

Appendix J

Administrative Interview

Note: This interview was conducted with the administrator or his/her designee. The interview had been formatted to eliminate extra space for comment.

Archival Information

Administrative Interview

Name & Address of Facility: _____

Which people provided information?

Name _____ Position _____

Name _____ Position _____

Who collected data?

Note: Much of this information will be available based on recruitment interview. Some was used as a basis for sample selection. On-site data collector will be given partially completed form and can verify information that is already filled in.

General Information

- 1. Tax status:
 - ___ a. for profit
 - ___ b. not-for-profit, public
 - ___ c. not-for-profit, private

- 2. Urban/rural status:
 - ___ a. urban
 - ___ b. rural

- 3. Chain status:
 - ___ a. independent, nonchain
 - ___ b. single-state chain
 - ___ c. multi-state chain

Note: Nonprofit chains are defined as chain if administered centrally—e.g. Bon Secours, Sisters of Providence not merely affiliated.

- 4. Other programs operated by facility in addition to nursing home.

yes no

- 1 2 a. Residential care facilities/assisted living:

if yes: i. How many beds _____

Number residential care/assisted living beds

ii. How many distinct buildings/programs

_____ Number AL buildings/programs

iii. How many RCF/AL units/beds dedicated to dementia or Alzheimer's

_____ Number of dementia unit beds in RCF or AL (if none write 0)

Yes No

1 2 b. Independent retirement housing.
if yes: i. Does the nursing home provide services to the retirement housing
_____ yes
_____ no

1 2 c. Adult day care program.
if yes: average daily census of adult day care. _____

1 2 d. Home health or home care agency.

1 2 e. Senior center or any other community program. IF YES, SPECIFY PROGRAM(S) OFFERED.

5. What is the bed capacity, counting only beds in operation? _____
Number of beds

6. How many residents are in the facility at the time data collection began?

Number of residents

7. How many residents are on Medicaid when data collection began?

Number of residents on Medicaid

8. How many residents are in private rooms. DON'T COUNT RESIDENTS TEMPORARILY ALONE IN DOUBLE ROOMS

Number residents in private rooms

9. In 1999, what percent of your resident days were reimbursed by Medicare.

% Medicare days

10. In 1999, what was your average length of stay.

Average length of stay—in days

11. In 1999, what was your average occupancy rate?

Average occupancy

12. How many distinct units does this nursing home have? A UNIT MAY SHARE A NURSE'S STATION. DEFINE UNIT AS NH DOES.

Number of units

13. Range in unit size: # of beds in smallest unit _____
of beds in largest unit _____

14. a. How many units, if any, are dedicated as dementia special care units?

_____ # dementia SCUs (if none write 0)

b. If more than one, specify size of each and differences, if any, in target group.

15. What dedicated units, besides dementia SCUs do you have, if any.

Yes No If yes, #beds

- ___ ___ _____ a. Medicare units
- ___ ___ _____ b. New admission unit
- ___ ___ _____ c. Hospice unit
- ___ ___ _____ d. Respiratory unit
- ___ ___ _____ e. Other (SPECIFY) _____
- ___ ___ _____ f. Other (SPECIFY) _____
- ___ ___ _____ g. Other (SPECIFY) _____

16. How many dining areas does this NH have. _____

Number of dining areas

17. Turnover,

a. Has the administrator changed in last 2 years—i.e. since January 1997.

___ yes

IF YES, how many times had the administrator changed. _____

___ no

b. Has the DON/DNS changed in the last 2 years—i.e. since January 1997 _____

___ yes

IF YES, how many times has the DON/DNS changed. _____.

___ no

c. What is turnover rate of CNA's in last year. _____

d. What proportion of CNAs have worked at facility for one year or more. _____

e. What proportion of ALL staff have worked at facility for one year or more. _____

f. What proportion of ALL staff have worked at facility for 3 years or more. _____

18. Current administrator

a. Length of time current administrator has been administrator of facility.

_____ Number of years _____ Number of months

b. Number of years current administrator has been a nursing home administrator

_____ Number of years _____ Number of months

c. Formal training of administrator (all that apply)

___ MBA

- MPH
- MSN
- Masters in other field (Specify) _____
- BA
- Other formal education (Specify) _____

19. Current DNS/DON

a. Length of time current DON has served as DON of this facility.

_____ Number of years _____ Number of months

b. Number of years current DON has been a DON at any nursing home.

_____ Number of years _____ Number of months

c. Formal training of DON (all that apply)

- MSN, masters degree in nursing
- BSN, bachelor's degree in nursing
- 3-year hospital nursing degree
- AA nursing degree
- geriatric nurse practitioner/geriatric nurse specialist
- other formal training SPECIFY _____

Other general staff information

20. Do you have any of the following positions:

yes no

- a. Someone assigned to staff training?
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.
- b. Some assigned to MDS coordination.
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.
- c. One or more paid persons to coordinate volunteer activities.
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.
- d. One or more paid clergy persons, pastoral counselors.
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.
- e. Any GNP, clinical nurse specialist paid by nursing home.
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.
- f. Any PT paid by nursing home.
If yes, # of FTE for this role. _____
FTEs. Use decimals if less than full-time position.

