

Home Care Quality Authority Consumer/Employer Mail Survey

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April 2007

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Sponsorship

This project was sponsored by the Home Care Quality Authority.

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EXECUTIVE SUMMARY

Home Care Quality Authority Consumer/Employer Mail Survey

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The Home Care Quality Authority (HCQA) is a small agency within the Washington State government. It is tasked with improving the quality of state-funded long-term in-home services and encouraging stability in the in-home, individual provider workforce.

Every two to three years, HCQA conducts a mail survey of consumer/employers and a separate survey of individual providers. In 2006, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to conduct the surveys. This report presents the results of the consumer/employer survey.

The purpose of the consumer/employer survey was to collect information on a variety of topics, including the following:

- Difficulty in finding an individual provider (IP)
- Gaps in service
- Training & support of individual providers and consumer/employers
- Satisfaction with IP services
- Referral registry awareness, usage & satisfaction¹
- Collective bargaining awareness
- Safety

On August 14th, 2006, 3,000 surveys were mailed to a random selection of consumer/employers, with reminder postcards mailed two weeks later. The survey closed on September 25th, 2006, with 672 returned surveys (response rate of 22%).

Consumer/Employer Background

- Respondents ranged from four to 97 years of age. They were fairly evenly distributed, with 10 to 20 percent in each 10-year age range, except for minors (7%), ages 30 to 39 (7%), and ages 90-99 (3%).

¹ Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state with a geographically-phased implementation. One of their services is a referral registry, which helps consumer/employers find an IP when they need one. The results of the survey questions about the referral registry were analyzed according to how long the referral registry had been available in the respondent's area at the time of the survey: 20 months, 16 months, 8 months, 1 month or no RWRC available.

- Sixty percent of the respondents had family providers, and 40 percent had non-family providers.
- Thirty-seven percent of the consumer/employers completed the survey themselves; 44 percent had a family member or guardian assist them in completing it; 13 percent asked an IP or home agency worker for assistance with the survey, and 6 percent had a friend help complete it.
- Eighty-nine percent of the respondents lived in areas where the referral registry was available, and 8 percent had used the referral registry.
- Most of the respondents received funding for their IP services through the Area Agency on Aging (64%). About one-quarter received funding through the Division of Developmental Disabilities (26%), and 10 percent received funding through Home and Community Services.

Difficulty of Finding an Individual Provider

- Almost one-third of the respondents indicated that they had changed their regular IP in the previous year (31%).
- Among the consumer/employers who changed their regular individual provider in the previous year, over half (56%) reported that it was difficult to find someone new. About one-quarter (26%) indicated that it was easy to find a new IP.
- Finding a respite/temporary provider was reported to be slightly more difficult. However written comments indicated that some respondents weren't clear about the difference between a regular IP and a respite/temporary IP so these results should be viewed with caution.
- Younger respondents (or their guardians completing the survey on their behalf) reported having more difficulty finding a regular IP than older respondents. For instance, over three-quarters (76%) of consumer/employers under 18 years of age reported that it was "very hard" to find a new regular IP.

Consumer/Employers without Authorized Care Due to Loss of IP

- One-quarter of consumer/employers (25%) went without authorized care at least once in the previous year because they lost their regular IP and couldn't find a replacement. Eleven percent went without authorized care more than three times in the past year for this reason. In some cases, the respondents received no services during their gaps in authorized care. In other instances, unpaid care outside the publicly-funded system filled the gaps.
- The reported consequences of being without an IP included the following:
 - Declines in nutrition, personal & household hygiene, and general health
 - Increase in stress and burn-out for consumer/employers and their families
 - Negative effects on family members' employment, due to missing work
 - Lack of transportation led to missed doctor appointments and social engagements

Individual Provider Training

- Fourteen percent of the respondents indicated that they would like their IP to receive more training.
- The most common suggestion was that respondents would like their IP to have more information about the medical condition that affects them, such as background on how the condition develops, the medical treatment options, and the best ways to provide care to people with that condition.
- Consumer/employers suggested a wide range of topical areas for additional IP training, ranging from interpersonal skills (i.e. reliability and communication) to personal care fundamentals (i.e. cleaning and shopping) to health care skills (i.e. safe lifting techniques and nutrition).

Consumer/Employer Training and Support

- The survey also explored the training and support that consumer/employers would like for themselves. A list of possible topics was provided, and the consumer/employer marked “yes”, “no”, or “don’t know” to each.
- Between 23 and 44 percent of the respondents indicated that they would like training or support in each of the topics. The most requested training topic was “how to use the referral registry” (44%), and the least requested topic was “how to let your provider go (fire an employee)” (23%).
- One way in which HCQA supports consumer/employers is by representing them in the collective bargaining process between Washington State and the Service Employees International Union (SEIU). Forty-four percent of the consumer/employers were aware that HCQA represents them in collective bargaining.

Satisfaction with Individual Providers

- The respondents were asked to rate their satisfaction with their IP and the services they received. Overall, responses were extremely positive. On a 10-point scale where 10 was the most positive, the average (mean) scores for the satisfaction questions ranged from 9.0 to 9.8.
- The most positive results were in response to the question “how safe do you feel with the individual provider?”
- The least positive result was with the question, “does the individual provider ever go beyond the normal tasks for you?”
- Respondents with family providers indicated that they had slightly higher levels of satisfaction than respondents with non-family providers. This was true for all satisfaction questions.
- Consumer/employers over the age of 18 had higher levels of satisfaction on all measures, compared to younger respondents.

Referral Registry: Awareness, Usage and Satisfaction

- Overall, about one in five respondents had heard of the referral registry before taking the survey (21%).
- Awareness of the referral registry was over twice as high among respondents who lived in an area where a referral registry had been available for at least eight months (27%) versus those who lived in an area where the registry had only been available for one month or where the registry was not yet available (12%).
- Among the respondents who lived in an area where the referral registry was available, 8 percent had used the referral registry.
- Of the 39 respondents who had used the registry, 78 percent accessed it by phone, 9 percent used the internet, and 13 percent declined to answer.
- Opinions were mixed about satisfaction with the referral registry. Among the respondents who had used the registry, about one-quarter (29%) reported that it was excellent or very good, 40 percent stated that it was fair, 28 percent reported that it was poor or very poor, and 3 percent didn't know.
- Evidence indicates that the early users of the registry tended to be drawn heavily from consumers with past or current difficulties in finding satisfactory providers. Apparently it is too early in registry implementation to have enough registry placements for meaningful statistics about the quality of those matches.

Safety

- Overall, respondents reported high levels of safety. Ninety percent of consumer/employers reported that they had not been in a situation where they felt unsafe with their IP in the previous year.
- Among those who reported feeling unsafe in the past year, many reported more than one reason for feeling unsafe...
 - 6% stated that they felt unsafe because the IP neglected to perform his or her duties
 - 6% indicated that they felt unsafe because the IP was poorly trained
 - 5% marked that they felt insulted/verbally abused by an IP
 - 4% stated that they lost money or belongings to an IP
 - 2% reported feeling threatened by an IP
 - 0.3% indicated that they were physically assaulted by an IP
- Respondents with non-family providers were several times more likely than those with family providers to report that they had felt unsafe because the IP neglected to perform his/her duties, was poorly trained, insulted them, or stole from them.
- Consumer/employers under the age of 18 (or their guardians completing the survey) were more likely to report that they had been in a situation where they felt unsafe in the past year.

INTRODUCTION

INTRODUCTION

The Home Care Quality Authority (HCQA) is a small agency within the Washington State government. It is tasked with improving the quality of state-funded long-term in-home services and encouraging stability in the in-home, individual provider workforce.

Every two to three years, HCQA conducts a mail survey of consumer/employers and a separate survey of individual providers. In 2006, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to conduct the surveys. This report presents the results of the consumer/employer survey.

The purpose of the consumer/employer survey was to collect information on a variety of topics, including the following:

- Consumer/employer background and demographics
- Difficulty in finding regular and temporary/respite individual providers (IP's)
- Gaps in service
- Training & support of IP's and consumer/employers
- Collective bargaining awareness
- Satisfaction with IP services
- Referral registry awareness, usage & satisfaction
- Safety

Key survey topics were also explored by other factors, including the following:

- **Family provider status:** whether or not the individual provider is a member of the consumer/employer's family
- **Age of the consumer/employer**
- **Referral registry usage:** Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state with a geographically-phased implementation. One of the RWRC services is a referral registry, which helps consumer/employers find an IP when they need one. Survey results were analyzed by three conditions: 1) the respondent had used the referral registry,² 2) the respondent lived in an area where the referral registry was available but had not used it, or 3) the respondent did not live in an area where the referral registry was available.
- **Assistance in completing the survey:** The survey asked whether the consumer/employer completed the survey with the assistance of a family member/guardian, friend, IP/home care agency worker, or did not have assistance in completing the survey.³

² If the respondent reported "using" the referral registry, this was interpreted to mean that they obtained referral(s) of one or more potential IP's through using the registry. This does not necessarily mean that they hired their new IP through the registry.

³ Please note that throughout the survey, the term "respondent" refers to the consumer/employer, not the person who may have assisted in completing the survey.

METHODOLOGY

Survey Protocol Development

While HCQA periodically surveys consumer/employers every few years, the survey questions do not remain fixed. Some topics were removed because they were no longer relevant. Other questions were modified to increase the clarity, and some new topics of interest were added.

In addition, the survey used in 2006 included questions drawn from a nationwide survey of in-home care consumers sponsored by RAND as part of national evaluation project assessing changes in in-home care provision. In order to avoid confusion and possible survey fatigue among the Washington state personal care consumers, we coordinated with RAND to incorporate many of their questions in this survey and to share the survey results with them. The survey additions from RAND were questions 10a-10g and 11a-11i, covering consumer/employer satisfaction with IP services.

The survey protocol was developed in close collaboration with HCQA managers and with review and input from DSHS. The cover letter was signed by both HCQA and DSHS.

Sample Selection and Printing

HCQA coordinated with DSHS to randomly select a sample of 3,000 consumer/employers who were receiving services under the state's Medicaid waiver funded through DSHS. The sample was transferred to the Washington State Department of Printing (DOP), which completed the printing and mailing.

The surveys were printed in three different colors to designate the DSHS division that provided funding for consumer/employer's services: Department of Developmental Disabilities (DDD), Home and Community Services (HCS), or Area Agency on Aging (AAA). The surveys were anonymous; therefore, no identifying marks were added to the survey forms.

Survey Administration

On August 14th, 2006, the surveys were mailed, and reminder postcards were sent out two weeks later.⁴ The survey closed on September 25th, with 672 returned surveys. The response rate of 22.4 percent was almost identical to the response rate of the previous consumer survey, which was 22.5 percent.

⁴ Due to a miscommunication, return postage was not printed on the return envelopes included with the survey form. This created some confusion and may have negatively affected the response rate.

