



Home Care Administrator Wave 3 Survey

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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]
 [AGENCY LICENSE NUMBER]
 [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.

Please click Yes to confirm you are affiliated with the agency referenced above, or No if this is not your agency. Y/N

HC0 Contact

What is the name and title of the person leading the completion of this survey?

Your contact information will be used only for follow-up communication and will be stored separately from your survey responses to protect your confidentiality.

Name:

Title:

HC1OwnershipType

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

1. Non-Profit [\[GO TO HC2\]](#)
2. For-Profit [\[GO TO HC1a\]](#)
3. Government [\[GO TO HC2\]](#)

[\[ALLOW ONE SELECTION\]](#)

HC1a PrivEquity

Is this home care agency owned or backed by a private equity firm?

1. Yes
5. No
- 8. Don’t know

HC2 OwnMultiple

Is this home care agency 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

HC3 AssociatedWith

Is this home care agency 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. a nursing home?	<input type="radio"/>	<input type="radio"/>
d. an assisted living community/facility?	<input type="radio"/>	<input type="radio"/>
e. another home health/home care agency?	<input type="radio"/>	<input type="radio"/>
f. a hospice organization?	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

- a..[AssociatedWithCCRC]
- b.[AssociatedWithHosp]
- c.[AssociatedWithNH]
- d.[AssociatedWithALC]
- e.[AssociatedWithHC]
- f. [AssociatedWithHospice]

HC4 LicenseYears

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

_____ year(s) [INTEGER; RANGE 0-99]

-8. 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?

Select 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

[VARIABLE CODING]

a.[ServiceHHS]

b.[ServiceNotHHS]

c.[ServiceOther]

HC5c Clients

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

_____ client(s) per month

[Integer; range 0-999]

HC5d MedCov

How many of your clients have Medicaid coverage for the services you provide?

_____ client(s) with Medicaid coverage

[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 visit?

[DO NOT ADD IF NOT THERE ALREADY: If not applicable, select the checkbox that best applies.]

\$ _____ 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

HC7b BaseRateRN

What is the average **hourly rate** paid by new private pay clients for an RN visit?

\$ _____ per hour

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

966665 No RN 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]

HC8b DaysSick

[DISPLAY IF HC8b. Paid sick is selected]

How many paid sick days do full-time staff receive?

_____ day(s) per year

[Integer; RANGE 0-365]

HC8c DaysVaca

[DISPLAY IF HC8c. Paid Vacation is selected]

How many paid vacation days do full-time staff receive?

_____ day(s) per year

[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	0
b. Registered nurse	0
c. Licensed Practical/Vocational Nurse	0
d. Certified nursing assistant	0
e. Home health aide/assistant	0
f. Personal Care Aide/assistant or other similar aide	0
g. Activity staff	0
h. Other (specify): _____	0

[VARIABLE CODING] a. [UnionNone]

f. [UnionPCAI]

- b. [UnionRN]
- c. [UnionLPVN]
- d. [UnionCNA]
- e. [UnionHHA]
- g. [UnionActivity]
- h. [UnionOther]

HC305 Emergency Preparedness

How often do staff receive the following types of emergency preparedness training?

	Never	At time of hire only	Every 2-3 years	At least every year
a. CPR / Basic Life Support (BLS)	0	0	0	0
b. Use of personal protective equipment	0	0	0	0
c. Fire Safety	0	0	0	0
d. Active shooter AL_NH only	0	0	0	0
e. Procedures for major weather events such as tornadoes or hurricanes	0	0	0	0
f. Procedures for evacuation in the event of a major emergency	0	0	0	0
g. Procedures if a client elopes from your care	0	0	0	0

- [VARIABLE CODING]
- a. [EmerPrepCPR]
 - b. [EmerPrepPPE]
 - c. [EmerPrepFire]
 - d. [EmerPrepActive]
 - e. [EmerPrepWeather]
 - f. [EmerPrepEvac]
 - g. [EmerPrepElopes]

HC306 LangTrain1

Does this home care agency provide any training in languages other than English?

- 1. Yes [\[Go to HC307\]](#)
 - 5. No [\[Go to HC308\]](#)
-

HC307 LangTrain2

In which language(s) do you provide training? *Select all that apply.*

- a. Spanish
- b. Chinese
- c. Tagalog
- d. Vietnamese
- e. Arabic
- f. French or French Creole
- g. Portuguese
- h. Russian
- i. Other, specify: _____

[IF HC307 = 9, OPEN SPECIFY]

[VARIABLE CODING]

a..[LangTrainSpanish]	h.[LangTrainRussian]
b.[LangTrainChinese]	i.[LangTrainOther]]
c..[LangTrainTagalog]	
d..[LangTrainVietnamese]]	
e..[LangTrainArabic]	
f..[LangTrainFrench]]	
g.[LangTrainPortugese]	

HC308 StaffLang1

To adequately serve your client population, do you need some staff to be able to speak a language other than English?

