a. Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK NH8a]	<input type="checkbox"/>
b. Paid sick time (separate from vacation) [IF SELECTED, ASK NH8b]	<input type="checkbox"/>
c. Paid vacation time (separate from sick time) [IF SELECTED, ASK NH8c]	<input type="checkbox"/>
d. Health insurance for employees	<input type="checkbox"/>
e. Health insurance for employees' families	<input type="checkbox"/>
f. Dental insurance	<input type="checkbox"/>
g. Vision insurance	<input type="checkbox"/>

- | | |
|---|--------------------------|
| h. Tuition reimbursement or education scholarship | <input type="checkbox"/> |
| i. Paid parental leave | <input type="checkbox"/> |
| j. Retirement benefits (401K, 403B, pension, other) | <input type="checkbox"/> |
-

NH8a DaysPTO

[DISPLAY IF NH8a. PTO is selected]

How many days of combined PTO do full-time staff receive...

_____ days per year

[INTEGER; RANGE 0-365]

NH8b DaysSick

[DISPLAY IF NH8b. Paid sick is selected]

How many sick days do full-time staff receive...

_____ days per year

[INTEGER; RANGE 0-365]

NH8c DaysVaca

[DISPLAY IF NH8c. Paid Vacation is selected]

How many days of paid vacation time for full-time staff receive ...

_____ days per years

[INTEGER; RANGE 0-365]

NH9 Union

Which, if any, of the following positions in this nursing home are represented by a union?

Select all that apply.

a. None	<input type="checkbox"/>
b. Registered nurse	<input type="checkbox"/>
c. Licensed practical/vocational nurse	<input type="checkbox"/>
d. Certified nursing assistant	<input type="checkbox"/>
e. Personal care aide or other nurse aides	<input type="checkbox"/>
f. Other (describe) _____	<input type="checkbox"/>

NH10 Guide

Did this organization participate in an application to the Guiding an Improved Dementia Experience (GUIDE) model?

1. Yes, and we were awarded
 2. Yes, but we were not awarded
 5. No
 8. Don't Know
-

NH11 EHRHave

Not including for accounting or billing purposes, does this nursing home currently use an electronic health record (EHR) to manage residents' care?

1. Yes [GO to NH12]
 5. No [GO to NH15]
-

NH12 EHRExtent

[DISPLAY IF NH11 = "Yes"]

In this nursing home, which best describes the extent to which resident care activities are documented in an electronic health record (EHR)?

1. All documentation is electronic in a single EHR system
 2. All documentation is electronic but in multiple EHR systems
 3. Some documentation is electronic, some documentation is on paper
-

NH13 EHRCanDo

Does the electronic health record (EHR) at this nursing home enable staff to do the following electronically?

	Yes	No	Don't Know
a. Order medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Document medication administration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Send key clinical information such as labs, medications or problem lists to outside health care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Receive key clinical information such as labs, medications, or problem lists from outside health care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access lab results electronically rather than as scanned or faxed documents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NH16b NrDirectors

How many directors of nursing – meaning the one staff member who most oversees the health status of your residents has this nursing home had in the last 5 years?

Enter number or indicate if this nursing home does not have such a position.

_____ number of directors of nursing in last 5 years [INTEGER; RANGE 0-99]

96. Do not have this position in our organization

98. Don't know

NH18 NursingIntro

This question is about all nursing assistants who work in this nursing home, including certified nursing assistants (CNAs), nursing assistants (NAs), medication aides, personal care assistants (PCAs), and nurse aides in training.

If this nursing home is associated with other facilities that have a separate license, count ONLY the staff who work at least half of their time in this nursing home.

NH18a NrNurseStaff

How many total nursing assistants are on staff?

This would include medication aides and contract (agency) staff.

_____ nursing assistants

[INTEGER; RANGE 0-999; IF NH18a = 0/Ref/Blank GO TO NH19]

NH18b NrNurseFT

Of the [Answer to NH18a] nursing assistants, what number are full-time?

_____ full-time nursing assistants

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH18c NrNurseTemp

Of the [Answer to NH18a] nursing assistants, what number are contract (agency) staff?

