

NURSING HOME SURVEY

I. Description of the Nursing Home (NH) employee completing this survey

Name _____

Survey conducted via: Phone Mail

Job Title _____

Date of Survey _____

Facility ID Number _____

Phone Number _____

e-mail address _____

Fax Number _____

Name of State PRO: Strata Health

Address of NH _____

Number of years held current position ____

Number of years working at NH(s) ____

II. General Characteristics of Nursing Home

Q1. What best characterizes the structure of your organization? Check the most appropriate response

- Hospital-based
- Community-based

Q2a. What best characterizes the ownership of your facility? Check the most appropriate response

- For-profit
- Non-profit
- Governmental
- Other _____

Q2b. Is your facility part of a corporate chain?

- Yes, please specify
- No--> GOTO Q3

Q3. How would you characterize your NH's geographic setting? Check the most appropriate response

- Urban
- Rural
- Suburban
- Other _____

Q4. What is your facility's total bed capacity?

Number of beds: _____

The following couple of questions pertain to your facility's staffing issues.

Q5. Estimate your facility's **nursing staff RN/LPN and CNA** yearly turnover rate?

A. Nursing staff turnover _____%

B. CNA staff turnover _____%

Q6. How many different individuals have you had in the following positions over the last TWO years?

Number of Director of Nursing (DON) past two years _____

Number of Administrator past two years _____

Q7. Who principally directs and coordinates your immunization program(s) for residents? Please check one

- No one
- Administrator
- Corporate Office
- Medical Director
- Infection control nurse
- Other Quality Assurance personnel
- Director of Nursing
- Other _____

The following questions ask about YOUR **FACILITY'S** PARTICIPATION in the Nursing Home Immunization Program

Q8. Did you participate in any PRO-sponsored group activities, if so what were they?

- No--> **Skip to Q10**
- Yes (check all that apply from the list below)
 - Meetings
 - Educational Workshops and Seminars
 - Others (please specify) _____

Q9. How helpful were these group activities in increasing your facility's immunization rates? Please check the most appropriate response.

- Not helpful
- Helpful
- Somewhat helpful
- Very helpful
- Extremely helpful

Q10 Did your NH interact with other NHs or state organizations during this project?

- Yes, please specify from the list below
- No

Interacted with the following organizations:

- Other Nursing Homes in state
- Non-profit trade association
- For-profit trade association
- State AMDA chapter
- State American College of Health Care Administration
- State survey and certification agency
- Ombudsman program
- State Medicaid Program
- Other _____

Q11. Please indicate all the different ways the PRO communicated with your facility and rate how helpful these communications were in improving immunization rates in your facility? Check all that apply

	Yes	No	Please rate the helpfulness of the various communications (circle the appropriate response) 1. Not helpful; 2. Somewhat helpful; 3. Helpful; 4. Very helpful 5. Extremely helpful				
1. Postal Mail			1	2	3	4	5
2. Electronic Mail			1	2	3	4	5
3. Telephone call(s)			1	2	3	4	5
4. Individualized on-site visit(s)			1	2	3	4	5
5. Seminar(s) or workshop(s)			1	2	3	4	5

Q12. Please indicate which of the following was provided to your facility **BY YOUR STATE PRO**? Check all that apply

Provided	Please rate the helpfulness of the various materials provided by your state PRO (circle the appropriate response) 1. Not helpful; 2. Somewhat helpful; 3. Helpful; 4. Very helpful 5. Extremely helpful				
<input type="checkbox"/> Feedback and Reminders such as Stickers (ie, to be placed on charts as a reminder to vaccinate)	1	2	3	4	5
<input type="checkbox"/> Protocol to screen residents needing the vaccines	1	2	3	4	5
<input type="checkbox"/> Immunization tracking forms	1	2	3	4	5
<input type="checkbox"/> Project manual (ie, resource manual or tool kit)	1	2	3	4	5
<input type="checkbox"/> Patient education material	1	2	3	4	5
<input type="checkbox"/> Education materials for providers (eg, articles, ACIP guidelines)	1	2	3	4	5
<input type="checkbox"/> Data collection tools to calculate immunization rates	1	2	3	4	5
<input type="checkbox"/> Residents Immunization record sheets	1	2	3	4	5

<input type="checkbox"/> Preprinted physician orders	1	2	3	4	5
<input type="checkbox"/> Flyer	1	2	3	4	5
<input type="checkbox"/> Media Campaign	1	2	3	4	5
<input type="checkbox"/> Other	1	2	3	4	5

2. Used Standing Orders (ie, NOT requiring a physician signature to vaccinate)	N	Y	
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Interventions (Check all that apply)	Circle "Y" if activity WAS initiated and circle "N" if activity WAS NOT initiated		If any of these listed activities were initiated prior to the NH Immunization program please Check here
1. Preprinted Admission Orders (ie, requiring a physician signature to vaccinate)	N	Y	

3. A reminders system for the:			
a. Nursing Home staff	N	Y	
b. Physicians	N	Y	
Educational activities/In- service			
4. Provided educational materials regarding immunizations to:			
a. Nursing Home staff	N	Y	
b. Physicians	N	Y	
5. In-service programs for the staff	N	Y	

Q13. Did **YOUR FACILITY** INITIATE any of the following activities DURING the Nursing Home Immunization project?

Q14. In your opinion, how important was the PRO's assistance in changing your facility's immunization policies?

- Very important
 Important
 Somewhat Important
 Not important
 Don't Know

Q15. In your opinion, which of the following were CHALLENGES OR DIFFICULTIES in implementing immunization programs such as Standing Orders or Preprinted Admission Orders? (Check all that apply)

	<input checked="" type="checkbox"/> Check all
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External Obstacles/barriers	that apply
1. Federal, state or locally mandated regulations or legislations that made it difficult to implement Standing Orders (Please describe: _____)	
2. Low reimbursement rate for immunizations	
3. Difficulties in billing for immunizations	
4. Requirement to work with CMS/CDC protocol	
External Obstacles/barriers (cont'd)	✓ Check all that apply
5. Refusal of vaccination by patient or family	
6. Lack of support by state survey agency	
7. Lack of support by Medicaid Program	
8. Availability of vaccines	
9. Other (specify)	
Internal Obstacles/Barriers related to Nursing homes	
1. Inadequate staffing	
2. High turn-over rate among staff	
3. Cost of implementing Standing Orders (financial constraints)	
4. Cost of implementing Preprinted Admission Orders (financial constraints)	
5. Lack of support by physicians	
6. Lack of leadership support by: (Check all that apply)	
a. Owner (corporation) or Board	
b. Administrator or DON	
7. Lack of support by staff	
8. Lack of processes to track immunization	
9. "Adequate vaccination rate" already If this checked, Please estimate your vaccination rates for: a. Pneumococcal ____ % b. Influenza ____ %	
10. Not made a priority by the facility	

11. Other (specify)	
PRO related obstacles/barriers	
1. Difficulty in communicating with your PRO	
2. Unable to interact with ONE identified contact person at PRO throughout project (i.e., required interaction with multiple contact persons)	
3. Other, please specify _____	

Q16. Please give any suggestions as to how the PROs can better assist the Nursing Homes to increase their immunization rates.

Q17 If you were given the task of implementing Nursing Home immunization program your state, and you had the opportunity to implement the program again:

- What strategies would you do again? _____

- What strategies would you NOT do again? _____

- Are there any new strategies that you would use? _____

END