

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

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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.

NOTICE - Public reporting burden of this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0298).

Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose 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).

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?

² No → **SKIP TO QUESTION 10.**

¹ Yes

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

² No → **SKIP TO QUESTION 4.**

¹ Yes

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

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

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

² No

¹ Yes

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

Mark all that apply.

⁰ None

¹ American Nurses Credentialing Center (ANCC) certification (Nurse Practitioner, Nursing Case Management, Public/Community Health, etc.)

² 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.

² No → CONTINUE TO QUESTION 10.

¹ 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.

- None
- American Nurses Credentialing Center (ANCC) certification, (for example, Nurse Practitioner, Nursing Case Management, Public/Community Health, etc.)
- 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.

- a Number of weeks
- OR**
- b Number of months
- OR**
- c 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.

- a Number of weeks
- OR**
- b Number of months
- OR**
- c 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

- a % Diploma
- b % Associate Degree
- c % BS/BSN (4 years)
- d % 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.)

- No → SKIP TO QUESTION 19.
- Yes → CONTINUE TO QUESTION 18.

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

Mark one box in each row.

- | <u>No</u> | <u>Yes</u> | |
|---------------------------------------|---------------------------------------|-------------------------|
| ² <input type="checkbox"/> | ¹ <input type="checkbox"/> | Palliative Care |
| ² <input type="checkbox"/> | ¹ <input type="checkbox"/> | Wound and Ostomy Care |
| ² <input type="checkbox"/> | ¹ <input type="checkbox"/> | Pain Management |
| ² <input type="checkbox"/> | ¹ <input type="checkbox"/> | Gerontology |
| ² <input type="checkbox"/> | ¹ <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.

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

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

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

Do not include contract workers.

² No → SKIP TO QUESTION 23.

¹ 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.

² No → SKIP TO QUESTION 25.

¹ 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.

² No → **SKIP TO QUESTION 27.**

¹ 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.

² No → **SKIP TO QUESTION 29.**

¹ 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?

² No → **SKIP TO QUESTION 38.**

¹ Yes

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

² No → **SKIP TO QUESTION 32.**

¹ 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**?

² No → **SKIP TO QUESTION 34.**

¹ 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?

2 No → SKIP TO QUESTION 36.

1 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?

2 No → SKIP TO QUESTION 38.

1 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.

2 No → SKIP TO QUESTION 47.

1 Yes → CONTINUE TO QUESTION 39.

39. Does this agency currently have any RN vacancies?

2 No → SKIP TO QUESTION 41.

1 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?

2 No → SKIP TO QUESTION 43.

1 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?

2 No → SKIP TO QUESTION 45.

1 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?

² No → SKIP TO QUESTION 47.

¹ 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.

² No → SKIP TO QUESTION 56.

¹ Yes

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

² No → SKIP TO QUESTION 50.

¹ 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?

² No → SKIP TO QUESTION 52.

¹ 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?

² No → SKIP TO QUESTION 54.

¹ 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?

² No → SKIP TO QUESTION 56.

¹ 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.

² No → **SKIP TO QUESTION 65.**

¹ Yes

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

² No → **SKIP TO QUESTION 59.**

¹ 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?

² No → **SKIP TO QUESTION 61.**

¹ 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?

² No → **SKIP TO QUESTION 63.**

¹ 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?

² No → **SKIP TO QUESTION 65.**

¹ 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?

² No → **SKIP TO QUESTION 72.**

¹ Yes

69. What kinds of services do they provide?

Mark all that apply.

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

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

^a Number of volunteers

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

^a Number of current patients

OR

^b % Percent of current patients

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

² No → **SKIP TO QUESTION 74.**

¹ Yes

73. For what types of students?

Mark all that apply.

- ¹ Home Health Aide
- ² Nurse (RN, LPN)
- ³ Advance Practice Nurse (NP, CNS)
- ⁴ Physician Assistant
- ⁵ Medical Student/Intern/Resident
- ⁶ Therapist (Physical, Speech, Occupational)
- ⁷ Social Worker
- ⁹¹ 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 1 Physicians
- 2 1 Dental health professionals
- 2 1 Psychiatrists
- 2 1 Psychologists
- 2 1 Nutritionists, Dietitians
- 2 1 Occupational Therapists
- 2 1 Occupational Therapy Assistants
- 2 1 Physical Therapists
- 2 1 Podiatrists
- 2 1 Respiratory Therapists
- 2 1 Social Workers
- 2 1 Speech Pathologists/Audiologists
- 2 1 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)

E

Employee Benefits

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.

² No

¹ Yes → **SKIP TO QUESTION 80.**

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

² No → **SKIP TO QUESTION 81.**

¹ 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>	
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Computerized Physicians Order Entry (CPOE) - prescriptions, labs, tests, etc.
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Test results (chest x-rays, labs, etc.)
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Patient demographics
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Electronic reminders for tests (labs, imaging, etc.)
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Clinical Decision Support System (CDSS) contraindications, allergies, guidelines, etc.
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Clinical notes
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	Public health reporting (notifiable diseases)
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <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>	
² <input type="checkbox"/>	¹ <input type="checkbox"/>	Billing system
² <input type="checkbox"/>	¹ <input type="checkbox"/>	Inventory control (i.e. bar coding)
² <input type="checkbox"/>	¹ <input type="checkbox"/>	Human Resources management (personnel records)
² <input type="checkbox"/>	¹ <input type="checkbox"/>	Staff management (e.g., staffing scheduling, etc.)
² <input type="checkbox"/>	¹ <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

² ¹ Satellite Broadcast capability (in service, training)

² ¹ Staff Internet access

² ¹ 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.

² No → **SKIP TO QUESTION 86.**

¹ 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

² ¹ Routine telephone monitoring of patients' health, involving conversation with nurse or other health care provider/monitor

² ¹ E-mail access to health professionals for patients/caregivers

² ¹ Video consults with health care professionals

² ¹ Routine video monitoring of patients' health, involving conversation with nurse or other health care provider/monitor

² ¹ Routine non-video monitoring of patients' health, without conversation (e.g., regular transmission of vital signs)

² ¹ 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.

⁰ None **OR** ^a % 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.

² No → **SKIP TO QUESTION 91.**

¹ Yes

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

⁰ None

¹ Some

² All

88. How many of your administrative staff use these?

⁰ None

¹ Some

² All

89. Do any other staff use these?

² No

¹ Yes (PLEASE SPECIFY)

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

Mark one box in each row.

No Yes

² ¹ Computerized Physicians Order Entry (prescriptions/pharmacy, labs, tests)

² ¹ Test results

² ¹ Electronic reminders for tests

² ¹ Clinical Decision Support System guidelines or reference systems

² ¹ E-mail communication with agency staff/other staff

² ¹ Scheduling appointments/visits

² ¹ OASIS

² ¹ Other (PLEASE SPECIFY)

**PLEASE CONTINUE
TO NEXT PAGE**



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

- No, not started
- Yes, in progress
- 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

**1650 Research Boulevard
Rockville, Maryland 20850**