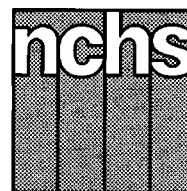


Advance Data



From Vital and Health Statistics of the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

An Overview of Home Health and Hospice Care Patients: 1996 National Home and Hospice Care Survey

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Abstract

Objective—This report presents numbers and percents of home health and hospice care agencies, their current patients, and their discharges. Agency characteristics include type of ownership, region, certification, location, and affiliation. Patient and discharge characteristics include age, sex, race, marital status, admission diagnoses, and procedures.

Methods—The data used for this report are from the National Center for Health Statistics' 1996 National Home and Hospice Care Survey. This is a sample survey through which data are collected on the use of home health and hospice care agencies in the United States.

Results—During 1996, there were an estimated 2.5 million current patients and 8.2 million discharges from 13,500 home health and hospice care agencies in the United States. The agencies tended to be proprietary, certified by Medicare and Medicaid as a home health agency, and located in a metropolitan statistical area. Almost half were part of a chain or group of agencies. The home health and hospice care patients and discharges tended to be 65 years of age and over, female, white, and married or widowed. The most common diagnoses for home health care patients were diseases of the circulatory system, and the most common diagnoses for hospice care patients were malignant neoplasms. About a third of the home health care patients and about a fifth of the hospice care patients had a surgical or diagnostic procedure related to their admission for care. The most common procedures for home health care patients were operations on the musculoskeletal system, and for hospice care patients they were miscellaneous diagnostic and therapeutic procedures.

Keywords: National Home and Hospice Care Survey • long-term care • current patients • discharges • diagnoses • surgical and diagnostic procedures

Introduction

This report presents statistics on an estimated 2.5 million current patients and 8.2 million discharges from 13,500

home health and hospice care agencies in the United States and is the fourth in a series of reports on home health and hospice care agencies and the people

they serve (1–3). The data presented were collected through the 1996 National Home and Hospice Care Survey (NHHCS), a nationwide sample survey that was first conducted by the National Center for Health Statistics in 1992 (4–7). The NHHCS, a segment of the long-term care component of the National Health Care Survey (8), was developed in response to the rapid growth in the number of home health and hospice care agencies throughout the United States. This growth led to a need for information on the availability and utilization of services offered by these agencies. The NHHCS collects information about the agencies that provide hospice and home health care services, their current patients, and their discharges.

As shown in [table 1](#), the number of agencies providing home health and hospice care services in the United States rose from 8,000 in 1992 to 13,500 in 1996. These agencies provided care to 1.3 million patients at the time of the survey in 1992, 2.0 million in 1994, and 2.5 million in 1996. There were 3.3 million discharges from these agencies in 1991–92, 5.6 million in 1993–94, and 8.2 million in 1995–96.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Table 1. Number of home health and hospice care agencies, current patients, and discharges: United States, 1992, 1994, and 1996

Type of estimate	1992	1994	1996
Agencies	8,000	10,900	13,500
Current patients	1,284,200	1,950,400	2,486,800
Discharges	3,273,300	5,600,200	8,168,900

Home health agencies and hospices are usually defined in terms of the type of care they provide. Home health care is provided to individuals and families in their place of residence to promote, maintain, or restore health or to maximize the level of independence while minimizing the effects of disability and illness, including terminal illness. Hospice care is defined as a program of palliative and supportive care services that provides physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services, which are available in both the home and inpatient settings, may be provided by home health care agencies as well as by hospices.

Although this report provides some information about the agencies that provide home health and hospice care services, the focus of the report is the patients receiving the care. Patient estimates for current patients and for discharges are presented by agency and by demographic and diagnostic characteristics.

Methods

The 1,200 agencies included in the 1996 survey were selected from a universe of 16,700 agencies classified as agencies providing home health and hospice care. The universe was obtained from the 1991 National Health Provider Inventory (NHPI), updated to 1996 using the Agency Reporting System (9–11).

Data collection for the 1996 NHHCS was conducted between July and December 1996. Data were collected on a sample of current patients and of discharges from a representative sample of home health and hospice care agencies. Patient data were obtained from the medical records of the sampled patients and discharges. An overview of the data collection methods and

estimation procedures for the 1996 NHHCS is in the [Technical Notes](#).

Statistics presented in this report are estimated numbers and percents of home health and hospice care agencies, current patients, and discharges by selected characteristics. Current patients are patients who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Discharges refer to patients who had been removed from the rolls of the agency (including those whose care ended because of death) during a designated month (from October 1995–September 1996) that was randomly selected for each agency.

Agency characteristics examined include ownership, Medicare and Medicaid certification, affiliation, and location. Ownership refers to the type of organization that controlled and operated the agency at the time of the survey. Affiliation refers to the agency's affiliation with a hospital, a group of agencies (such as a chain), a nursing home, or a health maintenance organization. Not all agencies are affiliated, and some may have other types of affiliation that are not included. Two types of location are reported: geographic region and metropolitan statistical area. Because of the dynamic nature of this area of the health care industry, an agency may provide home health care services, hospice care services, or both. Moreover, an agency may change its focus as the demand for different types of care changes. For this reason, data are not presented by type of agency, but by the type of care the patients were provided.

Patient information included in this report consists of selected demographic characteristics (sex, age, race, and marital status), diagnoses at admission, and surgical or diagnostic procedures related to the patient's admission to the agency. Diagnoses and procedures are coded according to the *International*

Classification of Diseases, 9th Revision, Clinical Modification (12).

The tests of significance used to test all comparisons mentioned in this report are based on the Bonferroni multiple comparisons using the *z*-test with an overall 0.05 level of significance. Not all differences were tested, so lack of comment in the text does not mean that the difference was not statistically significant. Estimates in this report have been rounded to the nearest hundred. Therefore, detailed figures may not add to totals. Percents were calculated using unrounded figures and may not agree with computations made from the rounded data.

Results

Agency Characteristics

In 1996, there were an estimated 13,500 home health and hospice care agencies providing services to patients in the United States ([table 2](#)). Thirty-four percent were owned by voluntary nonprofit organizations, 54 percent were proprietary or privately owned agencies, and 11 percent were owned by government and other agencies. Eighty-eight percent of the agencies were certified under Medicare (83 percent as a home health agency and 21 percent as a hospice), and 86 percent were certified under Medicaid (81 percent as a home health agency and 19 percent as a hospice). Eight percent of the agencies were not certified by either Medicare or Medicaid. Almost half—48 percent—of the agencies were part of a group or chain of agencies and 27 percent were operated by a hospital.

Forty percent of the agencies were located in the South region, 27 percent were in the Midwest, 18 percent were in the West, and 15 percent were in the Northeast. Two-thirds of the agencies were located in a metropolitan statistical area.

[Table 3](#) provides information on current patients served by these agencies by the type of service provided (home health care or hospice care). At the time of the survey, there were a total of 2.5 million patients being served: 2.4 million (98 percent) were receiving home health care services and 59,400

Table 2. Number and percent distribution of home health and hospice care agencies by selected agency characteristics: United States, 1996

Agency characteristic	Number	Percent distribution
All agencies	13,500	100.0
Ownership		
Proprietary	7,400	54.3
Voluntary nonprofit	4,600	34.3
Government and other	1,500	11.4
Certification		
Certified by Medicare ¹	11,900	88.2
As a home health agency	11,300	83.4
As a hospice	2,900	21.3
Certified by Medicaid ¹	11,600	86.0
As a home health agency	11,000	81.4
As a hospice	2,600	18.9
Not certified	1,100	8.1
Affiliation		
Affiliated ^{1,2}	8,500	62.9
Part of group or chain	6,400	47.5
Operated by a hospital	3,700	27.3
Not affiliated	5,000	37.1
Geographic region		
Northeast	2,000	15.0
Midwest	3,700	27.0
South	5,400	40.1
West	2,400	18.0
Location of agency		
In a metropolitan statistical area	9,100	67.5
Not in a metropolitan statistical area	4,400	32.5

¹Numbers may add to more than totals since an agency may be listed in more than one category.

²Includes a small number of agencies that are operated by a nursing home or a health maintenance organization.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

(2 percent) were receiving hospice care services.

The ownership of agencies serving home health care patients differed significantly from those serving hospice care patients. Almost half of the home health care patients received care from voluntary nonprofit agencies and 42 percent were served by privately owned or proprietary agencies. On the other hand, the majority—85 percent—of hospice care patients were served by voluntary nonprofit agencies and 11 percent were served by proprietary agencies.

The majority of both home health and hospice care patients received services from agencies that were certified by Medicare and/or Medicaid. Forty-two percent were served by an agency that was part of a group or chain of agencies, and about a third were served by a hospital-affiliated agency. Although a larger percent of home

health care patients than of hospice care patients were served by a chain or a hospital-affiliated agency, the differences are not significant.

Of all the current patients, 33 percent were served by agencies in the South, 27 percent by agencies in the Midwest, 26 percent by agencies in the Northeast, and 14 percent by agencies in the West. Agencies that were located in an MSA served 80 percent of the patients.

The number and percent of discharges from home health and hospice care agencies are shown in table 4. As with current patients, the majority (60 percent) of the home health care discharges were from voluntary nonprofit agencies and 32 percent were from privately owned or proprietary agencies. The distribution of discharges from hospice care was also similar to that of current patients—85 percent were discharged from voluntary nonprofit

agencies and 13 percent by proprietary agencies. The majority of the discharges were from an agency that was certified under Medicare and/or Medicaid.

Hospital-affiliated agencies had 47 percent of the discharges and agencies that were part of a group or chain of agencies had 39 percent of the discharges.

Of all the discharges, 30 percent were from agencies in the Northeast region, 25 percent were from agencies in the South, 24 percent were from agencies in the West, and 21 percent were from agencies in the Midwest. Eighty-eight percent of the discharges were from agencies located in an MSA.

Demographic Characteristics

Table 5 shows the number and percent of current home and hospice care patients by selected demographic characteristics. Two-thirds of the home health care patients and over half of the hospice care patients were female. Seventy-two percent of the patients receiving home health care services were elderly (65 years of age or older), 65 percent were white, 29 percent were married, and 35 percent were widowed. Of the hospice care patients, 78 percent were elderly, 84 percent were white, 44 percent were married, and 32 percent were widowed.

Table 6 presents the demographic information for home health and hospice care discharges. Sixty-four percent of the home health care discharges and 50 percent of the hospice care discharges were female. Two-thirds of the patients discharged from home health care services were elderly, 63 percent were white, 37 percent were married, and 25 percent were widowed. Of the hospice care discharges, 68 percent were elderly, 79 percent were white, 48 percent were married, and 29 percent were widowed.

Figure 1 shows that the reason for discharge from home health and from hospice care are very different. Almost 80 percent of the home health care patients were discharged because the services were no longer needed. Twenty-nine percent were discharged because they had recovered or their condition was stabilized, and 28 percent were discharged because their care was

Table 3. Number and percent distribution of home health and hospice care current patients by selected agency characteristics, according to type of care received: United States, 1996

Agency characteristic	All patients	Type of care		All patients	Type of care	
		Home health	Hospice		Home health	Hospice
		Number			Percent distribution	
Total	2,486,800	2,427,500	59,400	100.0	100.0	100.0
Ownership						
Proprietary	1,017,500	1,010,900	6,500	40.9	41.6	11.0
Voluntary nonprofit	1,240,100	1,190,000	50,200	49.9	49.0	84.6
Government and other	229,200	226,600	*2,600	9.2	9.3	*4.4
Certification						
Certified by Medicare ¹	2,299,800	2,242,300	57,500	92.5	92.4	96.8
As a home health agency	2,259,300	2,229,700	29,600	90.9	91.9	49.8
As a hospice	652,100	596,000	56,100	26.2	24.6	94.4
Certified by Medicaid ¹	2,326,700	2,271,000	55,700	93.6	93.6	93.8
As a home health agency	2,293,700	2,264,800	28,800	92.2	93.3	48.6
As a hospice	579,200	526,600	52,600	23.3	21.7	88.5
Not certified	*104,300	*102,900	1,400	*4.2	*4.2	2.3
Affiliation						
Affiliated ^{1,2}	1,570,200	1,540,300	29,900	63.1	63.5	50.4
Part of group or chain	1,053,000	1,032,000	21,000	42.3	42.5	35.4
Operated by a hospital	844,900	828,600	16,300	34.0	34.1	27.4
Not affiliated	916,700	887,200	29,500	36.9	36.5	49.6
Geographic region						
Northeast	651,700	642,700	8,900	26.2	26.5	15.0
Midwest	668,100	646,900	21,300	26.9	26.6	35.9
South	811,300	792,300	19,000	32.6	32.6	32.0
West	355,700	345,600	10,100	14.3	14.2	17.1
Location of agency						
In a metropolitan statistical area	1,999,600	1,951,400	48,100	80.4	80.4	81.1
Not in a metropolitan statistical area	487,300	476,000	11,200	19.6	19.6	18.9

* Figure does not meet standard of reliability or precision.