_____ contract nursing assistants

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH18d NrMedAid

Of the [Answer to NH18a] nursing assistants, what number are medication aides?

_____ medication aides

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH19

On a typical weekday, what is the nursing assistant staffing ratio during these hours?

Please include all certified nursing assistants (CNAs), nursing assistants (NAs), medication aides, personal care assistants (PCAs), or any other nurse aides who work in this nursing home.

Ratio at 10:00 AM:	# _____ nursing assistants for	# _____ residents
Ratio at 8:00 PM:	# _____ nursing assistants for	# _____ residents
Ratio at 2:00 AM:	# _____ nursing assistants for	# _____ residents

[INTEGER; RANGE 0-999 FOR EACH]

NH19a

On a typical weekday, what is the licensed practical/vocational nurse (LPN/LVN) staffing ratio during these hours?

Ratio at 10:00 AM:	# _____ LPN/LVNs for	# _____ residents
Ratio at 8:00 PM:	# _____ LPN/LVNs for	# _____ residents
Ratio at 2:00 AM:	# _____ LPN/LVNs for	# _____ residents

[INTEGER; RANGE 0-999 FOR EACH]

NH19b

On a typical weekday, what is the registered nurse (RN) staffing ratio during these hours?

Ratio at 10:00 AM:	# _____ RNs for	# _____ residents
Ratio at 8:00 PM:	# _____ RNs for	# _____ residents
Ratio at 2:00 AM:	# _____ RNs for	# _____ residents

[INTEGER; RANGE 0-999 FOR EACH]

NH20 ShiftLength

What is the typical shift length for nursing staff in this nursing home?

_____ hours

[INTEGER; RANGE 0-24]

NH22 TrainFormal

Does this nursing home provide formal training in the following topics to newly-hired staff either **during orientation or at another time before they begin working** with residents?

(Formal training is the type of training that is documented, the hours of which can be counted.)

	Yes	No
a. Dementia including Alzheimer's disease	<input type="radio"/>	<input type="radio"/>
b. Person-centered care	<input type="radio"/>	<input type="radio"/>
c. Assessment and care planning	<input type="radio"/>	<input type="radio"/>
d. Dementia-appropriate support for activities of daily living	<input type="radio"/>	<input type="radio"/>
e. Behaviors and communication specific to persons with dementia	<input type="radio"/>	<input type="radio"/>

NH23 TrainEdu

Have the majority of staff who provide direct care to residents had formal training in the following areas as **continuing education** in the last year?

(Formal training is the type of training that is documented, the hours of which can be counted.)

	Yes	No
a. Dementia including Alzheimer's disease	<input type="radio"/>	<input type="radio"/>
b. Person-centered care	<input type="radio"/>	<input type="radio"/>
c. Assessment and care planning	<input type="radio"/>	<input type="radio"/>
d. Dementia-appropriate support for activities of daily living	<input type="radio"/>	<input type="radio"/>
e. Behaviors and communication specific to persons with dementia	<input type="radio"/>	<input type="radio"/>

NH24 TrainHave

When hiring, how frequently does this nursing home look for people who have training and/or experience in dementia care?

1. Never
 2. Rarely
 3. Sometimes
 4. Often
 5. Always
-

NH25 TrainAdditional

[DISPLAY IF NH6 = "YES" OR NH6A = "Yes" (HAS SPECIALIZED DEMENTIA CARE)]

Does this nursing home provide additional dementia training to staff working in the memory care unit for ...?

	Yes	No
a. Licensed nurses	<input type="radio"/>	<input type="radio"/>
b. Certified nursing assistants	<input type="radio"/>	<input type="radio"/>

NH26 TrainConfident

How confident are you in this nursing home's capacity to educate staff about dementia care?

1. Not confident
 2. Slightly confident
 3. Moderately confident
 4. Very confident
-

NH28 ADReview

Do clinicians in this nursing home typically review advance directive documentation with residents....

Select all that apply

1. upon admission?
 2. with change of condition?
 3. at least annually?
-

NHEnd

Thank you. These are all the questions we have for you today.