RESULTS

The survey results are presented below in the following order:

- Consumer/employer background and demographics
- The level of difficulty of finding regular IP's
- The level of difficulty of finding temporary/respite IP's
- Gaps in service
- IP training
- Training & support of consumer/employers
- Awareness of collective bargaining
- Satisfaction with IP services
- Referral registry awareness, usage & satisfaction
- Safety

Selected breakdowns are included at the end of each section. These may include breakdowns by family provider status, consumer/employer age, referral registry usage, and who assisted in completing the survey.

CONSUMER/EMPLOYER BACKGROUND & DEMOGRAPHICS

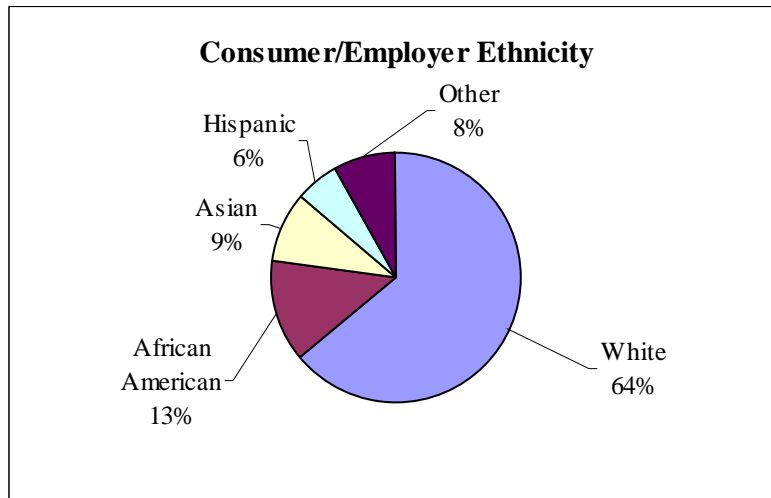
The survey asked about the background of the consumer/employers, including their gender, ethnicity, age, zip code, if their IP was a family member, and if they received assistance completing the survey. Zip codes were used to establish the respondent's Service Delivery Area and whether or not the referral registry was available to them.

Unfortunately, this background data was not available for the entire population of consumer/employers; therefore, it is not possible to definitively measure how well this sample represents the entire population. However, this background data is consistent with the previous survey as well as other sources of data, which lends confidence to these results.

- **Family/Non-family Providers:** Sixty percent of the respondents received services from IP's who were family members ("family providers"), and 40 percent received services from individual providers who were not family members ("non-family providers").
- **Referral Registry Availability:** Eighty-nine percent of the respondents lived in an area with a Referral and Workforce Resource Center (RWRC), meaning that a referral registry was available in their area at the time of the survey.
- **Gender:** Sixty-three percent of the respondents were female, and 37 percent were male.

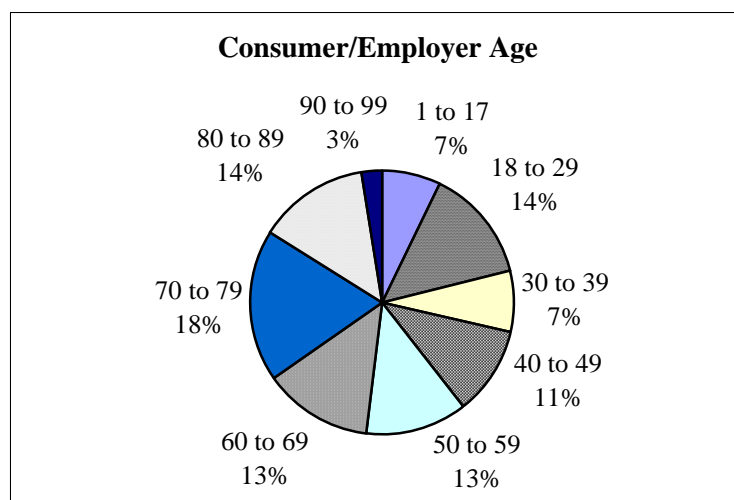
- **Ethnicity:** Almost two-thirds of the respondents were Caucasian (64%). Thirteen percent were African American, 9 percent were Asian, 6 percent were Hispanic, and 8 percent identified themselves as “Other”.

Figure 1



- **Age:** Respondents ranged from four to 97 years of age. They were fairly evenly divided between the categories, with 10 to 20 percent in each category except for the following:
 - Minors (7%),
 - Respondents ages 30 to 39 (7%), and
 - Respondents ages 90 to 99 (3%).

Figure 2

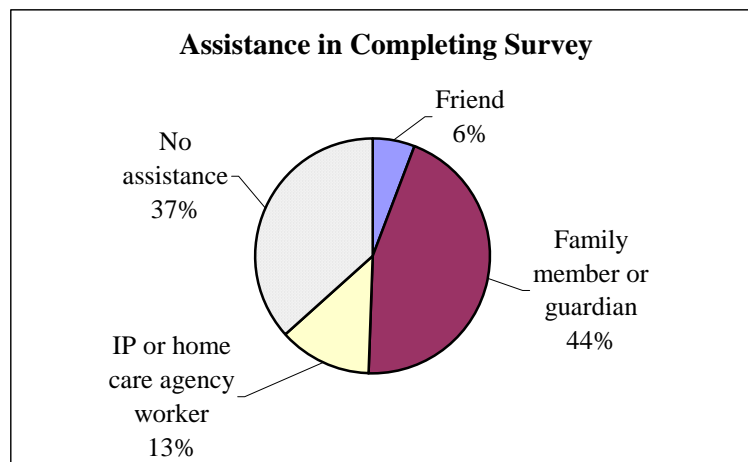


- **Location:** Respondents represented every Service Delivery Area in the state.

	Frequency	Percent
Snohomish	58	9%
Spokane	62	10%
South Sound	36	6%
Northeast	15	2%
Northwest	35	6%
North Central	13	2%
East Central	21	3%
South Central	29	5%
Southeast	27	4%
Southwest	39	6%
Pierce	148	24%
King	119	19%
Pacific	18	3%
Olympic	9	1%
Total	629	100.0

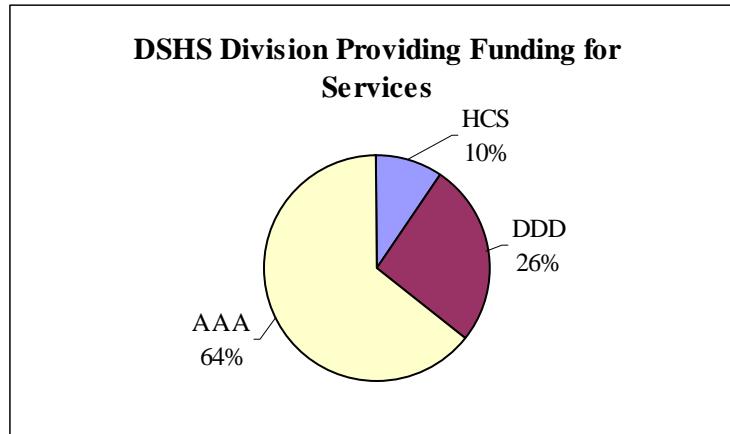
- **Assistance Completing the Survey:** Thirty-seven percent of the consumer/employers completed the survey themselves; 44 percent had a family member or guardian assist them in completing it; 13 percent asked an IP or home agency worker for assistance with the survey, and 6 percent had a friend help complete it.

Figure 3



- DSHS Division:** About two-thirds of the respondents received funding for their IP services through the Area Agency on Aging (64%). About one-quarter received funding through the Division of Developmental Disabilities (26%), and 10 percent received funding through Home and Community Services.

Figure 4



DIFFICULTY OF FINDING A REGULAR INDIVIDUAL PROVIDER

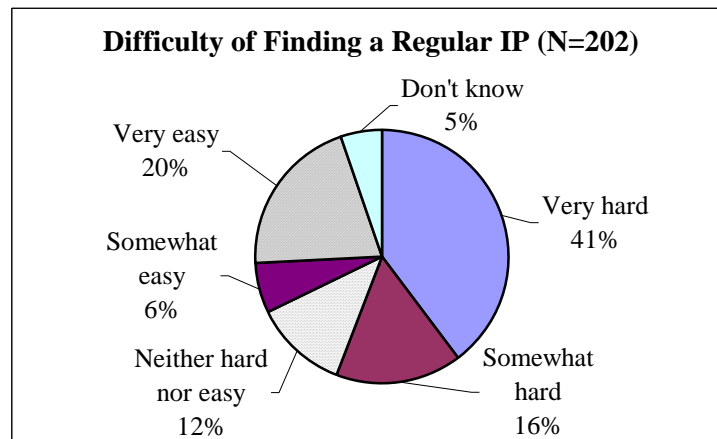
The survey explored the level of difficulty of finding a new IP by asking the following questions:

“If you had to change your regular individual provider in the past year, how easy or hard was it to find someone new?”

“Why did you lose your regular individual provider?”

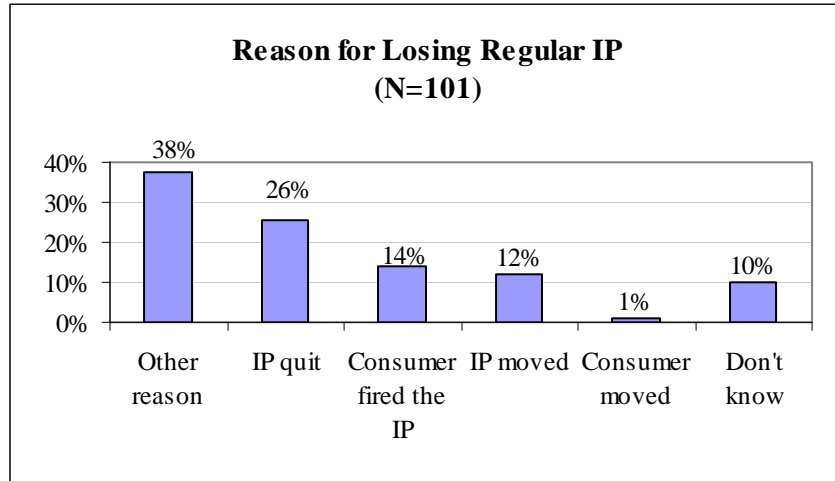
Almost one-third of the respondents indicated that they had changed their regular IP in the previous year (31%). Of these, Over half (56%) indicated that finding a regular individual provider was difficult. About one-quarter (26%) indicated that it was easy to find a new IP. Twelve percent stated that finding a new IP was neither difficult nor easy, and 5 percent didn’t know.

Figure 5



About one-quarter of the respondents indicated that they had lost their regular IP because the IP quit (26%). Fourteen percent stated that they fired their IP, and 12 percent lost their IP because the IP moved. Thirty-eight percent indicated that there was an “other” reason that they lost their IP. Explanations of the “other reason” responses included the IP having health or transportation problems; the state or agency finding a reason that the IP could not continue in the position; and the consumer/employer no longer needing the IP’s services.