¹Numbers may add to more than totals since an agency may be listed in more than one category.

²Includes a small number of patients that were served by agencies that are operated by a nursing home or health maintenance organization.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

being provided from another source (family or friends, transferred to another agency, or admitted to hospital inpatient services or a nursing home). Patients may also be enrolled in home health agencies in order to learn how to care for themselves. These patients have not recovered from their condition, but have learned how to cope with it so they can live independently. Twenty-one percent of the discharges no longer required services primarily for this reason. For hospice care patients, the reason for discharge for the majority (82 percent) was death, while 10 percent were discharged because their care was being provided by another source.

Diagnoses and Procedures

Information on the diagnoses of home health and hospice care patients

was collected through the 1996 NHHCS. Up to six admission diagnoses were recorded for each patient. The number and percent of primary and all-listed diagnoses at admission are shown in [table 7](#) for current patients, and similar information for discharges are shown in [table 8](#). Home health care current patients had an average of 3.0 diagnoses per patient; for home health care discharges, there was an average of 2.7 diagnoses at admission. The average number of diagnoses at admission for hospice care patients was 2.5 for current patients and 2.2 for discharges.

The most common primary diagnosis for home health care current patients was a disease of the circulatory system—most often some form of heart disease. Other frequent primary

diagnoses were diseases of the musculoskeletal system and connective tissue; diabetes mellitus; symptoms, signs, and ill-defined conditions; diseases of the respiratory system; and injury and poisoning. When looking at all-listed diagnoses, these same conditions also occurred most often. In addition, essential hypertension and diseases of the nervous system and sense organs were frequently listed secondary diagnoses.

As with current patients, the most common primary diagnosis for home health care discharges was a disease of the circulatory system—again, most often heart disease. Other frequent primary diagnoses were injury and poisoning (especially fractures, at 6 percent); malignant neoplasms;

Table 4. Number and percent distribution of home health and hospice care discharges by selected agency characteristics, according to type of care received: United States, 1995–96

Agency characteristic	All discharges	Type of care		All discharges	Type of care	
		Home health	Hospice		Home health	Hospice
		Number			Percent distribution	
Total	8,168,900	7,775,700	393,200	100.0	100.0	100.0
Ownership						
Proprietary	2,541,000	2,488,600	52,400	31.1	32.0	13.3
Voluntary nonprofit	5,022,900	4,688,000	334,900	61.5	60.3	85.2
Government and other	605,100	599,200	*5,900	7.4	7.7	*1.5
Certification						
Certified by Medicare ¹	7,781,500	7,406,600	374,900	95.3	95.3	95.3
As a home health agency	7,573,200	7,370,500	202,700	92.7	94.8	51.6
As a hospice	2,477,700	2,119,100	358,600	30.3	27.3	91.2
Certified by Medicaid ¹	7,817,600	7,446,800	370,800	95.7	95.8	94.3
As a home health agency	7,642,400	7,430,100	212,300	93.6	95.6	54.0
As a hospice	2,265,300	1,932,000	333,300	27.7	24.8	84.8
Not certified	*181,100	*173,300	*7,800	*2.2	*2.2	*2.0
Affiliation						
Affiliated ^{1,2}	5,453,900	5,236,600	217,300	66.8	67.3	55.3
Part of a group or chain	3,145,500	3,012,700	132,700	38.5	38.7	33.8
Operated by a hospital	3,832,000	3,708,300	123,700	46.9	47.7	31.5
Not affiliated	2,715,000	2,539,100	175,900	33.2	32.7	44.7
Geographic region						
Northeast	2,422,700	2,351,100	71,700	29.7	30.2	18.2
Midwest	1,723,300	1,624,300	99,000	21.1	20.9	25.2
South	2,033,700	1,882,500	151,200	24.9	24.2	38.5
West	1,989,200	1,917,800	71,400	24.4	24.7	18.1
Location of agency						
In a metropolitan statistical area	7,216,800	6,885,600	331,300	88.3	88.6	84.2
Not in a metropolitan statistical area	952,100	890,100	62,000	11.7	11.4	15.8

* Figure does not meet standard of reliability or precision.
¹Numbers may add to more than totals since an agency may be listed in more than one category.
²Includes a small number of discharges that were discharged from agencies that are operated by a nursing home or health maintenance organization.
 NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

diseases of the musculoskeletal system and connective tissue (especially arthropathies and related conditions, 4 percent); and diseases of the respiratory system (most often chronic obstructive pulmonary disease and allied conditions, 4 percent). When looking at all-listed diagnoses for home health care discharges, the most common diagnoses were diseases of the circulatory system, especially heart disease and essential hypertension. Other frequently listed secondary diagnoses were endocrine, nutritional, and metabolic diseases and immunity disorders, especially diabetes mellitus; and symptoms, signs, and ill-defined conditions.

The most common primary diagnosis for hospice care current patients was a malignant neoplasm

(58 percent). Other frequent primary diagnoses included diseases of the circulatory system, diseases of the nervous system and sense organs, and diseases of the respiratory system. When looking at all-listed diagnoses, these same conditions also occurred frequently. In addition, endocrine, nutritional, and metabolic diseases and immunity disorders were frequently listed.

The most frequent primary admission diagnoses for hospice care discharges were malignant neoplasms (70 percent), diseases of the circulatory system (10 percent), and diseases of the respiratory system (5 percent). These were also the most common all-listed diagnoses.

In 1996, the NHHCS began collecting information on surgical or diagnostic procedures that were related to the patient's admission for care. Up to two procedures were recorded. Thirty-one percent, or 744,300 of the 2.4 million current home health care patients, had a surgical or diagnostic procedure related to their admission (table 9). These patients had 833,800 procedures, or an average of 1.1 procedures per patient. The most frequently performed procedures were operations on the musculoskeletal system, operations on the cardiovascular system, and miscellaneous diagnostic and therapeutic procedures.

Twenty-three percent, or 13,600 of the 59,400 hospice care current patients, had a procedure related to their

Table 5. Number and percent distribution of home health and hospice care current patients by age, sex, race, and marital status, according to type of care received: United States, 1996

Patient characteristic	All patients	Type of care		All patients	Type of care	
		Home health	Hospice		Home health	Hospice
		Number			Percent distribution	
Total	2,486,800	2,427,500	59,400	100.0	100.0	100.0
Age at admission						
Under 45 years	351,700	347,400	4,300	14.1	14.3	7.3
45–54 years	132,900	130,200	2,700	5.3	5.4	4.5
55–64 years	193,800	187,600	6,100	7.8	7.7	10.3
65 years and over	1,799,500	1,753,400	46,100	72.4	72.2	77.7
65–69 years	218,600	213,600	5,000	8.8	8.8	8.4
70–74 years	323,900	314,300	9,600	13.0	12.9	16.2
75–79 years	426,000	416,200	9,800	17.1	17.1	16.6
80–84 years	413,400	404,300	9,100	16.6	16.7	15.2
85 years and over	417,600	404,900	12,700	16.8	16.7	21.3
Unknown	*	*	*	*	*	*
Sex						
Male	825,300	798,700	26,600	33.2	32.9	44.9
Female	1,661,200	1,628,500	32,700	66.8	67.1	55.1
Unknown	*	*	*	*	*	*
Race						
White	1,629,000	1,579,300	49,700	65.5	65.1	83.7
Black and other	342,300	336,600	5,700	13.8	13.9	9.6
Black	297,400	292,400	4,900	12.0	12.0	8.3
Unknown	515,600	511,500	4,000	20.7	21.1	6.7
Current marital status						
Married	729,000	703,000	25,900	29.3	29.0	43.7
Widowed	876,700	857,600	19,100	35.3	35.3	32.2
Divorced or separated	105,700	100,100	5,500	4.2	4.1	9.3
Single or never married	460,200	455,100	5,000	18.5	18.7	8.5
Unknown	315,400	311,600	*3,800	12.7	12.8	*6.3

* Figure does not meet standard of reliability or precision.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

admission for care (table 9). These patients had 18,200 procedures, or an average of 1.3 procedures per patient. The most frequently performed procedures were miscellaneous diagnostic and therapeutic procedures and operations on the digestive system.

Information on discharges with a procedure related to admission is shown in table 10. Thirty-seven percent (2.9 million) of the 7.8 million discharges from home health care had a procedure. These discharges had 3,362,100 procedures, or an average of 1.2 procedures per discharge. The most common procedures were operations on the musculoskeletal system, operations on the cardiovascular system, and operations on the digestive system.

Hospice care discharges were similar to current hospice care patients

regarding surgical and diagnostic procedures. That is, 21 percent (84,300) of the 393,200 discharges had an average of 1.3 procedures per discharge, for a total of 113,500 procedures. As with current hospice care patients, the most frequently reported procedures were miscellaneous diagnostic and therapeutic procedures and operations on the digestive system.

Summary and Discussion

The effort to control health care costs is one reason for the massive growth in the home health care industry. Home health care has reduced the number of hospital days in both terminally ill and nonterminally ill patients (13). Moreover, the increasing availability and use of home health care has mirrored the decreasing nursing

home occupancy rate (14) and the decreasing average length of stay in nursing homes (15). Because the average cost of a home care visit is considerably less than a day in a hospital or in a skilled long-term care facility (16), the growth in the home health care industry can be seen as a way to reduce health care costs. The steady increase in the elderly Medicare population of approximately 1.9 percent annually over the past decade is another major factor in the growth of the home health care industry (17). The use of the Medicare home health care benefit has increased dramatically since 1990; in 1995 Medicare home health care expenditures were almost 9 percent of total Medicare expenditures (18). The preference of the majority of the ever-increasing elderly population to recover

Table 6. Number and percent distribution of home health and hospice care discharges by age, sex, race, and marital status, according to type of care received: United States, 1995–96

Discharge characteristic	All discharges	Type of care		All discharges	Type of care	
		Home health	Hospice		Home health	Hospice
		Number			Percent distribution	
Total	8,168,900	7,775,700	393,200	100.0	100.0	100.0
Age at admission						
Under 45 years	1,549,800	1,518,100	31,700	19.0	19.5	8.1
45–54 years	493,700	462,600	31,200	6.0	5.9	7.9
55–64 years	710,500	652,400	58,200	8.7	8.4	14.8
65 years and over	5,402,700	5,137,500	265,200	66.1	66.1	67.5
65–69 years	874,500	840,400	34,100	10.7	10.8	8.7
70–74 years	1,085,900	1,024,600	61,300	13.3	13.2	15.6
75–79 years	1,024,400	967,400	57,000	12.5	12.4	14.5
80–84 years	1,152,600	1,104,300	48,300	14.1	14.2	12.3
85 years and over	1,265,400	1,200,900	64,500	15.5	15.4	16.4
Unknown	*	*	*	*	*	*
Sex						
Male	3,038,000	2,840,300	197,700	37.2	36.5	50.3
Female	5,131,000	4,935,400	195,500	62.8	63.5	49.7
Race						
White	5,190,800	4,880,500	310,300	63.5	62.8	78.9
Black and other	825,400	776,900	48,500	10.1	10.0	12.3
Black	620,200	576,300	43,900	7.6	7.4	11.2
Unknown	2,152,800	2,118,300	34,500	26.4	27.2	8.8
Marital status at discharge						
Married	3,064,700	2,874,400	190,300	37.5	37.0	48.4
Widowed	2,029,800	1,914,100	115,600	24.8	24.6	29.4
Divorced or separated	411,400	385,900	25,500	5.0	5.0	6.5
Single or never married	1,470,400	1,433,900	36,500	18.0	18.4	9.3
Unknown	1,192,600	1,167,300	25,300	14.6	15.0	6.4

* Figure does not meet standard of reliability or precision.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

from illness at home rather than in a hospital or nursing home is probably the major reason for this record growth.

Data from the NHHCS indicate that between 1992 and 1996, there was a 70 percent increase in the number of agencies providing home health and hospice care services in the United States. During this time, the number of current patients being served by these agencies increased 90 percent and the number of discharges more than doubled.

