Home Care Administrators
Wave 1 Survey

Table of Contents

HCIntro

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]

Throughout this questionnaire, "home care" includes home health, personal care, home care, and other related services provided by your agency.

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

The survey should take about 25 minutes to complete.

HC1OwnershipType

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

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

[ALLOW ONE SELECTION]

HC2 OwnMultiple

Is this home care agency owned by a person, group, or organization that owns or manages <u>two or more such entities</u>? This may include a corporate chain.

1. Yes
5. No

HC3 AssociatedWith

Is this home care agency currently owned or operated in association with:

	Yes	No
a. a continuing care retirement community (CCRC)?	o	o
b. a hospital?	o	o
c. a nursing home?	o	o
d. an assisted living community/facility?	o	o

e. another home health/home care agency?   o   o

HC4 LicenseYears

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

_____ years [INTEGER; RANGE 0-99]
998. Don't know

HC4a CertMedicare

Is this agency certified under Medicare?

1. Yes
5. No

HC4b CertMedicaid

Is this agency certified under Medicaid?

1. Yes
5. No

HC4c1-3 Services

What types of services does this agency provide?

	Check all that apply
a. Home health services (i.e., medically necessary part-time or intermittent skilled nursing care and/or post-acute services) reimbursed by Medicare, Medicaid, commercial insurance, or private pay.	☐
b. Personal or home care services not associated with home health services, focused solely on supporting activities of daily living (usually paid privately or by Medicaid)	☐

c. Other types of services	☐

HC5c Clients

How many clients does this agency serve in a typical month?

_____ clients per month

[Integer; range 0-999]

HC6 MemCareExclusive

Is this agency dedicated exclusively to memory care?
01. Yes
05. No

HC7a BaseRate

What is the average hourly rate paid by new private pay clients for an aide visits?

$_____ per hour [Integer; $0-$99,999, mask input to show as a dollar amount e.g., $xx,xxx]

966665 No aide visits are provided by this agency
966666 Agency does not accept private pay clients

HC8 Benefits

What benefits are provided to full-time staff?

		Select all that apply
a.	Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK HC8a]	☐
b.	Paid sick time (separate from vacation) [IF SELECTED, ASK HC8b]	☐
c.	Paid vacation time (separate from sick time) [IF SELECTED, ASK HC8c]	☐
d.	Health insurance for employees	☐
e.	Health insurance for employees' families	☐
f.	Dental insurance	☐
g.	Vision insurance	☐
h.	Tuition reimbursement or education scholarship	☐
i.	Paid parental leave	☐
j.	Retirement benefits (401K, 403B, pension, other)	o

HC8a DaysPTO

[DISPLAY IF HC8a. PTO is selected]

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

_____ days per years

[Integer; Range 0-365]

HC8b DaysSick

[DISPLAY IF HC8b. Paid sick is selected]

How many sick days do full-time staff receive …

_____ days per years

[Integer; RANGE 0-365]

HC8c DaysVaca

[DISPLAY IF HC8c. Paid Vacation is selected]

How many vacation days do full-time staff receive …

_____ days per years

[Integer; RANGE 0-365]

HC9 Union

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

	Select all that apply.
a. None	☐
b. Registered nurse	☐
c. Licensed Practical/Vocational Nurse	☐
d. Certified nursing assistant	☐
e. Home health aide	☐
f. Personal Care Aide or other nurse aides	☐
g. Activity staff	☐
h. Other (describe) _____	☐

HC10 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

HC11 EHRHave

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

1. Yes   [GO to HC12]
5. No   [GO to HC14]

HC12 EHRExtent
[DISPLAY IF HC11 = "Yes"]

In this home care agency, which best describes the extent to which client 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

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HC13 EHRCanDo

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

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

HC14 MedStaff

Does this home care agency have authorized staff available to administer medication 24 hours a day, 7 days a week?

1. Yes
5. No
6. Not applicable - this agency does not provide this service

HC15 ResidentComposition

Please enter percentages below. Your answers do not need to add to 100%.

Approximately what percent of all current clients ….

	(percent of current clients)
a. have dementia, including Alzheimer's disease?	__ %
b. have serious mental illness (e.g., bipolar disorder, schizophrenia, other psychotic disorder)?	__ %
c. have substance use disorder?	__ %
d. are enrolled in hospice services?	__ %
e. have advance directives upon admission?	__ %

[RANGE 0 - 100%; Mask PCTN - % formatting to table entries.]

HC16a NrAdmins

How many administrators, including interim administrators, has this agency had in the last 5 years?

_____ administrators in the last 5 years

98. Don't know
[Integer; RANGE 0-99]

HC18 NursingIntro

This question is about all direct care workers who work in this home care agency, including the home health aides (HHAs), personal care assistants (PCAs), certified nursing assistants (CNAs), nursing assistants (NAs), medication aides, or any other direct care workers.

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

HC18a NrNurseStaff

How many total direct care workers are on staff?

This should include medication aides and contract staff.

_____ direct care workers

[Integer; RANGE 0-999; IF HC18a = 0/REF/BLANK, GO TO HC19]

HC18b NrNurseFT

Of the [Answer to HC18a] direct care workers, what number are full-time?

_____ full-time direct care workers

[Integer; RANGE 0 TO TOTAL ENTERED IN HC18a NrNurseStaff]

HC18c NrNurseTemp

Of the [Answer to HC18a] direct care workers, what number are contract staff?

_____ contract direct care workers

[Integer; RANGE 0 TO TOTAL ENTERED IN HC18a NrNurseStaff]

HC18d NrMedAid

Of the [Answer to HC18a] direct care workers, what number are medication aides?

_____ medication aides

[Integer; RANGE 0 TO TOTAL ENTERED IN HC18a NrNurseStaff]

HC20 ShiftLength

What is the typical shift length for a personal care assistant/direct care worker?

_____ hours

[INTEGER; RANGE 0-24]

HC21b HaveMedDoc

Does this agency have a medical director (someone with whom the agency contracts for advice about or provision of medical care)?

1. Yes
5. No

HC22 TrainFormal

Does this home care agency provide formal training in the following topics to newly-hired staff either **during orientation or at another time before they begin working** with clients? (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	O	O
b. Person-centered care	O	O
c. Assessment and care planning	O	O
d. Dementia-appropriate support for activities of daily living	O	O
e. Behaviors and communication specific to persons with dementia	O	O

HC23 TrainEdu

Have the majority of staff who provide direct care to clients 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	○	○
b. Person-centered care	○	○
c. Assessment and care planning	○	○
d. Dementia-appropriate support for activities of daily living	○	○
e. Behaviors and communication specific to persons with dementia	○	○

HC24 TrainHave

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

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

HC26 TrainConfident

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

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

HC27 Assessments

In this agency, how frequently are assessments administered to clients age 65 and over for the following conditions or risks?

	Routinely	As needed	Never	Don't Know
a. Depression screening	o	o	o	o
b. Dementia/cognitive impairment screening	o	o	o	o
c. Fall risk	o	o	o	o

HC28 ADReview

Do staff in this home care agency typically review advance directive documentation with clients….

Select all that apply

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

HCEnd

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