Figure 6

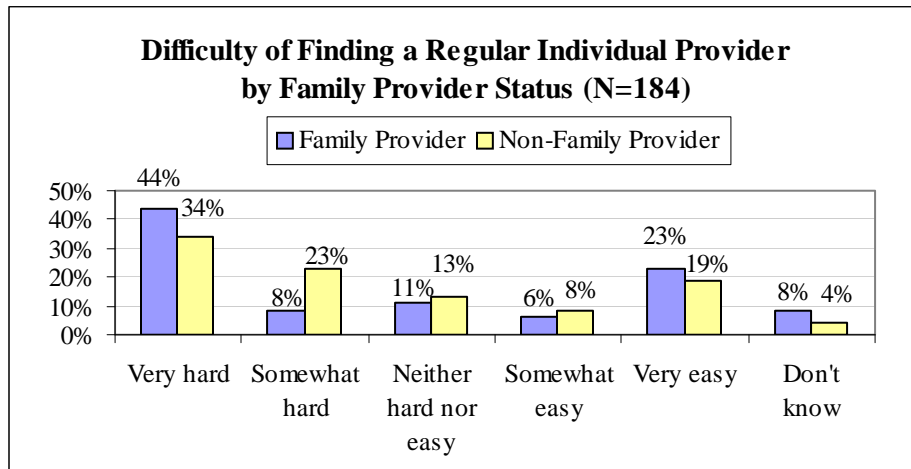


Difficulty of Finding a Regular IP: Data Breakdowns

This survey question was also explored by family provider status, age, referral registry usage, and who assisted in completing the survey.

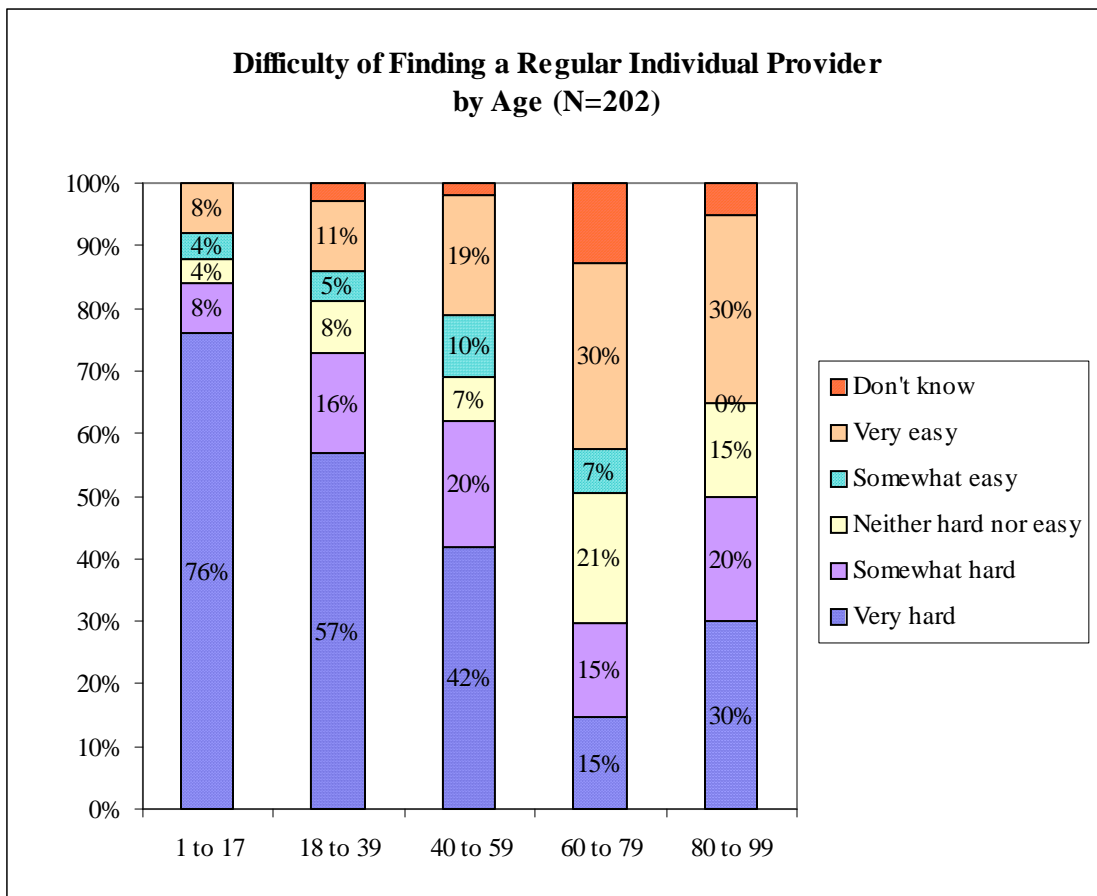
Consumer/employers with a family provider were more likely to be at the extremes of the scale, compared to respondents with non-family providers. Those with family providers were 10 percent more likely to state that it was “very hard” and 4 percent more likely to indicate it was “very easy” to find a new IP. These results suggest that there are two subgroups among the respondents with family providers: those who have a family provider because they were unable to find a non-family provider who met their needs and those whose first choice was a family provider.

Figure 7



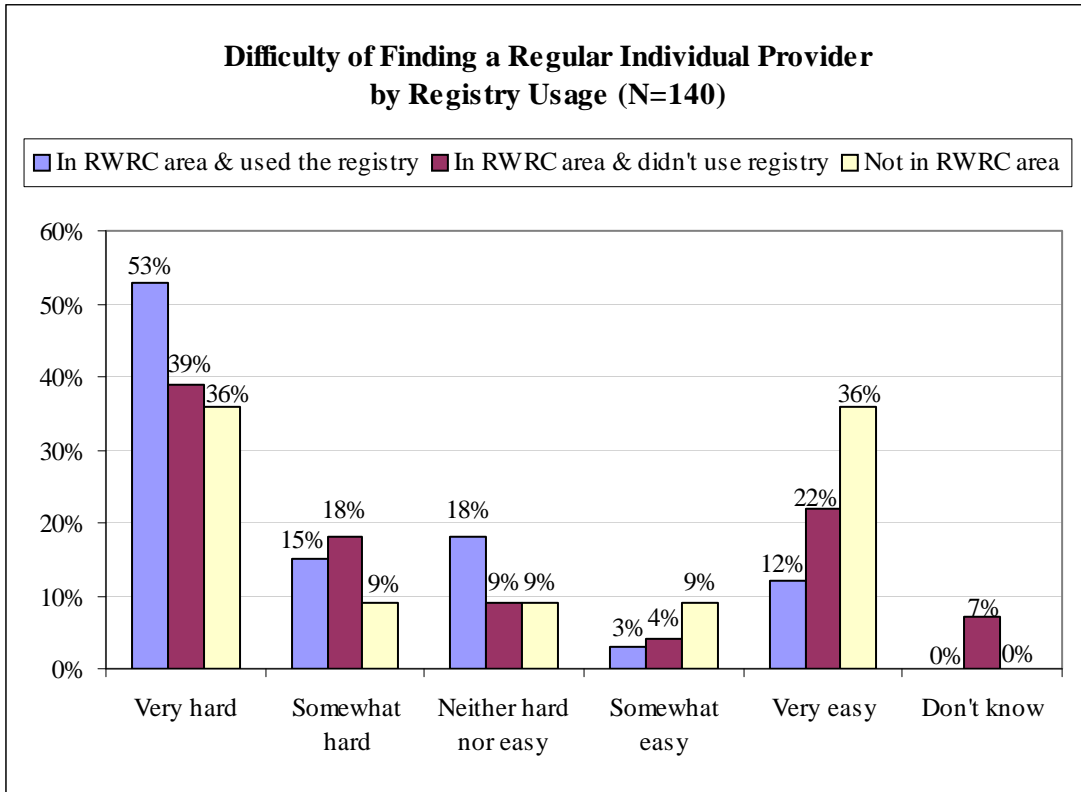
Respondents who were younger seemed to have a more difficult time finding a regular IP. For instance, 76 percent of the minors stated that it was “very hard” to find a new IP, compared with only 15 percent of those ages 60 to 79. This result may represent the frustrations of the minors’ parents and guardians. Of the 23 responses to this question from consumer/employers who were minors, 17 had assistance from a family member/guardian in completing the survey. Fifteen of the 17 indicated that it was very difficult to find a regular IP.

Figure 8



There were only 39 respondents who had used the referral registry. Of those, over half (53%) indicated that finding a regular IP was “very hard”. This finding is consistent with other research that suggests that the referral registry is often used as a last resort for consumer/employers having difficulty finding an IP.⁵

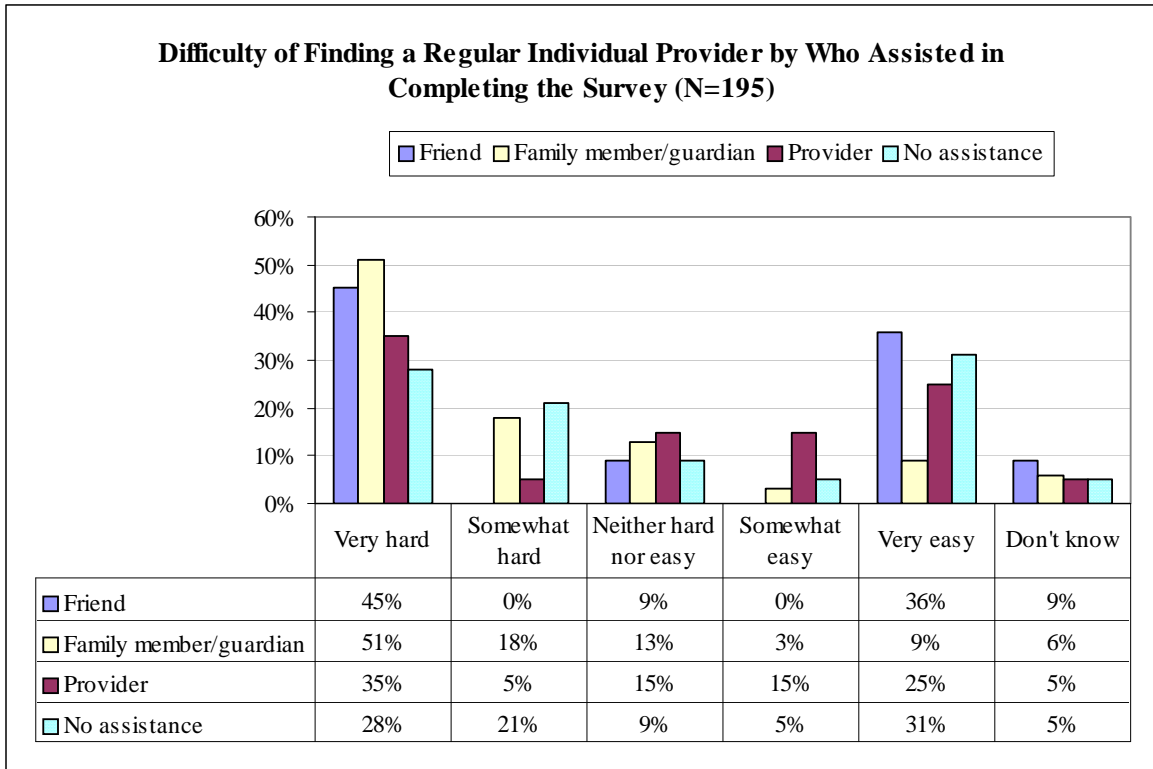
Figure 9



Respondents who had assistance from a family member in completing the survey were the most likely to indicate that finding an IP was very or somewhat difficult (69%). This compares to about half of those without assistance in completing the survey (49%), 45 percent of those who had a friend help them, and 40 percent of those whose IP or agency care worker helped them with the survey. It is not clear whether these differences reflect the perceptions of those assisting the consumers, the relative difficulty in finding care for persons unable to respond independently to the survey, or some other circumstance.