In 1996, an estimated 13,500 home health and hospice care agencies were providing services to 2.5 million patients in the United States and had 8.2 million discharges from care during the year. About a third of the agencies were owned by voluntary nonprofit organizations. These agencies served half of the patients and had 62 percent

of the discharges. Almost 9 out of 10 of the agencies were certified under Medicare. However, about 30 percent of the patients and discharges were under 65 years old, indicating that these agencies provide services to a substantial number of the nonelderly as well as the elderly population.

The typical patient was an elderly white woman who was either married or widowed and was receiving home health care. Four out of 5 of the home health care patients were discharged from care because they no longer needed services. This included those who had recovered or whose condition had stabilized. Four out of 5 of the hospice care patients, on the other hand, were discharged because of death.

Comorbidity was common among both home health and hospice care patients—3 out of 4 of the home

health care patients and discharges and 2 out of 3 of the hospice care patients and discharges had two or more diagnoses when they were admitted to the agency. Diseases of the circulatory system, diseases of the musculoskeletal system, and injury and poisoning accounted for over 40 percent of the diagnoses of home health care patients and discharges, while 60 percent of the hospice care patients and discharges had malignant neoplasms.

About a third of the current patients and discharges who received home health care had a surgical or diagnostic procedure related to their admission. Operations on the musculoskeletal system, operations on the cardiovascular system, and miscellaneous diagnostic and therapeutic procedures accounted for 2 out of 3 of the procedures performed.

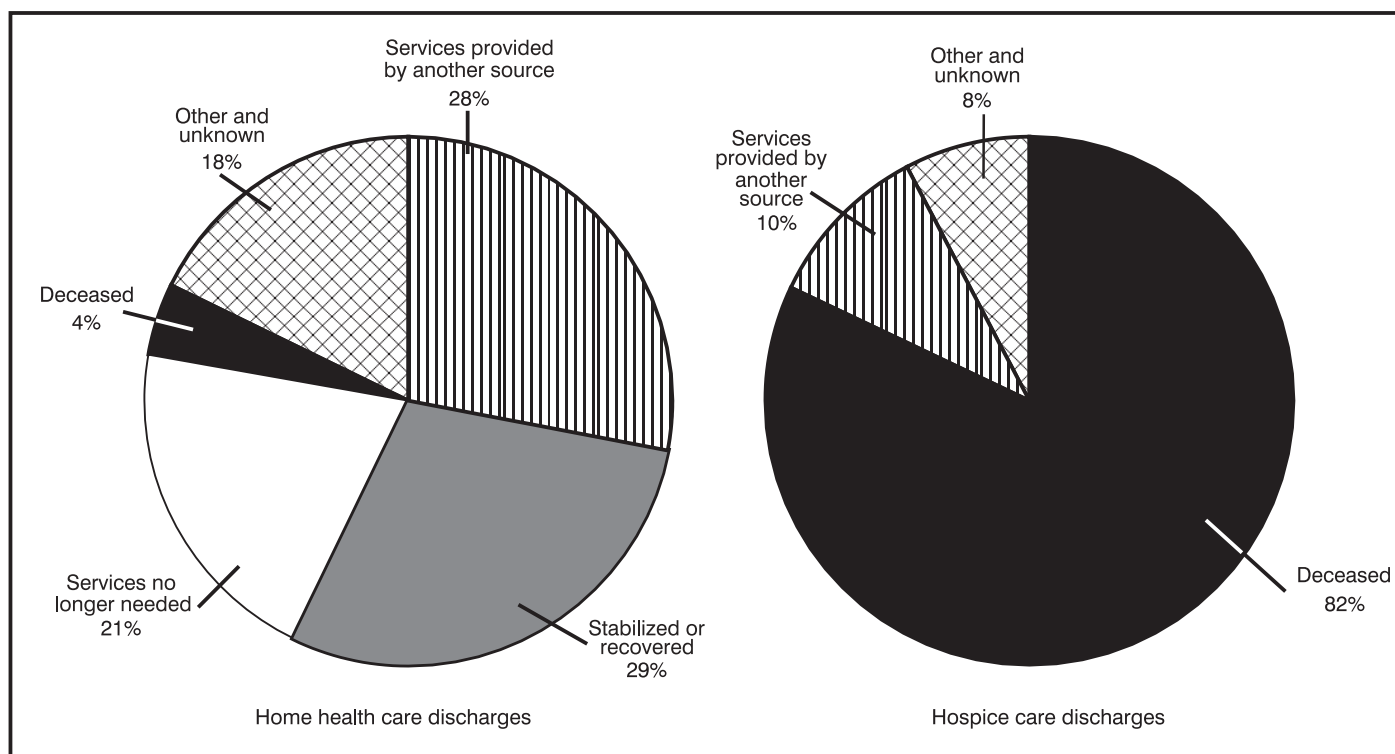


Figure 1. Percent distribution of home health and hospice care discharges by reason for discharge: United States, 1995-96

Over one-fifth of the hospice care current patients and discharges had a procedure related to their admission for care. Miscellaneous diagnostic and therapeutic procedures and operations on the digestive system accounted for 9 out of 10 of the procedures for current patients and 8 out of 10 for discharges.

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Table 7. Number and percent distribution of home health and hospice care current patients by first-listed and all-listed diagnoses at admission, according to type of care received: United States, 1996

Admission diagnosis and ICD-9-CM code ¹	Primary diagnosis			All-listed diagnoses		
	All patients	Type of care		All patients	Type of care	
		Home health	Hospice		Home health	Hospice
	Number					
Total	2,486,800	2,427,500	59,400	7,138,400	7,171,500	146,900
Infectious and parasitic diseases 001-139	*19,200	*17,100	*2,100	52,800	48,300	4,500
Human immunodeficiency virus (HIV) disease042	*5,100	*	*2,000	7,200	*	*2,000
Neoplasms 140-239	162,100	126,800	35,400	278,300	221,800	56,500
Malignant neoplasms 140-208,230-234	149,600	115,000	34,600	259,000	203,700	55,300
Malignant neoplasm of trachea, bronchus, and lung 162,197.0,197.3	30,100	*	9,400	44,000	*32,400	11,600
Malignant neoplasm of breast 174-175,198.81	13,200	*	3,700	18,600	*14,700	3,900
Malignant neoplasm of prostate185	10,700	*	3,900	18,600	*14,400	4,300
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	247,400	247,200	*	802,500	795,100	7,300
Diabetes mellitus250	203,700	203,600	*	548,300	545,200	3,200
Diseases of the blood and blood-forming organs 280-289	58,800	58,500	*	189,800	188,000	*1,900
Mental disorders 290-319	84,000	82,500	*	304,200	298,800	5,400
Diseases of the nervous system and sense organs 320-389	144,100	139,300	4,800	462,400	453,700	8,800
Diseases of the circulatory system 390-459	623,000	615,700	7,300	2,099,500	2,071,000	28,600
Essential hypertension401	107,500	107,500	*	604,100	599,800	4,200
Heart disease 391-392.0,393-398,402,404,410-416,420-429	267,700	262,800	4,900	884,400	868,400	16,000
Diseases of the respiratory system 460-519	190,500	186,200	4,400	463,500	453,700	9,800
Diseases of the digestive system 520-579	70,000	68,400	*1,500	263,100	258,600	4,500
Diseases of the genitourinary system 580-629	57,000	56,600	*	190,400	188,100	*2,400
Diseases of the skin and subcutaneous tissue 680-709	85,900	85,900	*	170,000	169,400	*
Diseases of the musculoskeletal system and connective tissue 710-739	211,800	211,800	*	649,800	645,500	4,300
Symptoms, signs, and ill-defined conditions 780-799	196,100	194,800	*1,300	690,700	684,800	5,900
Injury and poisoning 800-999	166,800	166,800	*	292,800	291,800	*
Supplementary classification V01-V82	88,500	88,400	*	286,000	280,700	5,300
All other diagnoses 630-676,740-759,760-779	62,900	62,800	*	122,500	122,300	*
Unknown or no diagnosis . . . . .	*	*	-	...	...	...
	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001-139	*0.8	*0.7	*3.5	0.7	0.7	3.1
Human immunodeficiency virus (HIV) disease042	*0.2	*	*3.3	0.1	*	*1.4
Neoplasms 140-239	6.5	5.2	59.6	3.9	3.1	38.4
Malignant neoplasms 140-208,230-234	6.0	4.7	58.3	3.6	2.8	37.6
Malignant neoplasm of trachea, bronchus, and lung 162,197.0,197.3	1.2	*	15.8	0.6	*0.5	7.9
Malignant neoplasm of breast 174-175,198.81	0.5	*	6.2	0.3	*0.2	2.7
Malignant neoplasm of prostate185	0.4	*	6.6	0.3	*0.2	2.9
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	9.9	10.2	*	11.2	11.1	5.0
Diabetes mellitus250	8.2	8.4	*	7.7	7.6	2.2
Diseases of the blood and blood-forming organs 280-289	2.4	2.4	*	2.7	2.6	*1.3
Mental disorders 290-319	3.4	3.4	*	4.3	4.2	3.7
Diseases of the nervous system and sense organs 320-389	5.8	5.7	8.1	6.5	6.3	6.0
Diseases of the circulatory system 390-459	25.1	25.4	12.3	29.4	28.9	19.4
Essential hypertension401	4.3	4.4	*	8.5	8.4	2.9
Heart disease 391-392.0,393-398,402,404,410-416,420-429	10.8	10.8	8.3	12.4	12.1	10.9
Diseases of the respiratory system 460-519	7.7	7.7	7.3	6.5	6.3	6.7
Diseases of the digestive system 520-579	2.8	2.8	*2.5	3.7	3.6	3.1
Diseases of the genitourinary system 580-629	2.3	2.3	*	2.7	2.6	*1.6
Diseases of the skin and subcutaneous tissue 680-709	3.5	3.5	*	2.4	2.4	*
Diseases of the musculoskeletal system and connective tissue 710-739	8.5	8.7	*	9.1	9.0	2.9
Symptoms, signs, and ill-defined conditions 780-799	7.9	8.0	*2.2	9.7	9.5	4.0
Injury and poisoning 800-999	6.7	6.9	*	4.1	4.1	*
Supplementary classification V01-V82	3.6	3.6	*	4.0	3.9	3.6
All other diagnoses 630-676,740-759,760-779	2.5	2.6	*	1.7	1.7	*
Unknown or no diagnosis . . . . .	*	*	-	...	...	...

* Figure does not meet standard of reliability or precision.

- Quantity zero.