21. Do you have any credentialing process or standards for medical staff?

yes DESCRIBE.

no

22. How much time does the medical director dedicate to the facility?

_____ hours per week

no specified time

23. For about how many residents is medical director also primary care physician.

_____ number of residents

24. About how many different physicians are acting as primary care physician for your residents.

_____ number of physicians

25. About how many of your residents are members of HMOs?

_____ number residents

26. Do you have geriatric nurse practitioners or other clinical specialists visiting the nursing home—e.g. connected with primary care doctors. EverCare etc.

yes DESCRIBE

no

27. a. Do you have regular meetings with department heads or a management team for the nursing home?

yes

no

b. Does the management group include any of the following:

Yes No

a. Administrator

b. Assistant/associate administrator

c. Director of Nursing. Director of Patient/Resident Services

d. Director/Representative of Social Work

e. Director/Representative of Housekeeping/Environmental Services

f. Director/Representative of Activities

g. Dietary director/director of food services

h. Other (SPECIFY)

i. Other (SPECIFY)

j. Other (SPECIFY)

28. a. Have you developed a management structure at the unit level with unit team leaders.

yes

no

If yes:

b. Who heads the unit team:

- always a nurse by definition
- doesn't need to be a nurse but currently all are
- nurses and others SPECIFY

c. Who serves on the unit teams:

yes no

- a. CNAs
- b. Specialized medication aides
- c. Housekeepers
- d. Other paraprofessional direct care providers DESCRIBE
- e. Social work
- f. Activities personnel
- g. Other

29. Does this facility subscribe to or participate in any kind of information system such as AHCA's Facilitator or any other system.

- yes
- IF YES, SPECIFY
- no

30.. Does this facility use any of the following mechanisms for consumer feedback:

yes no

- satisfaction questionnaires to residents
- IF YES, HOW OFTEN ARE THEY ADMINISTERED. _____
- satisfaction questionnaires to family members.
- IF YES, HOW OFTEN ARE THEY ADMINISTRED. _____
- resident/family complaint mechanisms
- IF YES, PLEASE DESCRIBE

31. Does this facility participate in any inter-facility effort to improve care—e.g. with other facilities in the community or in the firm.

- yes
- no
- Describe.

32a. Does this facility have an ethics committee. Count either its own or participation in a consortium ethics committee.

- yes
- no

b. If yes, which of the following are involved:

- administration
- nursing
- CNAs
- social work
- clergy
- lawyer
- family
- residents
- outside ethicists

c. How often does the ethics committee meet.

- no schedule, as needs
- more than once a month
- once a month
- not monthly but at least quarterly
- not quarterly but twice a year
- less than twice a year

33. Are any part of staff represented by a union:

- nurses
- paraprofessional nurses/aides
- housekeepers
- dietary
- other

34a. How many volunteers worked at the facility in the last year. **MAYBE THIS WILL COME FROM SW OR ACTIVITIES INTERVIEW.**

- _____ number
 don't know

b. Of the volunteers, how many were adults. _____
 Of the volunteers, how many were teens and children. _____

c. Does the facility have a formal auxiliary program?

- yes
- no

d. Which of the following tasks are performed in part by volunteers.

Yes No

- a. Reading to residents
- b. Escorting residents around facility.
- c. Escorting residents on visits to doctors/hospitals, etc
- d. Calling at bingo, assisting with group activities
- e. Assisting with one-on-one activities—games etc.

- f. Helping with feeding and meals.
- g. Working in facility gift shop, coffee shop, etc
- h. Assisting with office activities—mailings, newsletters, etc
- i. Other SPECIFY
- j Other SPECIFY.

35a. Do you have a child care program on the premises.

- yes, preschool program
- yes, afterschool program
- no

IF YES,

b. Does the child care program tend to be used by:

- professional staff
- paraprofessional staff

c. Do employees receive reduced rates at the child care program?

- yes
- no

d. Does the child care program interact with the residents:

- yes, children visit the residents on regular basis (e.g. almost daily, at least weekly)
- yes, some residents visit the child care center and/or help with children
- no

36. What is your starting hourly wage for nursing assistants. _____

37. What is the hourly wage of your highest paid nursing assistant. _____

38a. What benefits do professional and paraprofessional staff receive?

Benefit	Full-time professionals	Part time professionals	Full time paraprofessionals	Part-time paraprofessionals
Health insurance				
Dental insurance				
Vacations				
Paid sick leave				

Educational benefits				
Other				

b. Indicate what fraction of time an employee must be employed to receive benefits.

c. Describe level of benefits, amounts of vacation, etc