⁵ Home Care Quality Authority, Case Manager Web Survey Executive Summary, 18 October 2006.

Figure 10



DIFFICULTY OF FINDING A RESPITE/TEMPORARY INDIVIDUAL PROVIDER

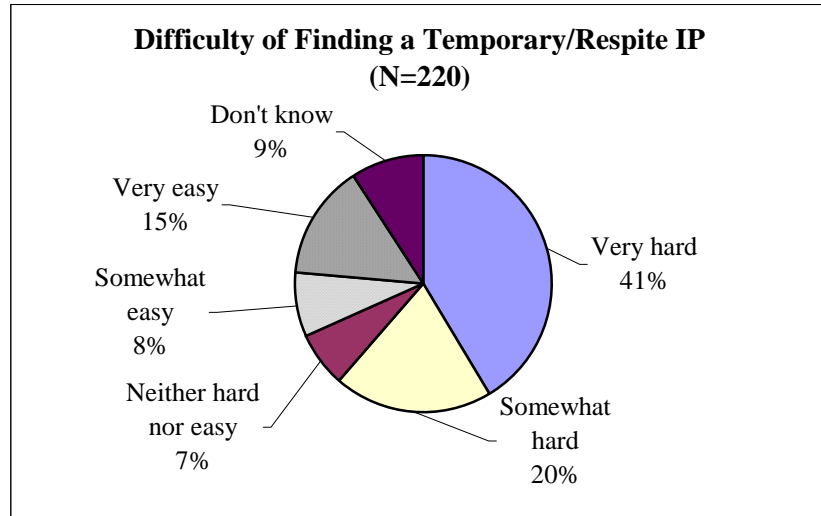
The survey explored the level of difficulty of finding a temporary/respite individual provider by asking...

“If you needed a temporary/respite care provider in the past year, how easy or hard was it to find?”

Written comments indicated that some respondents weren’t clear about the difference between a regular IP and a respite/temporary IP so these results should be viewed with caution. In general, the results for the survey questions on respite/temporary IP’s are very similar to those on regular IP’s:

- Finding a respite/temporary provider was slightly more difficult than finding a regular/daily IP. Sixty-one percent of the respondents reported that it was very or somewhat difficult.
- Almost one-quarter (23%) reported that it was very or somewhat easy to find a respite IP.
- Seven percent indicated that it was neither hard nor easy to find a respite IP, and 9 percent didn’t know.

Figure 11



Because the results were so similar to the difficulty of finding a regular IP, the breakdowns by family provider status, age, referral registry usage and assistance in completing the survey will not be shown here.

GAPS IN SERVICE

If consumer/employers lose their IP and have difficulty finding a new one, it is possible that they could forego authorized care during that gap in service. The survey asked about gaps in service due to the inability to find both a regular IP and a respite IP. These survey questions were worded as follows:

“In the past year, how many times did you go without authorized care because you lost your regular individual provider and couldn’t find a replacement?”

“In the past year, how many times did you go without authorized care because you were unable to find a temporary/respite care provider?”

“If you had to go without authorized care, how long were you without an individual provider?”

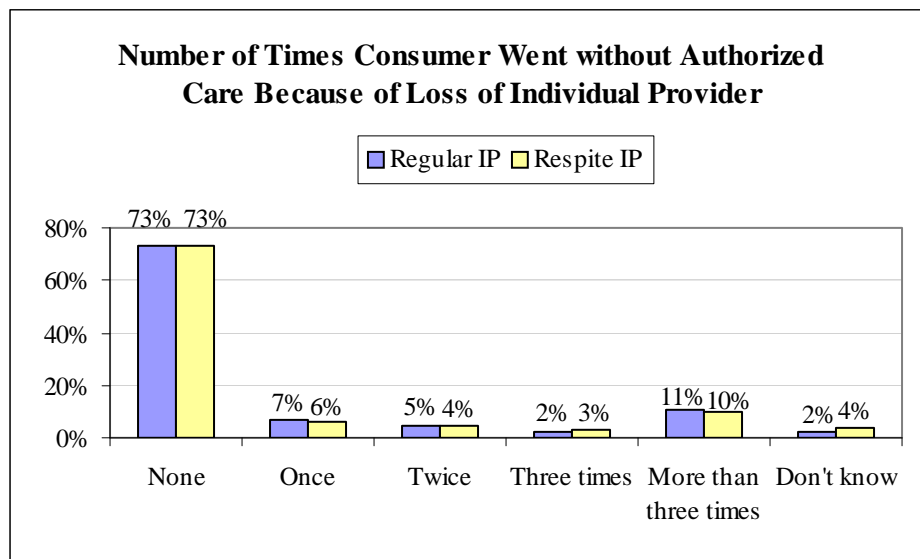
“If you had to go without authorized care, how did being without an individual provider affect you? (For example, services you missed or impacts on your health.)”

The responses were almost identical to the questions on regular IP’s and temporary/respite IP’s. As mentioned above, written comments indicate that some respondents did not understand the difference between a regular IP and a respite IP so they gave the same responses to both questions. The overall results are presented below for both regular and respite IP’s, but the breakdowns are included for only the results related to regular IP’s

While most consumers (73%) did not experience such a gap in service during the previous year, one-quarter of consumer/employers (25%) went without authorized care at least once in the past year because they lost their regular IP and couldn't find a replacement. Eleven percent went without authorized care more than three times in the previous year for this reason.

The results for the gaps in service due to the inability to find a temporary/respite care provider were almost identical. Almost one-quarter (23%) of the respondents reported going without authorized care at least once in the past year because of the inability to find a temporary/respite IP, and 10 percent went without care more than three times.

Figure 12



The reported length of time that consumer/employers went without care due to the inability to find a regular IP ranged from one day to three years, with a median of 30 days.

The median time that consumer/employers reporting going without care due to the inability to find a temporary/respite IP was only slightly lower, at 26 days. This also suggests respondent confusion between the questions about loss of IP and those about inability to find respite care.

The reported consequences of being without a regular or respite IP included the following:

- Declines in nutrition, personal/household hygiene, and general health
- Increase in stress and burn-out for consumer/employers and their families
- Negative consequences on family members' employment, due to having to miss work
- Lack of transportation led to missed doctor appointments and social engagements

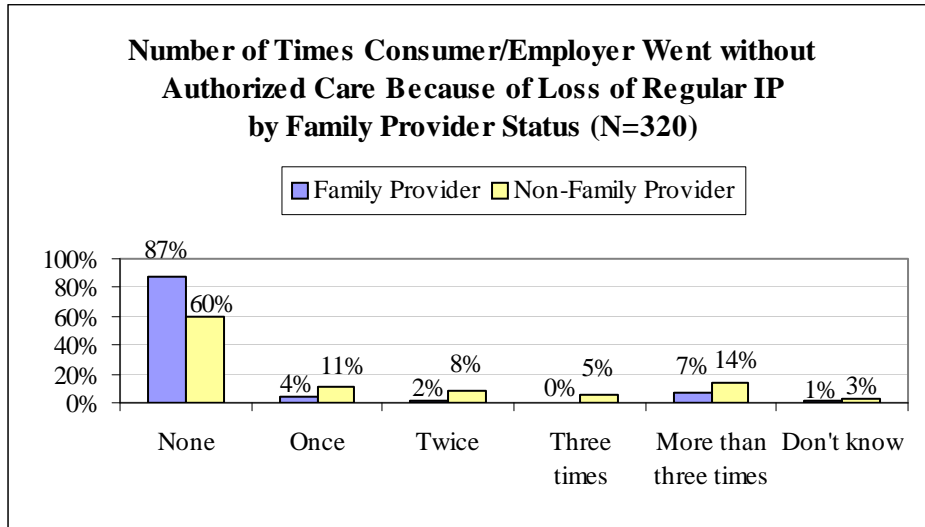
Written comments suggest that some of the respondents who experienced a gap in service went without care of any kind, and some used family and friends to fill in.

Gaps in Service: Data Breakdowns

Gaps in service due to the inability to find a regular IP were analyzed by family provider status, age, referral registry usage, and assistance in completing the survey.

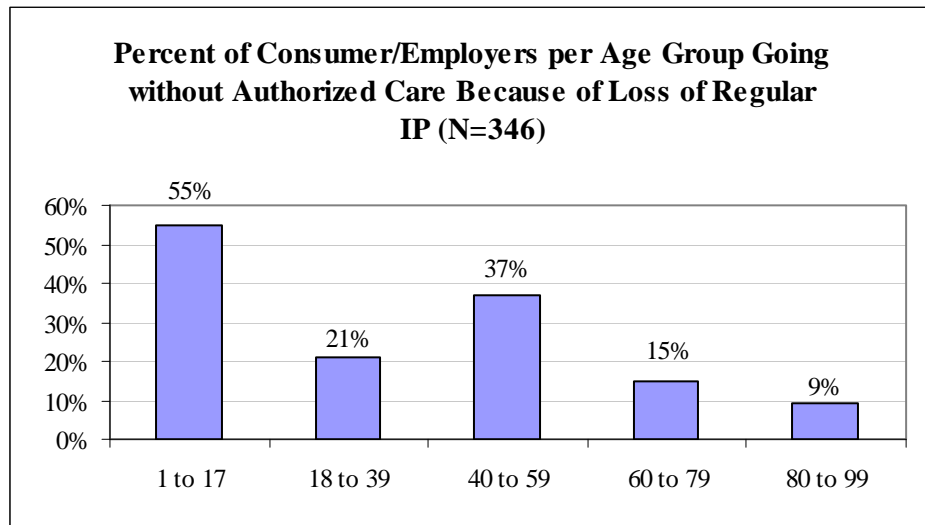
Consumer/employers with non-family providers were about three times more likely to have gone without authorized care at least once in the previous year (37%) compared to respondents with family providers (12%).