... Category not applicable.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (12)*.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

Table 8. Number and percent distribution of home health and hospice care discharges by first-listed and all-listed diagnoses at admission, according to type of care received: United States, 1995–96

Admission diagnosis and ICD–9–CM code ¹	Primary diagnosis			All-listed diagnoses		
	All discharges	Type of care		All discharges	Type of care	
		Home health	Hospice		Home health	Hospice
	Number					
Total	8,168,900	7,775,700	393,200	21,953,900	21,089,100	864,800
Infectious and parasitic diseases 001–139	166,400	*151,200	*15,200	385,700	362,500	*23,200
Human immunodeficiency virus (HIV) disease042	*36,700	*	*11,500	*57,200	*	*13,800
Neoplasms 140–239	948,200	670,700	277,500	1,661,300	1,228,800	432,500
Malignant neoplasms 140–208,230–234	923,000	649,000	274,000	1,560,600	1,131,700	428,900
Malignant neoplasm of trachea, bronchus, and lung 162,197.0,197.3	127,800	*41,700	86,000	213,800	110,000	103,800
Malignant neoplasm of breast 174–175,198.81	*175,600	*	17,300	*233,300	*204,600	18,700
Malignant neoplasm of prostate185	34,600	*	12,900	*82,700	*67,700	15,000
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	456,200	454,000	*	1,912,300	1,884,600	27,600
Diabetes mellitus250	333,400	332,200	*	1,256,600	1,241,700	14,800
Diseases of the blood and blood-forming organs 280–289	*130,500	*129,700	*	488,500	482,800	*5,700
Mental disorders 290–319	138,800	133,800	*	728,400	707,000	21,400
Diseases of the nervous system and sense organs 320–389	271,700	259,200	*12,500	870,800	836,300	34,500
Diseases of the circulatory system 390–459	1,776,900	1,739,300	37,600	5,779,300	5,631,000	148,300
Essential hypertension401	260,700	260,400	*	1,717,400	1,691,600	25,800
Heart disease 391–392.0,393–398,402,404,410–416,420–429	999,100	972,100	26,900	2,884,400	2,810,300	74,100
Diseases of the respiratory system 460–519	639,200	618,700	20,500	1,369,200	1,315,500	53,600
Diseases of the digestive system 520–579	314,100	310,800	*	973,700	958,200	15,500
Diseases of the genitourinary system 580–629	181,300	172,000	*9,300	711,100	692,600	18,500
Diseases of the skin and subcutaneous tissue 680–709	190,100	189,400	*	421,800	417,200	*
Diseases of the musculoskeletal system and connective tissue 710–739	629,200	628,300	*	1,617,600	1,600,700	*16,800
Symptoms, signs, and ill-defined conditions 780–799	578,000	575,500	*	1,853,900	1,814,800	39,000
Injury and poisoning 800–999	974,400	974,300	*	1,343,800	1,338,200	*
Supplementary classification V01–V82	565,500	565,200	*	1,420,200	1,407,200	13,100
All other diagnoses 630–676,740–759,760–779	174,900	171,200	*	416,500	411,700	*
Unknown or no diagnosis . . . . .	*	*	*	...	...	...
	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	2.0	*1.9	*3.9	1.8	1.7	*2.7
Human immunodeficiency virus (HIV) disease042	*0.4	*	*2.9	*0.3	*	*1.6
Neoplasms 140–239	11.6	8.6	70.6	7.6	5.8	50.0
Malignant neoplasms 140–208,230–234	11.3	8.3	69.7	7.1	5.4	49.6
Malignant neoplasm of trachea, bronchus, and lung 162,197.0,197.3	1.6	*0.5	21.9	1.0	0.5	12.0
Malignant neoplasm of breast 174–175,198.81	*2.1	*	4.4	*1.0	*1.0	2.2
Malignant neoplasm of prostate185	0.4	*	3.3	*0.4	*0.3	1.7
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	5.6	5.8	*	8.7	8.9	3.2
Diabetes mellitus250	4.1	4.3	*	5.7	5.9	1.7
Diseases of the blood and blood-forming organs 280–289	*1.6	*1.7	*	2.2	2.3	*0.7
Mental disorders 290–319	1.7	1.7	*	3.3	3.4	2.5
Diseases of the nervous system and sense organs 320–389	3.3	3.3	*3.2	4.0	4.0	4.0
Diseases of the circulatory system 390–459	21.8	22.4	9.6	26.3	26.7	17.1
Essential hypertension401	3.2	3.3	*	7.8	8.0	3.0
Heart disease 391–392.0,393–398,402,404,410–416,420–429	12.2	12.5	6.8	13.1	13.3	8.6
Diseases of the respiratory system 460–519	7.8	8.0	5.2	6.2	6.2	6.2
Diseases of the digestive system 520–579	3.8	4.0	*	4.4	4.5	1.8
Diseases of the genitourinary system 580–629	2.2	2.2	*2.4	3.2	3.3	2.1
Diseases of the skin and subcutaneous tissue 680–709	2.3	2.4	*	1.9	2.0	*
Diseases of the musculoskeletal system and connective tissue 710–739	7.7	8.1	*	7.4	7.6	*1.9
Symptoms, signs, and ill-defined conditions 780–799	7.1	7.4	*	8.4	8.6	4.5
Injury and poisoning 800–999	11.9	12.5	*	6.1	6.3	*
Supplementary classification V01–V82	6.9	7.3	*	6.5	6.7	1.5
All other diagnoses 630–676,740–759,760–779	2.1	2.2	*	1.9	2.0	*
Unknown or no diagnosis . . . . .	*	*	*	...	...	...

* Figure does not meet standard of reliability or precision.

... Category not applicable.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM) (12)*.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

Table 9. Number and percent of current patients that had a surgical or diagnostic procedure related to admission for home health and hospice care by type of procedure and type of care received: United States, 1996

Procedure and ICD-9-CM code ¹	Total	Type of care	
		Home health	Hospice
		Number	
Patients with a procedure	757,900	744,300	13,600
		Percent	
Operations on the respiratory system 30-34	2.0	*1.8	10.1
Operations on the cardiovascular system 35-39	22.1	22.4	*
Operations on the heart and pericardium 35-37	10.1	10.2	*
Operations on the digestive system 42-54	15.2	15.1	19.9
Operations on the intestines 45-46	4.9	4.8	*7.3
Operations on the musculoskeletal system 76-84	26.1	26.6	*
Reduction of fracture 76.7,79.0-79.3	7.2	7.3	*
Repair or replacement of hip 81.40,81.51-81.53	4.4	*4.4	*
Repair or replacement of knee 81.42-81.47,81.54-81.55	*6.1	*6.2	-
Operations on the integumentary system 85-86	6.7	6.6	*10.7
Miscellaneous diagnostic and therapeutic procedures 87-99	21.5	20.6	72.2
Diagnostic radiology and related techniques and radioisotope scan and function study 87-88,92.0-92.1	6.8	6.2	*38.9
Microscopic examination (laboratory tests) 90-91	6.2	6.2	*8.5
Therapeutic radiology and chemotherapy 92.2,99.25	*1.7	*	13.9
All other procedures	18.9	19.0	13.7

* Figure does not meet standard of reliability or precision.

- Quantity zero.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (12)*.

NOTES: Figures may add to more than totals because a patient may have had more than one procedure. Percents are based on the unrounded numbers.

Table 10. Number and percent of discharges that had a surgical or diagnostic procedure related to admission for home health and hospice care by type of procedure and type of care received: United States, 1995-96

Procedure and ICD-9-CM code ¹	Total	Type of care	
		Home health	Hospice
		Number	
Discharges with a procedure	2,978,100	2,893,800	84,300
		Percent	
Operations on the respiratory system 30-34	4.9	*4.6	*13.9
Operations on the cardiovascular system 35-39	18.8	19.1	*
Operations on the heart and pericardium 35-37	12.6	12.9	*
Operations on the digestive system 42-54	16.9	16.9	18.1
Operations on the intestines 45-46	*9.3	*9.4	*5.7
Operations on the musculoskeletal system 76-84	33.3	34.2	*
Reduction of fracture 76.7,79.0-79.3	8.5	8.7	*
Repair or replacement of hip 81.40,81.51-81.53	5.4	5.6	-
Repair or replacement of knee 81.42-81.47,81.54-81.55	9.7	10.0	-
Operations on the integumentary system 85-86	9.7	9.8	*
Miscellaneous diagnostic and therapeutic procedures 87-99	16.6	15.3	*61.4
Diagnostic radiology and related techniques and radioisotope scan and function study 87-88,92.0-92.1	6.5	*6.0	*22.9
Microscopic examination (laboratory tests) 90-91	*4.5	*4.0	*21.0
Therapeutic radiology and chemotherapy 92.2,99.25	*1.4	*	*4.8
All other procedures	16.5	16.3	23.3

* Figure does not meet standard of reliability or precision.

- Quantity zero.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (12)*.

NOTES: Figures may add to more than totals because a discharge may have had more than one procedure. Percents are based on the unrounded numbers.

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Technical Notes

Although a detailed report has been published about the development and conduct of the survey (4), a brief description of the technical aspects of the NHHCS are presented in this report because some aspects of the survey have changed since that earlier report. The sample design was changed from a three-stage to a two-stage probability design, and the data collection forms were slightly modified. Copies of the data collection forms are included in this report (figures I–III) and a more detailed description of the 1996 NHHCS will be included in a future report (19).

Scope of the Survey

The sampling frame for the 1996 National Home and Hospice Care Survey (NHHCS) consisted of 16,700 agencies classified as agencies providing home health and hospice care. These agencies were identified through the 1991 National Health Provider Inventory (NHPI), updated to 1996 using the Agency Reporting System (9–11). The NHPI is a comprehensive census of nursing and related care homes,

residential care homes, home health care agencies, and hospices. It is conducted periodically by NCHS. The sample consisted of 1,200 agencies selected from this universe.

Only agencies providing home health or hospice care services at the time of the survey were eligible to participate in the 1996 NHHCS. Of the 1,200 agencies in the sample, 1,091 were considered in scope of the survey. Of the 109 out-of-scope agencies, 89 were not providing home health or hospice care services at the time of the survey and 20 were duplicates or had merged with other sampled agencies. Of the in-scope agencies, 1,053 (97 percent) agreed to participate in the 1996 NHHCS, 34 refused to participate, and 3 could not be located.

Sampling Design

The sample design for the 1996 NHHCS was a stratified two-stage probability design (20). The first stage consisted of selecting a stratified sample of agencies. Each agency was placed into 1 of 24 strata based on type of agency (home health agency, hospice, or mixed agency), metropolitan statistical area (MSA) status (has an MSA code versus has no code), and region (Northeast, Midwest, South, and West). MSA is defined by the U.S. Office of Management and Budget on the basis of the 1980 Census. Within these sampling strata, agencies were arrayed by four types of ownership (profit, nonprofit, government, and unknown), three types of certification status (certified by Medicare and/or Medicaid, not certified, and unknown), State, MSA code, county, zip code, and size (number of current patients).

The second stage of sample selection, sampling of six current patients and six discharges within each agency, was done using a sample selection table to obtain systematic probability samples of current patients and of discharges. The patients and discharges were selected from lists constructed for each agency at the time of the interview. Current patients were defined as those patients who were on the rolls of the agency as of midnight on the day immediately before the date

of the survey. Discharges referred to those patients who were discharged from care by the home health agency or hospice during a designated month between October 1995 and September 1996. Discharges that occurred because of death were included.

Data Collection and Processing

Data collection for the 1996 NHHCS began with a letter sent to all sampled agencies informing the administrator of the authorizing legislation, purpose, and content of the survey. Each agency was then contacted by an interviewer to discuss the survey and to arrange an appointment with the administrator.

Three questionnaires and two sampling lists were used to collect the data. The Agency Questionnaire was completed with the administrator or a person designated by the administrator. The interviewer then constructed the Current Patient Sampling List and the Discharged Patient Sampling List. These lists were used to select the sample patients and discharges. Sampling was accomplished by using tables showing sets of sample line numbers for each possible count of current patients and discharges in the agency. Up to six current patients and six discharges were selected.

After the samples had been selected, the Current Patient Questionnaires and the Discharged Patient Questionnaires were completed for each sampled person by interviewing the staff member most familiar with the care provided to the patient. The respondent referred to patient medical and other records as necessary. No patient was interviewed directly.

After the data had been collected, it was converted into machine-readable form by NCHS. Extensive editing was then conducted by computer to ensure that all responses were accurate, consistent, logical, and complete. The medical information recorded on the patient questionnaires was coded by NCHS staff according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (12). Up to 12 diagnostic codes (a maximum of six at admission, and a maximum of

six at the time of survey or discharge) and up to two procedure codes were assigned for each sample patient or discharge.

Estimation Procedures

Statistics presented in this report were derived by a multistage estimation procedure (21) that produces essentially unbiased national estimates and has three principal components. The first component, inflation by the reciprocals of the probabilities of sample selection, is the basic inflation weight. This component consists of the inverse of the probability of selecting the agency and the patient or discharge within each agency. The second component, which consists of an adjustment for nonresponse, brings estimates based only on the responding cases up to the level that would have been achieved if all eligible cases had responded. The third component, ratio adjustment to fixed totals, adjusts for over- or undersampling of agencies reported in the sampling frame.

Reliability of Estimates

Because the statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures. The standard error (SE) is primarily a measure of the variability that occurs by chance because a sample, rather than the entire universe, is surveyed. The SE also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about 95 in 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the SE. However, SE's typically underestimate the true errors of the statistics because they reflect only errors due to sampling.

The SE's used in this report were approximated using SUDAAN software. SUDAAN computes SE's by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (22). Although exact SE

Table I. Parameters used to compute standard error of numbers by type of estimate

Type of estimate	Parameters	
	A	B
Agency	0.019261	4.425270
Home health care		
Current patient	0.115800	1,328.865818
Discharge	0.265410	4,886.944977
Hospice care		
Current patient	0.018098	97.086178
Discharge	0.026362	432.006607

estimates were used in tests of significance in this report, SE's for aggregate estimates presented may be estimated using the general formula:

$$SE(X) = X \cdot RSE(X)$$

where X is the estimate and $RSE(X)$ is the relative standard error of the estimate. The relative standard error ($RSE(X)$) may be estimated using the following general formula (23):

$$RSE(X) = \sqrt{\frac{B}{A + \bar{X}}}$$

where X is the estimate and A and B are the appropriate coefficients from table I.