- 1. Yes [\[Go to HC309\]](#)
 - 5. No [\[Go to HC316\]](#)
-

HC309 StaffLang2

Which language(s) do you need some staff to be able to speak? *Select all that apply.*

- a. Spanish
- b. Chinese
- c. Tagalog
- d. Vietnamese
- e. Arabic
- f. French or French Creole
- g. Portuguese
- h. Russian
- i. Other, specify: _____

[IF HC309 =9, OPEN SPECIFY]

[VARIABLE CODING]

- | | |
|--------------------------|------------------------|
| a.[StaffLangSpanish] | h...[StaffLangRussian] |
| b..[StaffLangChinese] | i.[StaffLangOther] |
| c..[StaffLangTagalog] | |
| d..[StaffLangVietnamese] | |
| e..[StaffLangArabic] | |
| f..[StaffLangFrench] | |
| g..[StaffLangPortugese] | |

HC316 GUIDEParticipate

Does this organization participate in the Guiding an Improved Dementia Experience (GUIDE) program?

- 1. Yes
- 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

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?	<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"/>

[VARIABLE CODING]

- a.[EHROrder]
- b.[EHRDoc]
- c.[EHRSend]
- d.[EHRReceive]
- e.[EHRAccess]

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

	<i>(percent of current clients)</i>
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.]

[VARIABLE CODING]

- a.[ResDementia]
- b.[ResMental]
- c.[ResSubstance]
- d.[ResHospice]
- e.[ResAD]

HC16a NrAdmins

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

_____ administrator(s) in the last 5 years

-8. Don't know

[Integer; RANGE 0-99]

HC16b NrDirectors

How many health care supervisors – meaning the one staff member who most oversees the health status of clients – has this home care agency had in the last 5 years?

This person may have a title such as Nursing Director, Clinical Services Director, or similar titles.

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

_____ health care supervisor(s) in last 5 years [INTEGER; RANGE 0-99]

[If 1 or more, go to HC16b1]

-6. Do not have this position in our organization [GO TO HC16g]

-8. Don't know [GO TO HC16g]

HC16b1 SupCurr

Is there currently someone in the position of health care supervisor?

1. Yes [GO TO HC16c]

5. No [GO TO HC16g]

HC16c SupNurse

Is the current health care supervisor a licensed nurse?

1. Yes

5. No [GO TO HC16e]

HC16d SupCred

What is the highest nursing credential the current health care supervisor has?

1. LVN/LPN

2. RN

3. NP

4. Other, specify: _____

-8. Don't know

HC16e SupFTPT

Is this health care supervisor part-time or full-time?

1. Part-time

2. Full-time

HC16f SupOnSite

How many hours per week is this health care supervisor physically on-site?

_____ hour(s)
[Integer, RANGE 0-168]

HC16g MedDir

Does this home care agency have a medical director, that is, a medical professional contracted or employed by this agency to advise about or provide medical care?

- 1. Yes
 - 5. No [GO TO HC16L]
-

HC16h_a-e MedDirLicense

What type of license does the medical director hold?

Select all that apply.

- a. Physician [GO TO HC16i]
- b. Nurse practitioner [GO TO HC16j]
- c. Physician assistant [GO TO HC16j]
- d. Other, specify: _____
- e. Don't know

[VARIABLE CODING]

- a.[MedDirLicensePh]
 - b.[MedDirLicenseNP]
 - c.[MedDirLicensePA]
 - d.[MedDirLicenseOther]
 - e.[MedDirLicenseDK]
-

HC16i MedDirCert

Please indicate whether this medical director holds any of the following board certifications

Select all that apply.

- a. Certified Medical Director
- b. Geriatrics
- c. Hospice and Palliative Medicine
- d. None of the above [DO NOT ALLOW WITH OTHER ANSWERS]
- e. I don't know [DO NOT ALLOW WITH OTHER ANSWERS]

[VARIABLE CODING]

- a.[MedDirCertMed]
 - b.[MedDirCertGeriatrics]
 - c.[MedDirCertHosPal]
 - d.[MedDirCertNone]
 - e.[MedDirCertDK]
-

HC16j MedDirFTPT

[ASK HC16J IF HC16g = YES]

Is the medical director of this home care agency part-time or full-time?

- 1. Part-time
 - 2. Full-time
-

HC16k MedDirOnsite

[ASK HC16k IF HC16g = YES]

Does this medical director provide medical care for your clients?

- 1. Yes
 - 5. No
-

HC16L1 Contracts

[IF HC16g = YES, then display:] Other than a medical director, does this agency have a contract with one or more physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for your clients?

IF HC16g = NO, then display:] Does this agency have a contract with one or more physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for your clients?

- 1. Yes
 - 5. No
-

HC16m Competitors

Which industries do you view as your top competitors for staff?