Figure 13



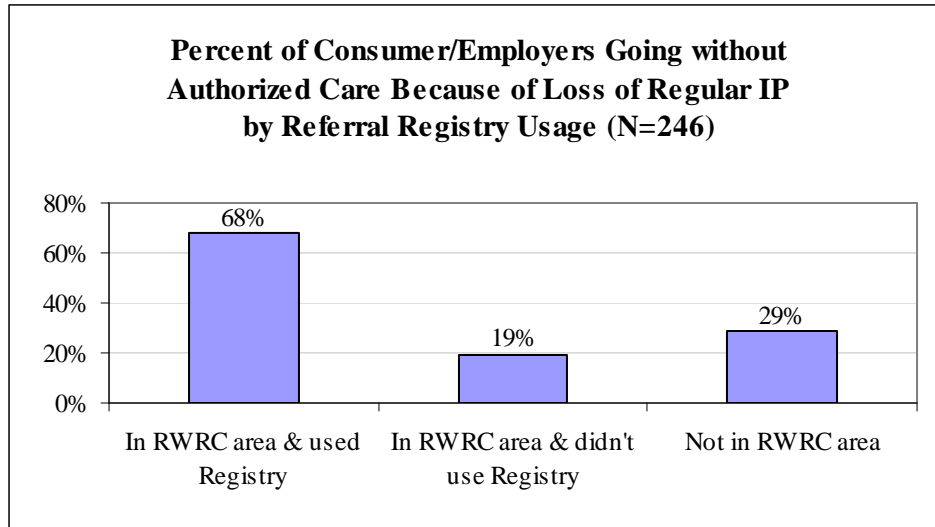
The two most common age ranges to experience a gap in service due to the inability to find an IP were minors under the age of 18 and respondents ages 40 to 59. Over half of the consumer/employers under 18 years of age (55%) reported having had a gap in service in the previous year. Over one-third of the respondents ages 40 to 59 (37%) experienced a gap in service.

Figure 14



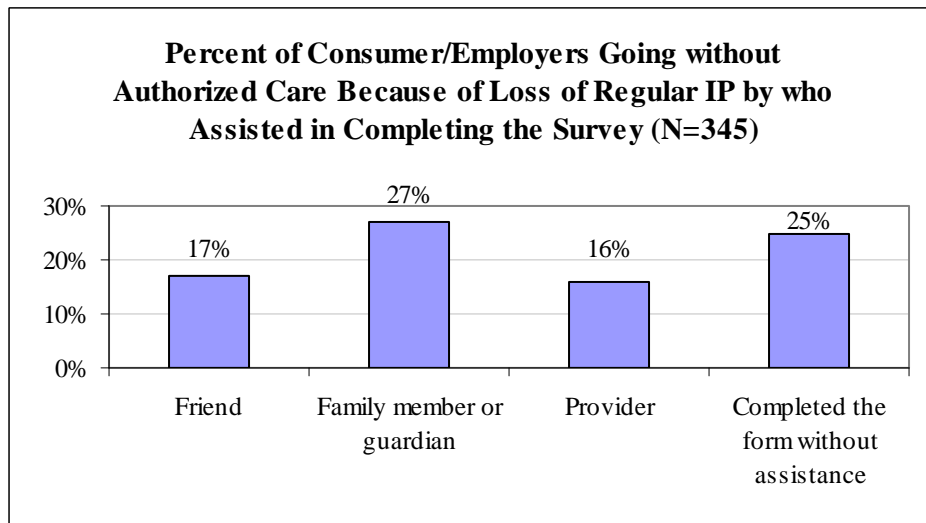
Respondents who used the referral registry were about three times more likely to have gone without care due to the inability to find an IP (68%) than respondents who lived in a referral registry area but didn't use it (19%) and those who didn't live in a referral registry area (27%). This finding is not surprising because consumer/employers with a gap in service would be more likely to use the referral registry.

Figure 15



Consumer employers who completed the survey with assistance from a family member/guardian and those who completed the survey without assistance were more likely to have gone without care compared to those who completed the form with assistance from a friend or an IP/agency worker.

Figure 16



INDIVIDUAL PROVIDER TRAINING

The survey included an open-ended question that asked...

“Would you like your individual provider to receive additional training? If so, in what areas?”

Fourteen percent of the respondents indicated that they thought either their IP or IP’s in general needed additional training.

The most common suggestion was that respondents would like their IP to have more information about the consumer’s particular medical condition(s), such as background on how the condition develops, the medical treatment options, and the best ways to provide care to consumer/employers with that condition. Specific conditions mentioned included: Alzheimer’s, fetal alcohol syndrome, bipolar disorder, diabetes, autism, severe disruptive behaviors, extreme obsessive-compulsive disorder, adult developmentally disability, multiple sclerosis, depression, pain, and grief.⁶

Other training suggestions encompassed interpersonal skills, personal care fundamentals, and health care skills. Each of the suggestions presented below was provided by at least one respondent. They are indicative of the range of comments but not necessarily any broad trends among the responses.

Interpersonal Skills:	Personal Care Fundamentals:	Health Care Skills:
<ul style="list-style-type: none"> • Communication/listening • Follow-through/reliability • Professionalism • Keeping the focus on the client • Importance of maintaining confidentiality of consumer’s personal information • Protocol for working in someone’s home (i.e. respect for boundaries) • Understanding what decisions the consumer/employer is able to make 	<ul style="list-style-type: none"> • Cleaning, cooking, shopping • Client personal care • Basic understanding of care-giving • English skills 	<ul style="list-style-type: none"> • CPR and first aid • Heimlich maneuver • Safe lifting techniques and wheelchair transfers • Body mechanics and repositioning • Massage • Basic pharmacology (reading medication labels) • Nurse delegation • Record keeping • Better understanding of funding • Life skills • Nutrition • Inclusion in the community • VNS training⁷ • Drawing blood • Taking temperature, pulse and respiration • Sign language

⁶ In a separate mail survey of IP’s, specific medical conditions was also common topic on which IP’s requested training.

⁷ The respondent who suggested “VNS training” did not explain what VNS means.

CONSUMER/EMPLOYER TRAINING AND SUPPORT

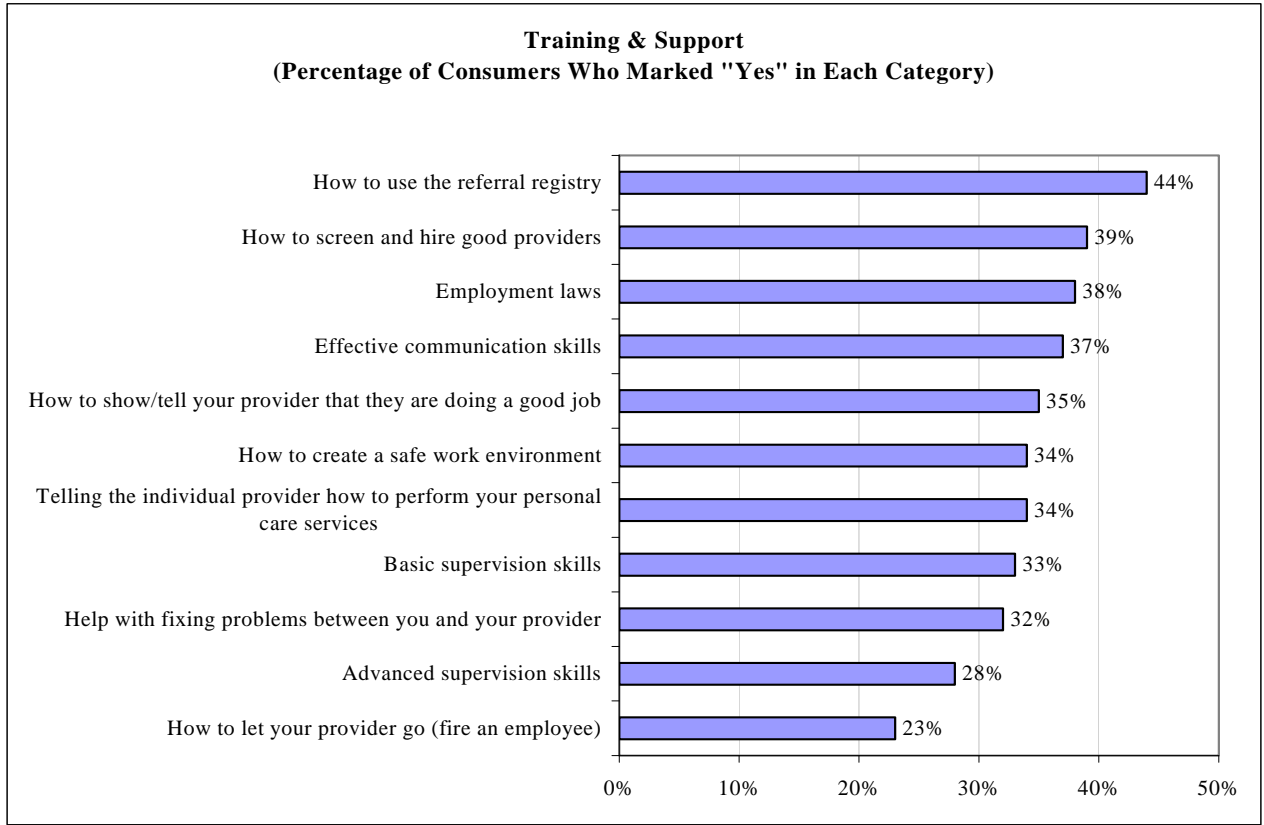
The survey also explored the training and support that consumer/employers would like for themselves. Respondents were provided with a list of potential types of training and support and asked to mark “yes”, “no”, “don’t know”, or “doesn’t apply” to each. The training and support options included the following:

- a. How to screen and hire good providers
- b. Basic supervision skills
- c. Advanced supervision skills
- d. Effective communication skills
- e. Telling the individual provider how to perform your personal care services
- f. How to show/tell your provider that they are doing a good job
- g. Help with fixing problems between you and your provider
- h. Employment laws
- i. How to let your provider go (fire an employee)
- j. How to create a safe work environment
- k. How to use the referral registry

Respondents were also asked which training formats they preferred.