To approximate the relative standard error ($RSE(p)$) and the standard error ($SE(p)$) of a percent p , the appropriate value of parameter B from table I is used in the following equation:

$$RSE(p) = \sqrt{\frac{B \cdot (1-p)}{p \cdot y}}$$

where $p = 100 \cdot X/Y$, $X =$ the numerator of the estimated percent, and $Y =$ the denominator of the estimated percent and

$$SE(p) = p \cdot z \cdot RSE(p)$$

The standard error of a percent is valid only when one of the following conditions is satisfied: the relative standard error of the denominator is 5 percent or less (24) or the relative standard errors of the numerator and the denominator are both 10 percent or less (25).

Presentation of Estimates

Publication of estimates for the NHHCS is based on the RSE of the

estimate and the number of sample records on which the estimate is based (referred to as the sample size). Estimates are not presented in NCHS reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

Because of the complex sample design of the NHHCS, the following guidelines are used for presenting the estimates:

If the sample size is less than 30, the value of the estimate is not reported.

If the sample size is 30–59, or if the sample is 60 or more and the RSE is 30 percent or more, the estimate is reported but should not be assumed reliable. This is indicated by an asterisk (*) in the tables.

If the sample size is 60 or more and the RSE is less than 30 percent, the estimate is reported and is considered reliable.

OMB No. 0920-0298: Approval Expires 03/31/97

<p>FORM HHCS-1 (3-29-96)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS</p> <p style="text-align: center;">AGENCY QUESTIONNAIRE 1996 NATIONAL HOME AND HOSPICE CARE SURVEY</p>	<p>NOTICE – Public reporting burden for this collection of information is estimated to average 20 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0298) Room 531-H; Hubert H. Humphrey Bldg.; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>																																													
<p>Section A – AGENCY INFORMATION</p>																																														
<p>1a. Agency telephone number _____</p> <p>b. Alternate telephone number _____</p> <p>c. Alternate telephone number _____</p>	<p>Notes</p>																																													
<p>2a. Administrator name _____</p> <p>b. Respondent name _____</p>																																														
<p>Section B – RECORD OF CONTACTS</p>																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Day (a)</th> <th style="width: 10%;">Date (b)</th> <th style="width: 10%;">Time (c)</th> <th style="width: 70%;">Notes (d)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> </tbody> </table>		Day (a)	Date (b)	Time (c)	Notes (d)			a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.		
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<p>Section C – RECORD OF INTERVIEW</p>																																														
<p>1. STATUS OF INTERVIEW – Mark (X) appropriate box.</p> <p>01 <input type="checkbox"/> Complete interview</p> <p>02 <input type="checkbox"/> Partial interview</p> <p>03 <input type="checkbox"/> Refusal</p> <p>04 <input type="checkbox"/> Unable to locate</p> <p>05 <input type="checkbox"/> Not a Hospice/Home Health Agency</p> <p>06 <input type="checkbox"/> Temporarily closed</p> <p>07 <input type="checkbox"/> Not yet in operation</p> <p>08 <input type="checkbox"/> No longer operating</p> <p>09 <input type="checkbox"/> Merged with (Control No.) _____</p> <p>10 <input type="checkbox"/> Duplicate (Control No. of duplicate) _____</p> <p>11 <input type="checkbox"/> Other noninterview – <i>Specify</i> _____</p>																																														
<p>2. Date of interview</p> <p>Month _____ Day _____ Year _____</p>																																														
<p>3. Field Representative name _____ FR Code _____</p>																																														

Figure I. Agency Questionnaire

Section D – ARRANGING THE ADMINISTRATOR APPOINTMENT																	
<p>1. INTRODUCTION</p> <p>Good morning (afternoon). My name is . . . I'm from the Bureau of the Census. We are currently conducting the National Home and Hospice Care Survey for the National Center for Health Statistics which is part of the Centers for Disease Control and Prevention. We are studying home health agencies, hospices and their patients. You should have received a letter from Mr. John Anderson, the Acting Director of the National Center for Health Statistics, which describes this project. Have you received this letter?</p> <p><input type="checkbox"/> Yes – Skip to Item 3, NAME VERIFICATION. <input type="checkbox"/> No – Continue with Item 2, SURVEY EXPLANATION.</p>	<p>3. NAME VERIFICATION</p> <p>I would like to verify some information from my records. Is (Name of agency on label) the correct name of your agency?</p> <p><input type="checkbox"/> Yes – Go to Item 4, ADDRESS VERIFICATION <input type="checkbox"/> No – Enter correct agency name below. <i>z</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<p>2. SURVEY EXPLANATION</p> <p><i>If administrator wants a copy of the letter, explain that you will bring a copy when you visit the agency.</i></p> <p>I'm sorry that you did not receive the letter. Let me briefly outline its contents.</p> <p>The National Home and Hospice Care Survey is authorized under Section 306 of the Public Health Service Act to collect information about home and hospice care agencies, their services, and patients. The survey is endorsed by the National Association for Home Care and the National Hospice Organization. The statistics compiled from the data are used to support research for effective treatment of long-term health problems and to study utilization of hospice and home care agencies and the efficient use of the Nation's health care resources.</p> <p>All information which would permit identification of the individual patient or agency will be held in strict confidence, will be used ONLY by persons involved in the survey and only for the purposes of the survey, and will not be disclosed or released to others for any purpose.</p> <p>The survey includes a small sample of hospices and home health agencies. Although your participation is voluntary and there are no penalties for refusing to answer any questions, it is essential that we obtain data from all sample agencies.</p> <p><i>READ IF NECESSARY:</i></p> <p>We are asking participants for a list of current patients and a list of discharges during a designated one-month period. We will draw a sample of 6 current patients and a sample of 6 discharges from the lists and complete a questionnaire for each of the 12 sampled patients.</p> <p><i>Continue with Item 3, NAME VERIFICATION.</i></p>	<p>4. ADDRESS VERIFICATION</p> <p>Is (Address of agency on label) the correct address?</p> <p><input type="checkbox"/> Yes – Go to Item 5 – SET APPOINTMENT <input type="checkbox"/> No – Enter correct agency address below. <i>z</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number</td> <td style="width: 45%;">Street</td> <td style="width: 30%;">P.O. Box, Route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>State</td> <td colspan="2">ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, Route, etc.	City or town			State	ZIP Code								
Number	Street	P.O. Box, Route, etc.															
City or town																	
State	ZIP Code																
<p>5. SET APPOINTMENT</p> <p>I would like to arrange a morning appointment at your convenience to conduct the survey. What would be a convenient date and time to visit your agency?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Date</td> <td style="width: 25%;">Time</td> <td style="width: 25%;">a.m. p.m.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Date</td> <td style="width: 25%;">Time</td> <td style="width: 25%;">a.m. p.m.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Date	Time	a.m. p.m.					Day	Date	Time	a.m. p.m.					<p>6. Could you give me directions to your agency from some easy to identify starting point? (Record directions in number 7 below.)</p> <p>Thank you very much for your time. I will see you at (Time) on (Date). Good-bye.</p>
Day	Date	Time	a.m. p.m.														
Day	Date	Time	a.m. p.m.														
<p>7. DIRECTIONS TO AGENCY (If needed)</p>	<p>Section E – QUESTIONS ABOUT THE AGENCY</p> <p>Before I begin the interview, I'd like to take a moment to explain the purpose of the survey. I believe you (received/did not receive) the letter from the National Center for Health Statistics.</p> <p><i>If administrator did not receive the letter, hand him/her a copy. Allow him/her to briefly read it through.</i></p> <p>As it says in the letter, the purpose of the National Home and Hospice Care Survey is to collect information about hospices and home health agencies such as yours. The information you provide is strictly confidential and will be used only by persons involved in the survey and only for the purposes of the survey.</p>																
<p><i>HAND FLASHCARD 1</i></p> <p>1a. What is the type of ownership of this agency as shown on this card?</p> <p><i>Mark (X) only ONE box.</i></p>	<p><input type="checkbox"/> 01 PROPRIETARY – Includes individual or private, partnership, corporation</p> <p><input type="checkbox"/> 02 NONPROFIT – Includes church-related, nonprofit corporation, other nonprofit ownership</p> <p><input type="checkbox"/> 03 STATE OR LOCAL GOVERNMENT – Includes State, county, city, city-county, hospital district or authority</p> <p><input type="checkbox"/> 04 FEDERAL GOVERNMENT – Includes USPHS, Armed Forces, Veterans Administration</p> <p><input type="checkbox"/> 05 Other – Specify <i>z</i></p> <p>_____</p> <p>_____</p>																
<p>b. Does this agency operate under the general authority of a hospital?</p>	<p><input type="checkbox"/> 01 Yes</p> <p><input type="checkbox"/> 02 No</p>																

Figure I. Agency Questionnaire—Con.

Section E - QUESTIONS ABOUT THE AGENCY - Continued	
<p>1c. Does this agency operate under the general authority of a nursing home?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>d. Is (Name of agency) a member of a group of agencies operating under one corporate authority or corporate ownership?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>2. Does this agency operate under the authority of a Health Maintenance Organization (HMO)?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>3a. Is this agency certified under Medicare as a Home Health Agency?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>b. Is this agency certified under Medicare as a Hospice?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>4a. Is this agency certified under Medicaid as a Home Health Agency?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>b. Is this agency certified under Medicaid as a Hospice?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Certification pending</p>
<p>5a. Does this agency provide bereavement care to families of the patients that you serve?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>b. Does this agency provide pastoral care?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p><i>HAND FLASHCARD 2</i></p> <p>6. Does this agency provide any of the following services?</p> <p><i>Mark (X) all that apply.</i></p> <p><i>Probe: Any other services?</i></p>	<p>00 <input type="checkbox"/> None 01 <input type="checkbox"/> Continuous home care 02 <input type="checkbox"/> Counseling 03 <input type="checkbox"/> Dental treatment services 04 <input type="checkbox"/> Dietary and nutritional services 05 <input type="checkbox"/> Durable medical equipment and supplies 06 <input type="checkbox"/> Enterostomal therapy 07 <input type="checkbox"/> High tech care (e.g., IV therapy) 08 <input type="checkbox"/> Homemaker/Companion services 09 <input type="checkbox"/> Meals on Wheels 10 <input type="checkbox"/> Medications 11 <input type="checkbox"/> Occupational therapy/Vocational therapy 12 <input type="checkbox"/> Oral hygiene/Prevention services 13 <input type="checkbox"/> Personal care 14 <input type="checkbox"/> Physical therapy 15 <input type="checkbox"/> Physician services 16 <input type="checkbox"/> Referral services 17 <input type="checkbox"/> Respite care (inpatient) 18 <input type="checkbox"/> Skilled nursing services 19 <input type="checkbox"/> Social Services 20 <input type="checkbox"/> Speech therapy/Audiology 21 <input type="checkbox"/> Spiritual care 22 <input type="checkbox"/> Transportation 23 <input type="checkbox"/> Volunteers 24 <input type="checkbox"/> Other services - <i>Specify</i> <input checked="" type="checkbox"/></p>
<p>7a. Does this agency currently have any active patients?</p>	<p>01 <input type="checkbox"/> Yes - <i>GO to item 7b</i> 02 <input type="checkbox"/> No - <i>THANK THE RESPONDENT, END THE INTERVIEW, AND MARK CODE 11 IN SECTION C ON THE COVER PAGE.</i></p>
<p>b. What is the number of your current active patients?</p>	<p>_____ Number of patients 99999 <input type="checkbox"/> Don't know</p>
<p>8a. What is the number of home health care patients currently being served by this agency?</p>	<p>_____ Number of home health patients 0000 <input type="checkbox"/> None 99999 <input type="checkbox"/> Don't know</p>
<p>b. What is the number of hospice care patients currently being served by this agency?</p>	<p>_____ Number of hospice patients 0000 <input type="checkbox"/> None 99999 <input type="checkbox"/> Don't know</p>

Figure I. Agency Questionnaire—Con.