Select all that apply.

- a. Other home care/home health agencies

e.[MarketPA]

The next set of questions is about all direct care workers who work in this home care agency, including the home health aides (HHAs), personal care aides/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.

HC18e PayLvl

Does your pay scale for direct care workers increase with greater experience or skill levels?

1. Yes
 5. No
-

HC18f_a-h SupCareer

In what ways do you support career progression for direct care workers?

Select all that apply.

- a. Offer on-the-job training
- b. Offer promotion to higher job categories
- c. Offer registered apprenticeships
- d. Provide tuition support to pursue additional certification or degrees
- e. Provide paid time off to support educational opportunities
- f. Partner with other organizations to provide educational opportunities
- g. Other, please specify: _____
- h. None of the above [DO NOT ALLOW WITH OTHER CHOICES]

[VARIABLE CODING]

a.[SupCareerOTJTrain]	f.[SupCareerPartnerEd]
b.[SupCareerPromotion]	g.[SupCareerOther] [SupCareerOtherT]
c.[SupCareerApprent]	h.[SupCareerNone]
d.[SupCareerTuition]	
e.[SupCareerTimeOffEd]	

HC18a NrNurseStaff

How many total direct care workers are on staff?

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

_____ direct care worker(s)

[Integer; RANGE 0-999; IF HC18a = 0/REF/BLANK, GO TO HC20]

HC18bNrNurseFT

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

_____ full-time direct care worker(s)

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

HC18c NrNurseTemp

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

_____ contract direct care worker(s)

[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 aide(s)

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

HC20 ShiftLength

What is the typical shift length for-a home health aide or personal care assistant?

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

_____ hour(s)

[INTEGER; RANGE 0-24]

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	<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"/>
f. Infection control	<input type="radio"/>	<input type="radio"/>
g. Safe patient handling	<input type="radio"/>	<input type="radio"/>
h. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [TrainFormalDem]
 b. [TrainFormalPerson]
 c. [TrainFormalPlan]
 d. [TrainFormalSupport]
 e. [TrainFormalBehavior]
 f. [TrainFormalInfection]
 g. [TrainFormalSafe]
 h. [TrainFormalEOLC]

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	<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"/>
f. Infection control	<input type="radio"/>	<input type="radio"/>
g. Safe patient handling	<input type="radio"/>	<input type="radio"/>
h. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [TrainEduDem]
b. [TrainEduPerson]
c. [TrainEduPlan]
d. [TrainEduSupport]
e. [TrainEduBehavior]
f. [TrainEduInfection]
g.[TrainEduSafe]
h.[TrainEduEOLC]

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia/cognitive impairment screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fall risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [AssessDepress]
 b. [AssessDem]
 c. [AssessFall]

HC311 ADReview1

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

	Never	Sometimes	Often	Always
a. With change of condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [AdReviewChange]
 b. [AdReviewAnnually]

HC29a-f ElderAbuse

Does this home care agency's staff receive training on how to identify and report elder abuse? Select all of the topics for which the staff receive training.

- a. Physical abuse
- b. Psychological/emotional abuse

- c. Sexual abuse
- d. Financial abuse
- e. Neglect
- f. No training received on how to identify and report elder abuse.

[VARIABLE CODING] a. [ElderAbusePhys] e. [ElderAbuseNeglect]
 b. [ElderAbusePsych] f. [ElderAbuseNoTrain]
 c. [ElderAbuseSexual]
 d. [ElderAbuseFinancial]

HC312 StaffAgencyUS

Does this home care agency currently work with any staffing agencies to recruit staff from **within the U.S.?**

- 1. Yes, for contract or temporary staff
 - 2. Yes, for permanent staff
 - 3. Yes, for both contract and permanent staff
 - 5. No
-

HC313 StaffAgencyInt

Does this home care agency currently work with any staffing agencies to recruit staff from **outside of the U.S.?**

- 1. Yes, for contract or temporary staff
 - 2. Yes, for permanent staff
 - 3. Yes, for both contract and permanent staff
 - 5. No
-

HC314 StaffLoss

Over the past year, has this home care agency lost staff due to immigration-related challenges?

- 5. No [GO TO HCEnd]
 - 1. Yes, 1-2 employees [GO TO HC315]
 - 2. Yes, more than two employees [GO TO HC315]
-

HC315 StaffLossType

Which types of workers have left this home care agency due to immigration related challenges?

Select all that apply.

- a. Licensed nurses
- b. CNAs, home health aides, or other aides
- c. Other

- a. [StaffLossLPN]
- b. [StaffLossCNAs]
- c. [StaffLossOther]

HCEnd

These are all the questions we have for you today.

Thank you for participating in the National Dementia Workforce Study. We would like to contact you in the future for follow-up studies. Learning about how your experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.

[CONFIRM / COLLECT first & last name, address, email, phone information]