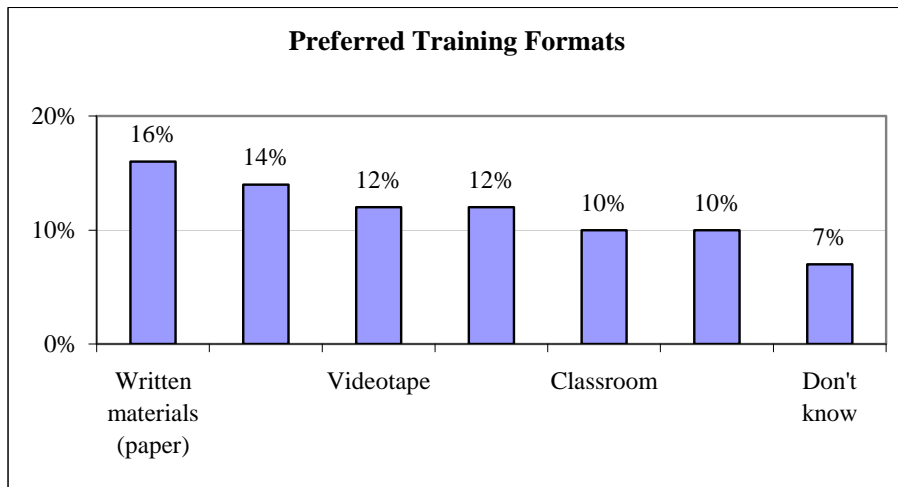
Between 23 and 44 percent of the respondents indicated that they would like training or support in each of the areas. The most commonly-requested training topics were “how to use the referral registry” (44%), followed by “how to screen and hire good providers” (39%) and “employment laws” (38%). The least requested training topic was “how to let your provider go” (23%). About one-third of the respondents requested training or support in the remaining topics.

Figure 17



There were no overwhelming favorites in training formats. Between 10 and 16 percent of the respondents preferred each training delivery method, with written paper materials being the most popular.⁸

Figure 18



⁸ Respondents were allowed to select multiple responses. Results represent the percentage who selected each option out of total respondents (N=672). Responses add to less than 100 percent because some respondents skipped the question.

Consumer/Employer Training and Support: Data Breakdowns

Training & Support by Family Provider Status:

Consumer/employers with family providers were more likely to want training in the following areas:

- How to show/tell your provider that they are doing a good job (family: 37%, non-family: 31%)
- Advanced supervision skills (family: 30%, non-family: 25%).

Consumer/employers with non-family providers were more likely to request training in the following topics:

- How to use the referral registry (family: 39%, non-family: 47%)
- How to screen and hire good providers (family: 31%, non-family: 46%)
- Employment laws (family: 34%, non-family: 42%)
- How to let your provider go (fire an employee): (family: 18%, non-family: 28%)

Training & Support by Age:

As might be expected, the age ranges that reported the most difficulty in finding an IP (those under age 60) were also the most likely to request certain types of training.

- Consumer/employers under the age of 60 were more likely to want training on how to screen and hire good providers, employment laws, and how to use the referral registry.
- Consumer/employers under the age of 40 were more likely to request training in basic supervision skills.
- Consumer/employers who were minors were more likely to be interested in training on effective communication skills.

Training & Support by Referral Registry Usage:

Consumer/employers who used the referral registry were more likely to be interested in training/support in the following topics (compared to consumer employers who had access to the registry and did not use it):

- How to screen and hire good providers
- Help with fixing problems between the consumer and provider
- How to let the provider go (fire an employee)
- Employment laws
- How to use the referral registry

Training & Support by Assistance Completing the Survey:

In general, consumer/employers who completed the survey without assistance were the most likely to express a preference for receiving more training, along with those who completed the survey with the assistance of a family member/guardian.

COLLECTIVE BARGAINING AWARENESS

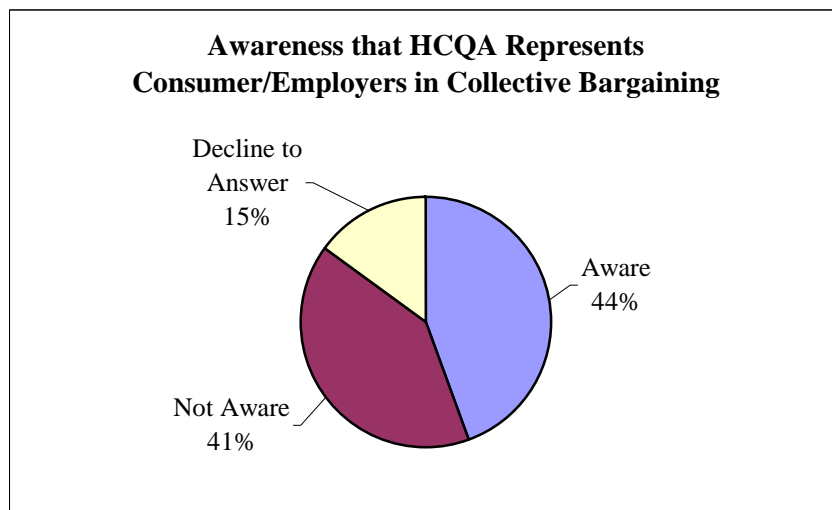
One way in which HCQA supports consumer/employers is by representing them in the collective bargaining process between Washington State and the individual providers' union, Service Employees International Union (SEIU). HCQA was interested in exploring to what extent consumer/employers were aware of HCQA's role in the collective bargaining process and if or how consumer/employers would like to receive information about collective bargaining. The survey questions on these topics included the following:

“Are you aware that HCQA represents you (consumer/employer) in collective bargaining between Washington State and the Service Employees International Union (SEIU)?”

“How would you prefer to receive information regarding the collective bargaining sessions between Washington State and SEIU? (Please mark all that apply)”

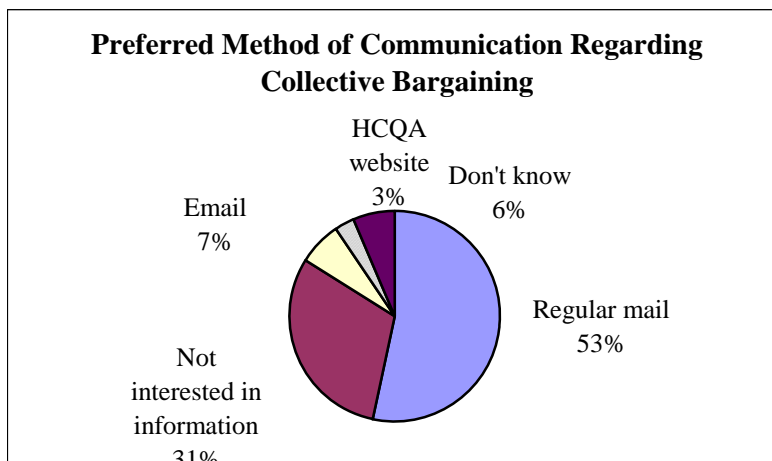
Respondents were fairly evenly split in their awareness of HCQA's role representing them in the collective bargaining process, with 44 percent aware and 41 percent not aware.

Figure 19



Over half of the respondents preferred receiving information about collective bargaining via regular mail. Only 7 percent wanted to receive information via email, and 3 percent said that they would visit the website to find information on collective bargaining. Close to one-third of the consumer/employers (31%) were not interested in receiving information regarding collective bargaining.

Figure 20



The results of these questions were not broken down by any other factors, such as family provider status or age.

SATISFACTION WITH INDIVIDUAL PROVIDERS

The respondents were asked to rate their satisfaction with their IP and the services they receive in the following series of questions. The responses were provided on a scale of one to 10, with 10 being the most positive.⁹

On a scale of 1 to 10, please rate your satisfaction with your individual provider.

- How does the individual provider treat you in general?
- Does the individual provider treat you with respect?
- How thorough is the individual provider in their work?
- Does the individual provider do things the way you want them to be done?
- Does the individual provider do what you need to have done?
- Are you comfortable with the individual provider?
- How safe do you feel with the individual provider?

On a scale of 1 to 10, please rate your satisfaction with the services you receive.

- How promptly does the individual provider help you?
- How well does the individual provider communicate with you?
- Does the individual provider leave before she or he is supposed to?¹⁰
- Does the individual provider come on-time?
- Does the individual provider ever go beyond normal tasks for you?
- Does the individual provider use their time effectively?
- How well do you and the individual provider work together?
- How reliable is the individual provider?
- Would you recommend this individual provider to someone else?

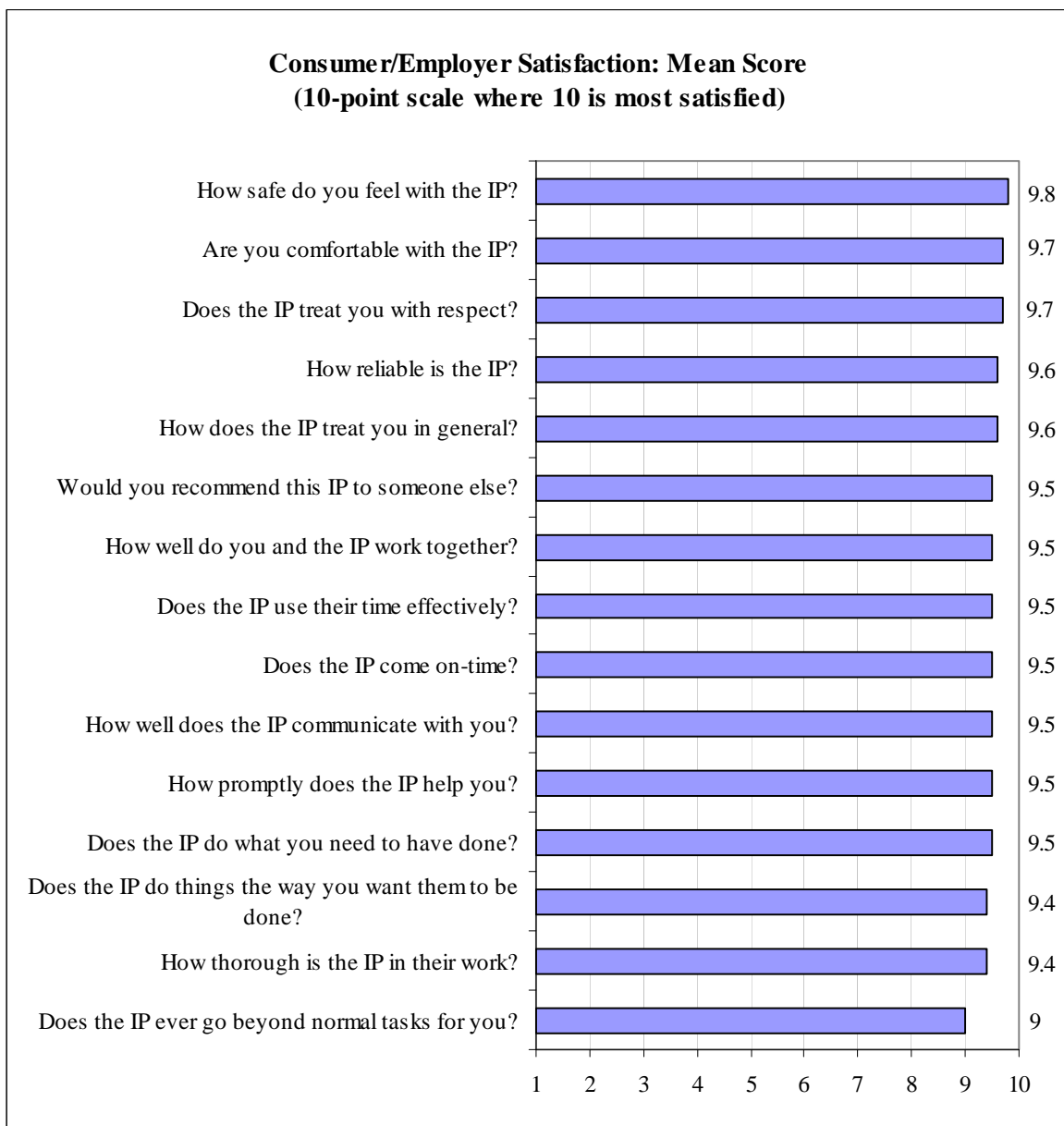
⁹ Please note: These IP satisfaction questions were designed by RAND for their national survey of in-home care recipients. Please see report introduction for details.