<p>FORM HHCS-3 (3-29-96)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS</p> <p style="text-align: center;">CURRENT PATIENT QUESTIONNAIRE</p> <p style="text-align: center;">1996 NATIONAL HOME AND HOSPICE CARE SURVEY</p>	<p>NOTICE – Public reporting burden for this collection of information is estimated to average 10 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0298) Room 531-H; Hubert H. Humphrey Bldg.; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>	
Section A – ADMINISTRATIVE INFORMATION		
1. Field representative name	2. FR code	3. Date of interview Month/Day/Year / /
Section B – PATIENT INFORMATION		
1. Patient name or other identifier First | M.I. | Last	2. Patient line number	
Section C – STATUS OF INTERVIEW		
<p>01 <input type="checkbox"/> Complete</p> <p>02 <input type="checkbox"/> Partial</p> <p>03 <input type="checkbox"/> Patient included in sampling list in error</p> <p>04 <input type="checkbox"/> Incorrect sample line number selected</p> <p>05 <input type="checkbox"/> Refused</p> <p>06 <input type="checkbox"/> Assessment only</p> <p>07 <input type="checkbox"/> Unable to locate record</p> <p>08 <input type="checkbox"/> Less than 6 patients selected</p> <p>09 <input type="checkbox"/> Other noninterview – <i>Specify</i> _____</p> <p>10 <input type="checkbox"/> No current patients</p>		
NOTES		

Figure II. Current Patient Questionnaire

Read to each new respondent.

In order to obtain national level data about the patients of hospices and home health agencies such as this one, we are collecting information about a sample of current patients. I will be asking questions about the background, health status, treatment, social contacts, and billing information for each sampled patient.

The information you provide will be held in strict confidence and will be used ONLY by persons involved in the survey and only for the purposes of the survey.

In answering these questions, it is especially important to locate the information in the patient's medical record. Do you have the medical file(s) and record(s) for (Read name(s) of selected current patient(s))?

If not, ask the respondent to get it/them prior to beginning the interview. Fill sections A and B on the front of all the current patient forms while the respondent gets the records. If no record is available for a patient, try to obtain as much information as possible from whatever administrative records are available and/or from the respondent's memory.

<p>1. What is . . . 's sex?</p>	<p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p>						
<p>2. What is . . . 's date of birth?</p>	<p>Age (at admission)</p> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>OR _____ OR _____ Years Months</p>	Month	Day	Year			
Month	Day	Year					
<p><i>HAND FLASHCARD 1.</i></p> <p>3a. Which of these best describes . . . 's race?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black 03 <input type="checkbox"/> American Indian, Eskimo, Aleut 04 <input type="checkbox"/> Asian, Pacific Islander 05 <input type="checkbox"/> Other – <i>Specify</i> _____ 06 <input type="checkbox"/> Don't know</p>						
<p>b. Is . . . of Hispanic origin?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>						
<p>4. What is . . . 's current marital status?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Married 02 <input type="checkbox"/> Widowed 03 <input type="checkbox"/> Divorced 04 <input type="checkbox"/> Separated 05 <input type="checkbox"/> Never married 06 <input type="checkbox"/> Single 07 <input type="checkbox"/> Don't know</p>						
<p><i>HAND FLASHCARD 2.</i></p> <p>5a. Where is . . . currently living?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Private residence 02 <input type="checkbox"/> Rented room, boarding house 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Board and care assisted living or residential care facility 05 <input type="checkbox"/> Other type of health facility (including mental health facility) – <i>SKIP to item 6 Introduction</i> 06 <input type="checkbox"/> Other – <i>Specify</i> _____</p>						
<p>b. Is . . . living with family members, nonfamily members, both family and nonfamily members, or alone?</p>	<p>01 <input type="checkbox"/> With family members 02 <input type="checkbox"/> With nonfamily members 03 <input type="checkbox"/> With both family members and nonfamily members 04 <input type="checkbox"/> Alone 05 <input type="checkbox"/> Don't know</p>						

Read the introductory paragraph for the Social Security Number only once for each respondent.

As part of this survey, we would like to have . . . 's Social Security Number. Provision of this number is voluntary and providing or not providing the number will have no effect in any way on . . . 's benefits. This number will be useful in conducting future followup studies. It will be used to match against the vital statistics records maintained by the National Center for Health Statistics. This information is collected under the authority of Section 306 of the Public Health Service Act.

6. What is . . . 's Social Security Number?

Social Security Number

--	--	--	--	--	--	--	--	--	--

- 01 Refused
- 02 Don't know

HAND FLASHCARD 3.

7. Who referred . . . to this agency?

Mark (X) all that apply.

PROBE: Any other sources?

- 01 Self/Family
- 02 Nursing home
- 03 Hospital
- 04 Physician
- 05 Health department
- 06 Social service agency
- 07 Home health agency
- 08 Hospice
- 09 Religious organization
- 10 Other - Specify _____
- 11 Don't know

8. What was the date of . . . 's most recent admission with your agency, that is, the date on which . . . was admitted for the current episode of care?

Month	Day	Year

- 00 Only an assessment was done for this patient (patient was not provided services by this agency)

9a. According to . . . 's medical record, what were the primary and other diagnoses at the time of that (admission/assessment)?

PROBE: Any other diagnoses?

- 00 No diagnosis

Primary: 1 _____

Others: 2 _____

3 _____

4 _____

5 _____

6 _____

Refer to Q8. If **ONLY** an assessment was done for this patient, END THE INTERVIEW AND COMPLETE SECTION C ON THE COVER. THEN GO TO the next current patient questionnaire.

If the patient was admitted to the agency and provided services by the agency, CONTINUE this interview.

b. According to . . . 's medical records, what are . . . 's CURRENT primary and other diagnoses?

PROBE: Any other diagnoses?

- 00 No diagnosis
- 01 Same as 9a

Primary: 1 _____

Others: 2 _____

3 _____

4 _____

5 _____

6 _____

Figure II. Current Patient Questionnaire—Con.

<p>9c. According to . . . 's medical record, did . . . have any diagnostic or surgical procedures that were related to . . . 's admission to this agency?</p>	<p>00 <input type="checkbox"/> No procedures</p> <p>01 <input type="checkbox"/> Yes 1 _____</p> <p>2 _____</p>
<p>10. What type of care is . . . currently receiving from your agency? Is it home health care or hospice care?</p>	<p>01 <input type="checkbox"/> Home health care</p> <p>02 <input type="checkbox"/> Hospice care</p>
<p>11a. Does . . . have a primary caregiver (outside of this agency)?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No } <i>SKIP to item 12</i></p> <p>03 <input type="checkbox"/> Don't know }</p>
<p>b. Does . . . usually live with (his/her) primary caregiver?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Don't know</p>
<p><i>HAND FLASHCARD 5.</i></p> <p>c. What is the relationship of the primary caregiver to . . . ?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Spouse</p> <p>02 <input type="checkbox"/> Parent</p> <p>03 <input type="checkbox"/> Child</p> <p>04 <input type="checkbox"/> Daughter-in-law/Son-in-law</p> <p>05 <input type="checkbox"/> Other relative – <i>Specify</i> _____</p> <p>06 <input type="checkbox"/> Neighbor</p> <p>07 <input type="checkbox"/> Friend</p> <p>08 <input type="checkbox"/> Volunteer group</p> <p>09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>10 <input type="checkbox"/> Don't know</p>
<p><i>HAND FLASHCARD 6.</i></p> <p>12. Which of these aids does . . . currently use?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other aids?</p>	<p>00 <input type="checkbox"/> No aids used</p> <p>01 <input type="checkbox"/> Bedside commode</p> <p>02 <input type="checkbox"/> Brace (any type)</p> <p>03 <input type="checkbox"/> Cane</p> <p>04 <input type="checkbox"/> Crutches</p> <p>05 <input type="checkbox"/> Dentures (full or partial)</p> <p>06 <input type="checkbox"/> Eyeglasses (including contact lenses)</p> <p>07 <input type="checkbox"/> Hearing aid</p> <p>08 <input type="checkbox"/> Hospital bed</p> <p>09 <input type="checkbox"/> Orthotics</p> <p>10 <input type="checkbox"/> Shower chair</p> <p>11 <input type="checkbox"/> Walker</p> <p>12 <input type="checkbox"/> Wheel chair – Manually operated</p> <p>13 <input type="checkbox"/> Wheel chair – Motorized</p> <p>14 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>NOTES</p>	

Figure II. Current Patient Questionnaire—Con.

<p><i>For items 13a–14b, refer to item 12.</i></p> <p>13a. Does . . . have any difficulty in seeing (when wearing glasses)?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g., comatose) . . 04 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">} <i>SKIP to item 14a</i></p>
<p><i>HAND FLASHCARD 7.</i></p> <p>b. Is . . .'s sight (when wearing glasses) partially, severely, or completely impaired as defined on this card?</p>	<p>01 <input type="checkbox"/> Partially impaired 02 <input type="checkbox"/> Severely impaired 03 <input type="checkbox"/> Completely lost, blind 04 <input type="checkbox"/> Don't know</p>
<p>14a. Does . . . have any difficulty in hearing (when wearing a hearing aid)?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g., comatose) . . 04 <input type="checkbox"/> Don't know</p> <p style="text-align: right;">} <i>SKIP to item 15a</i></p>
<p><i>HAND FLASHCARD 8.</i></p> <p>b. Is . . .'s hearing (when wearing a hearing aid) partially, severely, or completely impaired, as defined on this card?</p>	<p>01 <input type="checkbox"/> Partially impaired 02 <input type="checkbox"/> Severely impaired 03 <input type="checkbox"/> Completely lost, deaf 04 <input type="checkbox"/> Don't know</p>
<p>15. HAND FLASHCARD 9.</p> <p><i>Ask questions 15a through 15k in PART I FIRST. As you ask each part of the question, PAUSE to allow the respondent time to refer to the flashcard. Mark (X) the "Yes" box for each item the respondent says the patient has in his/her home. Then, GO TO PART II, and ask the question for each item marked "Yes" in Part I.</i></p>	
<p>PART I Which of the following items does . . . have in (his/her) home?</p> <p>a. Oxygen, respiratory therapy equipment?</p> <p>(1) Ventilator/Respirator 01 <input type="checkbox"/> Yes</p> <p>(2) Liquid oxygen delivery system 01 <input type="checkbox"/> Yes</p> <p>(3) Oxygen concentrator 01 <input type="checkbox"/> Yes</p> <p>(4) Gaseous oxygen delivery system 01 <input type="checkbox"/> Yes</p> <p>(5) Nebulizer 01 <input type="checkbox"/> Yes</p> <p>(6) Humidifier 01 <input type="checkbox"/> Yes</p> <p>(7) Suction equipment 01 <input type="checkbox"/> Yes</p> <p>(8) Tracheostomy 01 <input type="checkbox"/> Yes</p> <p>b. Intravenous therapy equipment?</p> <p>(1) Peripheral catheter 01 <input type="checkbox"/> Yes</p> <p>(2) Midline catheter 01 <input type="checkbox"/> Yes</p> <p>(3) Central venous catheter (e.g. Hickman, Broviac, Porta-cath., etc.) 01 <input type="checkbox"/> Yes</p> <p>(4) Infusion pumps 01 <input type="checkbox"/> Yes</p> <p>c. Decubitus ulcer prevention/treatment equipment?</p> <p>(1) Air mattress/air fluidized bed 01 <input type="checkbox"/> Yes</p> <p>(2) Foam mattress (egg-crate mattress) 01 <input type="checkbox"/> Yes</p> <p>d. Enteral nutrition equipment?</p> <p>(1) Nasogastric tube 01 <input type="checkbox"/> Yes</p> <p>(2) Gastrostomy/jejunostomy tube 01 <input type="checkbox"/> Yes</p> <p>(3) Pump 01 <input type="checkbox"/> Yes</p> <p style="text-align: center;">CONTINUED ON NEXT PAGE</p>	<p>PART II Does . . . receive assistance from your agency staff in caring for or using:</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p style="text-align: center;">CONTINUED ON NEXT PAGE</p>

Figure II. Current Patient Questionnaire—Con.