¹⁰ Due to a problem with the response scale, the results of this question will not be reported.

Overall, responses were extremely positive. On a 10-point scale where 10 was the most positive, the average (mean) scores for the satisfaction questions ranged from 9.0 to 9.8. These high satisfaction rates may be a true measure of the satisfaction levels. However, research in other social service programs has shown that respondents receiving publicly-funded services sometimes rate their services artificially high, possibly because they are afraid that a negative rating will contribute to the loss of those services.

The most positive response was for the question “how safe do you feel with the IP?” The least positive results were in response to the question, “Does the IP ever go beyond normal tasks for you?”

Figure 21



Satisfaction with IP: Data Breakdowns

Satisfaction with IP by Family Provider Status:

Respondents with family providers indicated that they had slightly higher levels of satisfaction on all measures compared to respondents with non-family providers.

Satisfaction with IP by Age:

Consumer/employers age 60 and over had the highest levels of satisfaction on all measures. Minors had the lowest levels of satisfaction on all measures, though the satisfaction levels were still high, ranging from 8.1 to 9.4 on a 10-point scale.

Satisfaction with IP by Referral Registry Usage:

Consumer/employers who used a registry rated their satisfaction as lower on all measures, compared to respondents in a registry area who didn't use the registry and those who did not have access to the registry. It is unclear if the respondents who had used the registry were answering the satisfaction questions in relation to their current IP or their overall satisfaction for the year. It is also unclear if the current IP was hired through the referral registry or not.

Satisfaction with IP by Assistance in Completing the Survey:

There were very slight differences in levels of satisfaction according to who assisted the consumer/employer in completing the survey. In general, consumer/employers who completed the form without assistance and those who had the assistance of a family member/guardian reported lower levels of satisfaction compared to those who had the assistance of a friend or a provider.

REFERRAL REGISTRY: AWARENESS, USAGE AND SATISFACTION

Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state.¹¹ One of their services is a Referral Registry database. The referral registry helps consumers find an individual provider when they need one. The results of the survey questions about the referral registry are presented below according to how long the referral registry had been available in the respondent's area at the time of the survey: 20 months, 16 months, 8 months, 1 month or no RWRC available.¹²

¹¹ Referral and Workforce Resource Centers are now referred to as Home Care Referral Registry of Washington State.

¹² Counties served by a referral registry for 20 months included Spokane, Whitman, Stevens, Pend Oreille, Ferry, and Snohomish. Counties served for 16 months included Lewis, Thurston, and Mason. Counties served for eight months included Kitsap, Pierce, Island, San Juan, Skagit, Whatcom, Franklin, Benton, Walla Walla, Columbia, Garfield, Asotin, Kittitas, and Yakima. Counties served for one month included King Chelan, Douglas, Okanogan, Grant, Adams and Lincoln. The referral registry for the remaining counties was not available in August 2006.

The survey questions related to awareness of, usage of, and satisfaction with the referral registry included the following:

“Have you heard of the referral registry before?”

“Is the referral registry available in your area?”

“Have you ever used the referral registry?”

“If you have used the referral registry, how did you access it?”

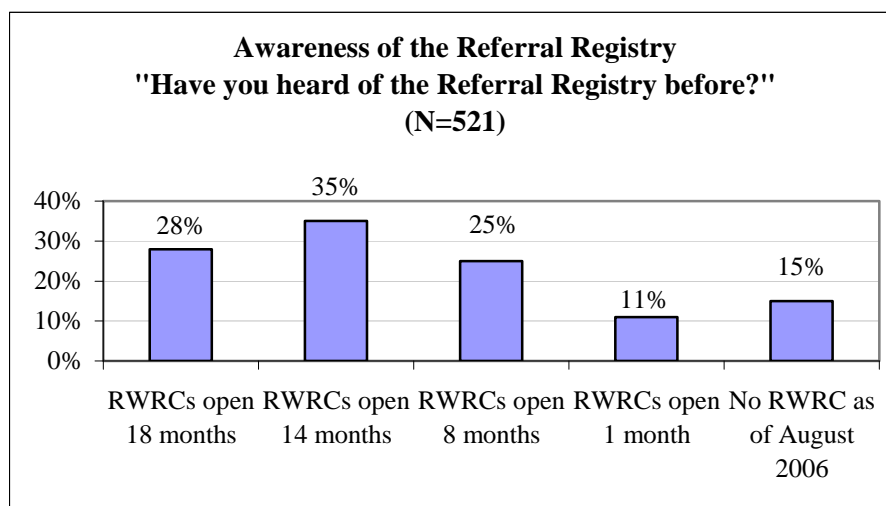
“If you have used the referral registry, how would you rate your experience with it?”

“Do you have any comments or suggestions about the referral registry?”

Evidence indicates that the early users of the registry tended to be drawn heavily from consumers with difficulties in finding satisfactory providers. Apparently it is too early in registry implementation to have enough registry placements for meaningful statistics about the quality of those matches.

At least one-quarter of the consumer/employers living in areas where the referral registry had been available for at least eight months had heard of the registry before taking the survey. Eleven percent of the respondents in areas where the RWRC had only been available for one month were aware of it, and 15 percent of respondents without an RWRC had heard of the referral registry.

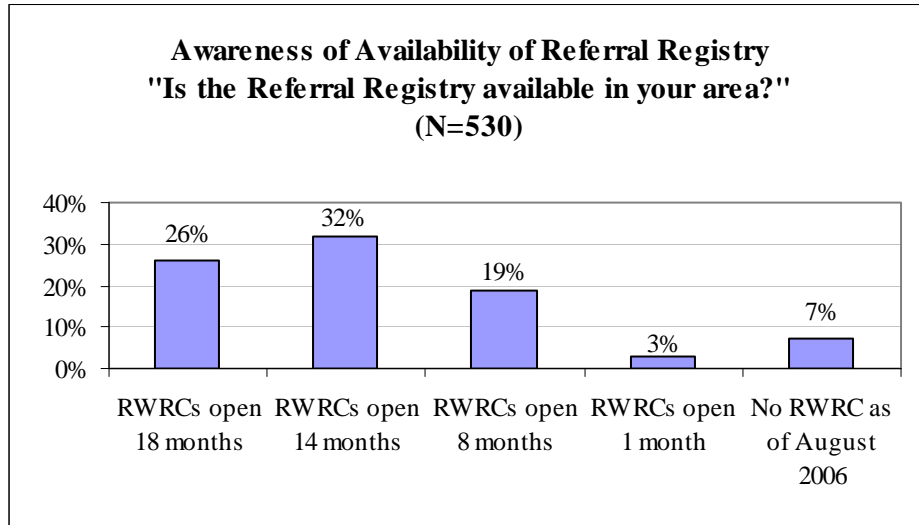
Figure 22



Up to one-third of the respondents in areas where the referral registry had been available for at least eight months knew that it was available to them. Only three percent of the respondents in an area with a referral registry that had opened one month prior to the

survey knew that it was available. Seven percent of the consumer/employers without access to the referral registry erroneously thought that it was available to them.

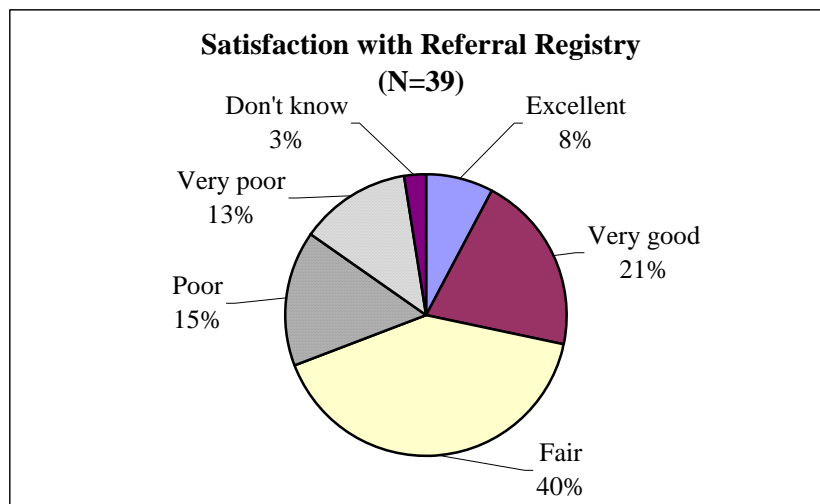
Figure 23



Eight percent of the respondents with access to the registry had used it. Of those, 78 percent accessed it via telephone, 2 percent via the internet, and 13 percent declined to answer.

Opinions were mixed about satisfaction with the referral registry. Among the relatively small number of respondents who had used the registry, over one-quarter (29%) reported that it was excellent or very good, 40 percent stated that it was fair, 28 percent reported that it was poor or very poor, and 3 percent didn't know. Only 39 respondents had used the referral registry so these results should be treated with caution.

Figure 24



Comments/suggestions on the referral registry were also mixed:

- A few respondents wrote that the referral registry worked well for them, or that they were glad it was available, even if they hadn't used it.
- Some respondents reported that the registry was not useful for them because the IP's did not return phone calls, did not have the necessary skills, did not have transportation, or wanted a different number of hours than they had available.
- One common request was to provide more information in the registry about the IP's, such as their training, age, experience with different health conditions, and preferences in working with one client vs. multiple clients and full-time vs. part-time.
- Respondents also suggested that the referral registry should do more vetting of the IP's, such as checking their training, providing references, or collecting information on complaints about specific IP's.
- Other suggestions included increasing the number of IP's on the referral registry, providing referrals to emergency care and respite care IP's, and providing the referral information in a written format (as opposed to over the telephone).