15. PART I – Continued	15. PART II – Continued
<p>Which of the following items does . . . have in (his/her) home?</p> <p>e. Dialysis equipment?</p> <p>(1) Peritoneal Dialysis – Manual (continuous) . . . 01 <input type="checkbox"/> Yes</p> <p>(2) Peritoneal Dialysis – Automated (intermittent/continuous cyclic) 01 <input type="checkbox"/> Yes</p> <p>(3) Peritoneal – unspecified 01 <input type="checkbox"/> Yes</p> <p>(4) Hemodialysis 01 <input type="checkbox"/> Yes</p> <p>f. Blood glucose monitor? 01 <input type="checkbox"/> Yes</p> <p>g. Drainage devices? 01 <input type="checkbox"/> Yes</p> <p>(1) Wound/bile duct/ureteral drainage catheter . . . 01 <input type="checkbox"/> Yes</p> <p>(2) Foley catheter 01 <input type="checkbox"/> Yes</p> <p>(3) Intermittent bladder catheterization 01 <input type="checkbox"/> Yes</p> <p>(4) External urinary collection devices (e.g. condom catheter) 01 <input type="checkbox"/> Yes</p> <p>(5) Urostomy 01 <input type="checkbox"/> Yes</p> <p>(6) Ileostomy/Colostomy 01 <input type="checkbox"/> Yes</p> <p>h. Protective restraints (e.g. vests, belts)? 01 <input type="checkbox"/> Yes</p> <p>i. Pediatric care? 01 <input type="checkbox"/> Yes</p> <p>(1) Apnea monitor 01 <input type="checkbox"/> Yes</p> <p>(2) Phototherapy lights/equipment 01 <input type="checkbox"/> Yes</p> <p>j. Prenatal uterine monitoring? 01 <input type="checkbox"/> Yes</p> <p>k. Other? – Specify _____ 01 <input type="checkbox"/> Yes</p>	<p>Does . . . receive assistance from your agency staff in caring for or using:</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>
<p>16. Does . . . have any difficulty in controlling (his/her) bowels?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Not applicable (e.g. infant, has an ostomy)</p> <p>04 <input type="checkbox"/> Don't know</p>
<p>17. Does . . . have any difficulty in controlling (his/her) bladder?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Not applicable (e.g. infant, has an indwelling catheter, has an ostomy)</p> <p>04 <input type="checkbox"/> Don't know</p>
<p>NOTES</p>	

HAND FLASHCARD 10.				
18. Does . . . currently receive personal help from this agency in any of the following activities as defined on this card - -	Yes	No	Don't know	Not applicable (e.g., patient is bedfast)
<i>Mark (X) one box for each activity.</i>				
a. Bathing or showering?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Dressing?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Eating?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Transferring in or out of beds or chairs?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Walking?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Using the toilet room?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
HAND FLASHCARD 11.				
19. Does . . . receive personal help from your agency in any of the following activities -	Yes	No	Don't know	Not applicable (e.g., patient is bedfast)
<i>Mark (X) one box for each activity.</i>				
a. Doing light housework?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Managing money?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Shopping for groceries or clothes?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Using the telephone (dialing or receiving calls)?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Preparing meals?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Taking medications?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
HAND FLASHCARD 12.				
20a. Which of these services does . . . currently receive FROM YOUR AGENCY?	00 <input type="checkbox"/> None 01 <input type="checkbox"/> Continuous home care 02 <input type="checkbox"/> Counseling 03 <input type="checkbox"/> Homemaker-household services 04 <input type="checkbox"/> Medications 05 <input type="checkbox"/> Mental health services 06 <input type="checkbox"/> Nursing services 07 <input type="checkbox"/> Nutritionist services 08 <input type="checkbox"/> Occupational therapy 09 <input type="checkbox"/> Physical therapy 10 <input type="checkbox"/> Physician services 11 <input type="checkbox"/> Social services 12 <input type="checkbox"/> Speech therapy/Audiology 13 <input type="checkbox"/> Transportation 14 <input type="checkbox"/> Volunteers 15 <input type="checkbox"/> Other services – <i>Specify</i> ↴			
<i>Mark (X) all that apply.</i>				
<i>PROBE: Any other services?</i>				
NOTES				

HAND FLASHCARD 14.

22. What are ALL the secondary sources of payment for . . . 's care?

Mark (X) all that apply.

PROBE: Any other sources of payment?

*For the source of payment ask:
Is the (source of payment) for home health care or hospice care?*

		Home Health Care	Hospice Care
01 <input type="checkbox"/> Private insurance		01 <input type="checkbox"/>	01 <input type="checkbox"/>
02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds, or welfare		02 <input type="checkbox"/>	02 <input type="checkbox"/>
03 <input type="checkbox"/> Supplemental Security Income (SSI)		03 <input type="checkbox"/>	03 <input type="checkbox"/>
04 <input type="checkbox"/> Medicare		04 <input type="checkbox"/>	04 <input type="checkbox"/>
05 <input type="checkbox"/> Medicaid		05 <input type="checkbox"/>	05 <input type="checkbox"/>
06 <input type="checkbox"/> Other government medical assistance		06 <input type="checkbox"/>	06 <input type="checkbox"/>
07 <input type="checkbox"/> Religious organizations, foundations, agencies		07 <input type="checkbox"/>	07 <input type="checkbox"/>
08 <input type="checkbox"/> VA contract, pensions, or other VA compensation		08 <input type="checkbox"/>	08 <input type="checkbox"/>
09 <input type="checkbox"/> No charge made for care		09 <input type="checkbox"/>	09 <input type="checkbox"/>
10 <input type="checkbox"/> Payment source not yet determined		10 <input type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/>		11 <input type="checkbox"/>	11 <input type="checkbox"/>
<hr/>			
			12 <input type="checkbox"/> Don't know

23. When was the last time service was provided?

Month	Day	Year

**FILL SECTION C ON THE COVER OF THIS FORM AND CONTINUE
WITH THE NEXT CURRENT PATIENT QUESTIONNAIRE.**

NOTES

OMB No. 0920-0298: Approval Expires 03/31/97

FORM **HHCS-5**
(3-29-96)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISCHARGED PATIENT QUESTIONNAIRE
1996 NATIONAL HOME AND
HOSPICE CARE SURVEY

NOTICE – Public reporting burden for this collection of information is estimated to average 10 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0298) Room 531-H; Hubert H. Humphrey Bldg.; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

Section A – ADMINISTRATIVE INFORMATION

1. Field representative name	2. FR code	3. Date of interview Month/Day/Year / /
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Section B – PATIENT INFORMATION

1. Patient name or other identifier First M.I. Last	2. Patient line number	3. Date of Discharge Month/Day/Year / /
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Section C – STATUS OF INTERVIEW

- 01 Complete
- 02 Partial
- 03 Patient included in sampling list in error
- 04 Incorrect sample line number selected
- 05 Refused
- 06 Assessment only
- 07 Unable to locate record
- 08 Less than 6 discharges selected
- 09 Other noninterview – *Specify* _____
- 10 No discharges

NOTES

Figure III. Discharge Patient Questionnaire

Read to each new respondent.

In order to obtain national level data about patients who are discharged from hospices and home health agencies such as this one, we are collecting information about a sample of discharges. I will be asking questions about the background, health status, treatment, social contacts, and billing information for each sampled discharge.

The information you provide will be held in strict confidence and will be used ONLY by persons involved in the survey and only for the purposes of the survey.

In answering these questions, it is especially important to locate the information in the patient's medical record. Do you have the medical file(s) and record(s) for (Read name(s) of selected discharged patient(s))?

If not, ask the respondent to get it/them prior to beginning the interview. Fill sections A and B on the front of all the discharged patient forms while the respondent gets the records. If no record is available for a patient, try to obtain as much information as possible from whatever administrative records are available and/or from the respondent's memory.

1. What was . . . 's sex?

01 Male
02 Female

2. What was . . . 's date of birth?

Age (at admission)

Month	Day	Year	OR	_____	OR	_____
				Years		Months

HAND FLASHCARD 1.

3a. Which of these best described . . . 's race?

Mark (X) only one box.

01 White
02 Black
03 American Indian, Eskimo, Aleut
04 Asian, Pacific Islander
05 Other – *Specify* _____
06 Don't know

b. Was . . . of Hispanic origin?

01 Yes
02 No
03 Don't know

4. What was . . . 's marital status at the time of discharge?

Mark (X) only one box.

01 Married
02 Widowed
03 Divorced
04 Separated
05 Never Married
06 Single
07 Don't know

HAND FLASHCARD 2.

5a. During the episode of care that ended on (date of discharge), where was . . . living?

Mark (X) only one box.

01 Private residence
02 Rented room, boarding house
03 Retirement home
04 Board and care assisted living or residential care facility
05 Other type of health facility (including mental health facility) – *SKIP to item 6 Introduction*
06 Other – *Specify* _____

b. Was . . . living with family members, nonfamily members, both family and nonfamily members, or alone?

01 With family members
02 With nonfamily members
03 With both family members and nonfamily members
04 Alone
05 Don't know

Read the introductory paragraph for the Social Security Number only once for each respondent.

As part of this survey, we would like to have . . . 's Social Security Number. Provision of this number is voluntary and providing or not providing the number will have no effect in any way on . . . 's benefits. This number will be useful in conducting future followup studies. It will be used to match against the vital statistics records maintained by the National Center for Health Statistics. This information is collected under the authority of Section 306 of the Public Health Service Act.

6. What was . . . 's Social Security Number?

Social Security Number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

- 01 Refused
02 Don't know

HAND FLASHCARD 3.

7. Who referred . . . to this agency?

Mark (X) all that apply.

PROBE: Any other sources?

- 01 Self/Family
02 Nursing home
03 Hospital
04 Physician
05 Health department
06 Social service agency
07 Home health agency
08 Hospice
09 Religious organization
10 Other - Specify _____
11 Don't know

8. What was the date of . . . 's admission for the period of care which ended on (Date of discharge)?

Month	Day	Year

- 00 Only an assessment was done for this patient (patient was not provided services by this agency)

9a. According to . . . 's medical record, what were the primary and other diagnoses at the time of . . . 's admission that ended with this (discharge/assessment)?

PROBE: Any other diagnoses?

- 00 No diagnosis

Primary: 1 _____

Others: 2 _____

3 _____

4 _____

5 _____

6 _____

Refer to Q8. If **ONLY** an assessment was done for this patient, END THE INTERVIEW AND COMPLETE SECTION C ON THE COVER. THEN GO TO the next discharged patient questionnaire.

If the patient was admitted to the agency and provided services by the agency, CONTINUE this interview.

b. According to . . . 's medical records, what were . . . 's primary and other diagnoses at the time of discharge - that is, on (Date of discharge)?

PROBE: Any other diagnoses?

- 00 No diagnosis
01 Same as 9a

Primary: 1 _____

Others: 2 _____

3 _____

4 _____

5 _____

6 _____

<p>9c. According to . . . 's medical record, did . . . have any diagnostic or surgical procedures that were related to . . . 's admission to this agency?</p>	<p>00 <input type="checkbox"/> No procedures</p> <p>01 <input type="checkbox"/> Yes 1 _____</p> <p style="padding-left: 100px;">2 _____</p>
<p><i>HAND FLASHCARD 4.</i></p> <p>d. Why was . . . discharged?</p> <p><i>Mark (X) only one box.</i></p> <p><i>If the respondent answers "01 – Goals met", PROBE to determine which of the boxes "02–06" you should mark.</i></p>	<p>01 <input type="checkbox"/> Goals met</p> <p>02 <input type="checkbox"/> Recovered</p> <p>03 <input type="checkbox"/> Stabilized</p> <p>04 <input type="checkbox"/> Family/friends resumed care</p> <p>05 <input type="checkbox"/> Services no longer needed</p> <p>06 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>07 <input type="checkbox"/> Moved out of area</p> <p>08 <input type="checkbox"/> Admitted to hospital</p> <p>09 <input type="checkbox"/> Admitted to nursing home</p> <p>10 <input type="checkbox"/> Benefits exhausted</p> <p>11 <input type="checkbox"/> Charged/transferred home health/hospice agency</p> <p>12 <input type="checkbox"/> Deceased</p> <p>13 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>14 <input type="checkbox"/> Don't know</p>
<p>10. What type of care was . . . receiving at the time of discharge? Was it home health care or hospice care?</p>	<p>01 <input type="checkbox"/> Home health care</p> <p>02 <input type="checkbox"/> Hospice care</p>
<p>11a. Did . . . have a primary caregiver (outside of this agency)?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No } <i>SKIP to item 12</i></p> <p>03 <input type="checkbox"/> Don't know } <i>INSTRUCTION BOX</i></p>
<p>b. Did . . . usually live with (his/her) primary caregiver?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Don't know</p>
<p><i>HAND FLASHCARD 5.</i></p> <p>c. What was the relationship of the primary caregiver to . . . ?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Spouse</p> <p>02 <input type="checkbox"/> Parent</p> <p>03 <input type="checkbox"/> Child</p> <p>04 <input type="checkbox"/> Daughter-in-law/Son-in-law</p> <p>05 <input type="checkbox"/> Other relative – <i>Specify</i> _____</p> <p>06 <input type="checkbox"/> Neighbor</p> <p>07 <input type="checkbox"/> Friend</p> <p>08 <input type="checkbox"/> Volunteer group</p> <p>09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>10 <input type="checkbox"/> Don't know</p>
<p>INSTRUCTION BOX</p>	<p><i>For items 12 through 19, use the phrase "THE LAST TIME SERVICE WAS PROVIDED PRIOR TO (discharge on date of discharge)" if the patient was discharged alive. Use the phrase "THE LAST TIME SERVICE WAS PROVIDED PRIOR TO (death)" if the patient was discharged dead.</i></p>
<p><i>HAND FLASHCARD 6.</i></p> <p>12. The following questions refer to the patient's status the last time service was provided prior to (discharge on date of discharge/death).</p> <p>The last time service was provided prior to (discharge on date of discharge/death), which of these aids did . . . regularly use?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other aids?</p>	<p>00 <input type="checkbox"/> No aids used</p> <p>01 <input type="checkbox"/> Bedside commode</p> <p>02 <input type="checkbox"/> Brace (any type)</p> <p>03 <input type="checkbox"/> Cane</p> <p>04 <input type="checkbox"/> Crutches</p> <p>05 <input type="checkbox"/> Dentures (full or partial)</p> <p>06 <input type="checkbox"/> Eyeglasses (including contact lenses)</p> <p>07 <input type="checkbox"/> Hearing aid</p> <p>08 <input type="checkbox"/> Hospital bed</p> <p>09 <input type="checkbox"/> Orthotics</p> <p>10 <input type="checkbox"/> Shower chair</p> <p>11 <input type="checkbox"/> Walker</p> <p>12 <input type="checkbox"/> Wheel chair – Manually operated</p> <p>13 <input type="checkbox"/> Wheel chair – Motorized</p> <p>14 <input type="checkbox"/> Other – <i>Specify</i> _____</p>

Figure III. Discharge Patient Questionnaire—Con.

<p>15. PART I – Continued</p> <p>The last time service was provided prior to (discharge on <i>date of discharge</i>/death), which of the following items did . . . have in (his/her) home?</p> <p>e. Dialysis equipment?</p> <p>(1) Peritoneal Dialysis – Manual (continuous) . . . 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(2) Peritoneal Dialysis – Automated (intermittent/continuous cyclic) 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(3) Peritoneal – unspecified 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(4) Hemodialysis 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>f. Blood glucose monitor? 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>g. Drainage devices? 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(1) Wound/bile duct/ureteral drainage catheter . . . 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(2) Foley catheter 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(3) Intermittent bladder catheterization 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(4) External urinary collection devices (e.g. condom catheter) 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(5) Urostomy 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(6) Ileostomy/Colostomy 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>h. Protective restraints (e.g. vests, belts)? 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>i. Pediatric care? 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(1) Apnea monitor 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>(2) Phototherapy lights/equipment 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>j. Prenatal uterine monitoring? 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p> <p>k. Other? – Specify _____ 01 <input type="checkbox"/> Yes 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>	<p>15. PART II – Continued</p> <p>Did . . . receive assistance from your agency staff in caring for or using:</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>
<p>16. The last time service was provided prior to (discharge on <i>date of discharge</i>/death), did . . . have any difficulty in controlling (his/her) bowels?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g. infant, had an ostomy) 04 <input type="checkbox"/> Don't know</p>
<p>17. The last time service was provided prior to (discharge on <i>date of discharge</i>/death), did . . . have any difficulty in controlling (his/her) bladder?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g. infant, had an indwelling catheter, had an ostomy) 04 <input type="checkbox"/> Don't know</p>
<p>NOTES</p>	

Figure III. Discharge Patient Questionnaire—Con.

<p><i>HAND FLASHCARD 10.</i></p> <p>18. The last time service was provided prior to (discharge on <i>date of discharge/death</i>), did . . . receive personal help from this agency in any of the following activities as defined on this card --</p> <p><i>Mark (X) one box for each activity.</i></p>				
	Yes	No	Don't know	Not applicable (e.g., patient was bedfast)
a. Bathing or showering?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Dressing?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Eating?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Transferring in or out of beds or chairs?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Walking?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Using the toilet room?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<p><i>HAND FLASHCARD 11.</i></p> <p>19. The last time service was provided prior to (discharge on <i>date of discharge/death</i>), did . . . receive personal help from your agency in any of the following activities --</p> <p><i>Mark (X) one box for each activity.</i></p>				
	Yes	No	Don't know	Not applicable (e.g., patient was bedfast)
a. Doing light housework?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Managing money?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Shopping for groceries or clothes?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Using the telephone (dialing or receiving calls)?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Preparing meals?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Taking medications?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<p><i>HAND FLASHCARD 12.</i></p> <p>20a. During the 30 days prior to discharge, which of these services were provided to . . . BY YOUR AGENCY?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other services?</p>				
	<p>00 <input type="checkbox"/> None</p> <p>01 <input type="checkbox"/> Continuous home care</p> <p>02 <input type="checkbox"/> Counseling</p> <p>03 <input type="checkbox"/> Homemaker-household services</p> <p>04 <input type="checkbox"/> Medications</p> <p>05 <input type="checkbox"/> Mental health services</p> <p>06 <input type="checkbox"/> Nursing services</p> <p>07 <input type="checkbox"/> Nutritionist services</p> <p>08 <input type="checkbox"/> Occupational therapy</p> <p>09 <input type="checkbox"/> Physical therapy</p> <p>10 <input type="checkbox"/> Physician services</p> <p>11 <input type="checkbox"/> Social services</p> <p>12 <input type="checkbox"/> Speech therapy/Audiology</p> <p>13 <input type="checkbox"/> Transportation</p> <p>14 <input type="checkbox"/> Volunteers</p> <p>15 <input type="checkbox"/> Other services - <i>Specify</i> <u> </u></p>			
<p>NOTES</p>				

Figure III. Discharge Patient Questionnaire—Con.

<p><i>HAND FLASHCARD 13.</i></p> <p>20b. During the 30 days prior to discharge, which of these service providers FROM YOUR AGENCY visited . . . ?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other providers?</p>	<ul style="list-style-type: none"> 00 <input type="checkbox"/> None 01 <input type="checkbox"/> Chaplain 02 <input type="checkbox"/> Dietitians/Nutritionists 03 <input type="checkbox"/> Home health aides 04 <input type="checkbox"/> Homemakers/Personal caretakers 05 <input type="checkbox"/> Licensed practical or vocational nurses 06 <input type="checkbox"/> Nursing aides and attendants 07 <input type="checkbox"/> Occupational therapists 08 <input type="checkbox"/> Physical therapists 09 <input type="checkbox"/> Physicians 10 <input type="checkbox"/> Registered nurses 11 <input type="checkbox"/> Respiratory therapists 12 <input type="checkbox"/> Social workers 13 <input type="checkbox"/> Speech pathologists/audiologists 14 <input type="checkbox"/> Volunteers 15 <input type="checkbox"/> Other providers – <i>Specify</i> <input checked="" type="checkbox"/> 																																							
<p><i>HAND FLASHCARD 14.</i></p> <p>21. What was the PRIMARY expected source of payment for . . . 's entire episode of care?</p> <p><i>Mark (X) only one source.</i></p> <p><i>For the source of payment ask:</i> Was the (source of payment) for home health care or hospice care?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Home Health Care</th> <th style="width: 15%; text-align: center;">Hospice Care</th> </tr> </thead> <tbody> <tr> <td>01 <input type="checkbox"/> Private insurance</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">01 <input type="checkbox"/></td> </tr> <tr> <td>02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds, or welfare</td> <td style="text-align: center;">02 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td>03 <input type="checkbox"/> Supplemental Security Income (SSI)</td> <td style="text-align: center;">03 <input type="checkbox"/></td> <td style="text-align: center;">03 <input type="checkbox"/></td> </tr> <tr> <td>04 <input type="checkbox"/> Medicare</td> <td style="text-align: center;">04 <input type="checkbox"/></td> <td style="text-align: center;">04 <input type="checkbox"/></td> </tr> <tr> <td>05 <input type="checkbox"/> Medicaid</td> <td style="text-align: center;">05 <input type="checkbox"/></td> <td style="text-align: center;">05 <input type="checkbox"/></td> </tr> <tr> <td>06 <input type="checkbox"/> Other government medical assistance</td> <td style="text-align: center;">06 <input type="checkbox"/></td> <td style="text-align: center;">06 <input type="checkbox"/></td> </tr> <tr> <td>07 <input type="checkbox"/> Religious organizations, foundations, agencies</td> <td style="text-align: center;">07 <input type="checkbox"/></td> <td style="text-align: center;">07 <input type="checkbox"/></td> </tr> <tr> <td>08 <input type="checkbox"/> VA contract, pensions, or other VA compensation</td> <td style="text-align: center;">08 <input type="checkbox"/></td> <td style="text-align: center;">08 <input type="checkbox"/></td> </tr> <tr> <td>09 <input type="checkbox"/> No charge made for care</td> <td style="text-align: center;">09 <input type="checkbox"/></td> <td style="text-align: center;">09 <input type="checkbox"/></td> </tr> <tr> <td>10 <input type="checkbox"/> Payment source not yet determined</td> <td style="text-align: center;">10 <input type="checkbox"/></td> <td style="text-align: center;">10 <input type="checkbox"/></td> </tr> <tr> <td>11 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">11 <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;">12 <input type="checkbox"/> Don't know</td> </tr> </tbody> </table>		Home Health Care	Hospice Care	01 <input type="checkbox"/> Private insurance	01 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds, or welfare	02 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/> Supplemental Security Income (SSI)	03 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/> Medicare	04 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/> Medicaid	05 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/> Other government medical assistance	06 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/> Religious organizations, foundations, agencies	07 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/> VA contract, pensions, or other VA compensation	08 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/> No charge made for care	09 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/> Payment source not yet determined	10 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/> Don't know		
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12 <input type="checkbox"/> Don't know																																								
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Figure III. Discharge Patient Questionnaire—Con.

HAND FLASHCARD 14.

22. What were ALL the secondary sources of payment for . . . 's entire episode of care?

Mark (X) all that apply.

PROBE: Any other sources of payment?

For the source of payment ask:
Was the (source of payment) for home health care or hospice care?

		Home Health Care	Hospice Care
01 <input type="checkbox"/>	Private insurance	01 <input type="checkbox"/>	01 <input type="checkbox"/>
02 <input type="checkbox"/>	Own income, family support, Social Security benefits, retirement funds, or welfare	02 <input type="checkbox"/>	02 <input type="checkbox"/>
03 <input type="checkbox"/>	Supplemental Security Income (SSI)	03 <input type="checkbox"/>	03 <input type="checkbox"/>
04 <input type="checkbox"/>	Medicare	04 <input type="checkbox"/>	04 <input type="checkbox"/>
05 <input type="checkbox"/>	Medicaid	05 <input type="checkbox"/>	05 <input type="checkbox"/>
06 <input type="checkbox"/>	Other government medical assistance	06 <input type="checkbox"/>	06 <input type="checkbox"/>
07 <input type="checkbox"/>	Religious organizations, foundations, agencies	07 <input type="checkbox"/>	07 <input type="checkbox"/>
08 <input type="checkbox"/>	VA contract, pensions, or other VA compensation	08 <input type="checkbox"/>	08 <input type="checkbox"/>
09 <input type="checkbox"/>	No charge made for care	09 <input type="checkbox"/>	09 <input type="checkbox"/>
10 <input type="checkbox"/>	Payment source not yet determined	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	Other - <i>Specify</i> <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12 <input type="checkbox"/> Don't know			

23. When was the last time service was provided?

Month		Day		Year	

FILL SECTION C ON THE COVER OF THIS FORM AND CONTINUE WITH THE NEXT DISCHARGED PATIENT QUESTIONNAIRE.

NOTES

Figure III. Discharge Patient Questionnaire—Con.

Suggested citation

Haupt BJ. An overview of home health and hospice care patients: 1996 National Home and Hospice Care Survey. Advance data from vital and health statistics; no. 297. Hyattsville, Maryland: National Center for Health Statistics. 1998.

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DHHS Publication No. (PHS) 98-1250
8-0419 (4/98)