SAFETY

The survey explored respondents' perceptions of safety with their IP by asking them how many times they experienced the following situations in the previous year:

“You felt unsafe because the individual provider was poorly trained”

“You felt unsafe because the individual provider neglected to perform his/her duties”

“You felt threatened by an individual provider”

“You felt insulted/verbally abused by an individual provider”

“You were physically assaulted by an individual provider”

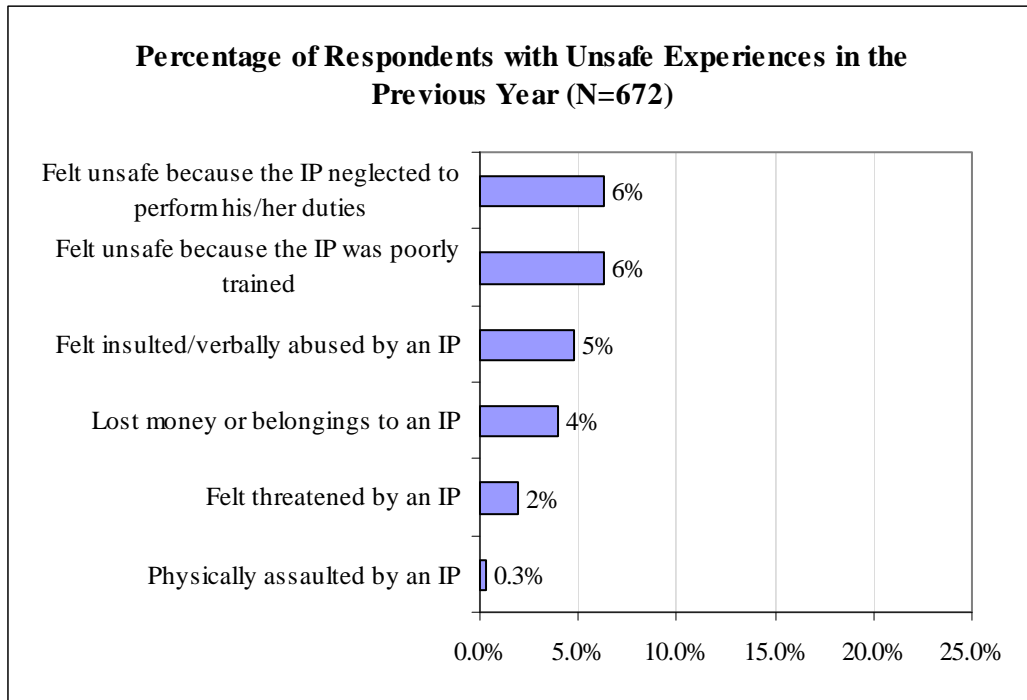
“You lost money or belongings to an individual provider”

There was also space for consumer/employers to write about any other unsafe situations that they had experienced.

Overall, respondents reported high levels of safety. Ninety percent of consumer/employers reported that they had not been in a situation where they felt unsafe with their IP in the past year. Among those who reported feeling unsafe, many reported more than one reason for feeling unsafe. Since the incidence of unsafe situations was so low, the results are presented here by whether or not respondents had experienced each unsafe situation, not by how many times these situations occurred.

The most common reasons for feeling unsafe were that the IP neglected to perform his or her duties and that the IP had poor training (6% each). Feeling threatened or being physically assaulted were very rare (2% each).

Figure 25



Other unsafe situations that respondents described included the following¹³:

- IP drove above the speed limit
- IP was in a car accident while driving the consumer/employer and did not have car insurance
- IP left tripping hazards on the floor
- IP shared too much information about his or her sex life
- IP took son on outing for four hours without informing the guardian
- IP slept a lot on the job
- IP came to work intoxicated
- IP did not help during an insulin reaction
- Consumer/employer fell and IP left without helping

Safety: Data Breakdowns

Safety by Family Provider Status

Respondents with non-family providers were many times more likely to report having been in an unsafe situation in the previous year.

¹³ These comments were all submitted by a single respondent apiece and do not represent strong themes in the data.

- Felt unsafe because the IP neglected to perform his/her duties (family: 2%; non-family: 15%)
- Felt unsafe because the IP was poorly trained (family 1%; non-family: 14%)
- Felt insulted/verbally abused (family: 2%; non-family: 11%)
- Lost money or belongings to an IP (family: 1%, non-family: 8%)
- Felt threatened by an IP (family: 0.3%, non-family: 4%)
- Physically assaulted by an IP (family: 0.2%, non-family: 0.4%)

Safety by Age:

Respondents who were minors and those ages 40 to 59 reported the most unsafe experiences in the previous year. This was true for all types of unsafe experiences except for physical assault.

Safety by Referral Registry Usage:

Respondents who used the referral registry (N=38) were more likely to state that they had been in an unsafe situation in the past year because their provider was poorly trained, neglected to perform their duties, insulted them, stole from them, or threatened them. This reinforces the evidence that consumers with past unsatisfactory experience are more likely to try the registry.

Safety by Assistance in Completing the Survey:

Consumer/employers who completed the survey without assistance and those who completed the survey with the assistance of a family member/guardian were more likely to state that they had felt unsafe in the previous year because their IP was poorly trained, the IP neglected to perform his or her duties, or the IP had insulted/verbally abused them.

FURTHER RESEARCH

Further research could provide additional clarity regarding these survey results. Possible topics for further research include the following:

- Temporary/respite IP's: Clarify how the definition of a temporary/respite IP differs from a regular IP.
- Gaps in service: Gain clarity on whether consumer/employers are going without all services when they are without an IP or whether they are turning to family and friends and receiving at least minimal services.
- Referral registry: Determine whether respondents who used the referral registry hired IP's from the registry or whether they simply received referrals. Ask specifically about the satisfaction of the referral registry matches with hires thorough the registry. Clarify whether the respondents who hire from the registry respond to the satisfaction and safety questions in regards to their IP from the registry or a different IP.

APPENDIX: SURVEY PROTOCOL

The purpose of this survey is to find out...

- How hard it is to find an individual provider
- What kinds of training and support you would like
- The quality and value of the individual provider services you receive

Definitions:

Person receiving services: consumer, client, employer

Person providing services: Individual Provider – a person contracted with DSHS to provide Medicaid in-home services

Authorized care: hours for in-home care services approved by a DSHS case manager

A. Finding an Individual Provider

1. If you had to change your regular individual provider in the past year, how easy or hard was it to find someone new?

Very hard

Somewhat hard

Neither hard nor easy

Somewhat easy

Very easy

Don't know

Doesn't apply – I didn't change individual providers in the past year.

2. If you needed a temporary/respite care provider in the past year, how easy or hard was it to find?

Very hard

Somewhat hard

Neither hard nor easy

Somewhat easy

Very easy

Don't know

Doesn't apply – I didn't need a temporary/respite care provider in the past year.

3. In the past year, how many times did you go without authorized care because you lost your regular individual provider and couldn't find a replacement?

None – this didn't happen to me in the past year.

Once

Twice

Three times

More than three times

Don't know

Doesn't apply

3a. If you had to go without authorized care, how long were you without an individual provider? _____

3b. If you had to go without authorized care, how did being without an individual provider affect you? (For example, services you missed or impacts on your health.)

3c. Why did you lose your regular individual provider?

Your individual provider moved

You moved

You fired the individual provider. Why? _____

The individual provider quit. Why? _____

Other. Please describe: _____

Don't know

Doesn't apply – I didn't change individual providers in the past year.

4. In the past year, how many times did you go without authorized care because you were unable to find a temporary/respice care provider?

None – this didn't happen to me in the past year.

Once

Twice

Three times

More than three times

Don't know

Doesn't apply

4a. If you had to go without authorized care, how long were you without a temporary/respice care provider?

4b. If you had to go without authorized care, how did being without a temporary/respice care provider affect you? (For example, services you missed or health impacts.)

B. Training & Support

5. Would you like your individual provider to receive additional training? If so, in what areas?

6. What kinds of training and support would you like?

Training on...

- | | Yes | No | Don't
Know | Doesn't
Apply |
|---|------------|-----------|-----------------------|--------------------------|
| a. How to screen and hire good providers | | | | |
| b. Basic supervision skills | | | | |
| c. Advanced supervision skills | | | | |
| d. Effective communication skills | | | | |
| e. Telling the individual provider how to perform your personal care services | | | | |
| f. How to show/tell your provider that they are doing a good job | | | | |
| g. Help with fixing problems between you and your provider | | | | |
| h. Employment laws | | | | |
| i. How to let your provider go (fire an employee) | | | | |
| j. How to create a safe work environment | | | | |
| k. How to use the referral registry | | | | |

7. Which training formats would you prefer? (Please mark all that apply.)

- | | |
|-----------|------------------------------|
| Classroom | Computer CD |
| Videotape | Written materials (on paper) |
| DVD | Don't know |
| Internet | Doesn't apply |

8. Are you aware that HCQA represents you (consumer/employer) in collective bargaining between Washington State and the Service Employees International Union (SEIU)?¹⁴

- Yes
- No
- Decline to answer

9. How would you prefer to receive information regarding the collective bargaining sessions between Washington State and SEIU? (Please mark all that apply)

- Email
- Regular mail (printed information)
- HCQA website
- Don't know
- Doesn't apply – I am not interested in this information.

¹⁴ SEIU represents your individual provider. For additional information on the collective bargaining process or to sign up to receive updates, please go to <http://www.hcqa.wa.gov> or call 1-866-580-4272.

C. Satisfaction

10. On a scale of 1 to 10, please rate your satisfaction with your individual provider.

	1 2 3 4 5 6 7 8 9 10	Don't know
a. How does the individual provider treat you in general?	Very poor Excellent	
b. Does the individual provider treat you with respect?	No, never Yes, always	
c. How thorough is the individual provider in their work?	Very poor Excellent	
d. Does the individual provider do things the way you want them to be done?	No, never Yes, always	
e. Does the individual provider do what you need to have done?	No, never Yes, always	
f. Are you comfortable with the individual provider?	No, never Yes, always	
g. How safe do you feel with the individual provider?	Not at all Very safe	

11. On a scale of 1 to 10, please rate your satisfaction with the services you receive.

	1 2 3 4 5 6 7 8 9 10	Don't know
a. How promptly does the individual provider help you?	Very poor Excellent	
b. How well does the individual provider communicate with you?	Very poor Excellent	
c. Does the individual provider leave before she or he is supposed to?	No, never Yes, always	
d. Does the individual provider come on-time?	No, never Yes, always	

	1	2	3	4	5	6	7	8	9	10	Don't know	
e. Does the individual provider ever go beyond normal tasks for you?	No, never										Yes, always	
f. Does the individual provider use their time effectively?	No, never										Yes, always	
g. How well do you and the individual provider work together?	Very poor										Excellent	
h. How reliable is the individual provider?	Not at all										Very reliable	
i. Would you recommend this individual provider to someone else?	Not at all										Yes, highly recommend	

D. Referral registry

Referral and Workforce Resource Centers are starting up throughout the state. One of their services is a Referral Registry database. The Referral Registry helps consumers find an individual provider when they need one.

Yes No Don't Know Doesn't Apply

12. Have you heard of the Referral Registry before?

13. Is the Referral Registry available in your area?

14. Have you ever used the referral registry?

15. If you have used the Referral Registry, how did you access it? Phone
Internet

16. If you have used the Referral Registry, how would you rate your experience with it?

Excellent

Very good

Fair

Poor

Very poor

Don't know

Doesn't apply – I haven't used it.

17. Do you have any comments or suggestions about the Referral Registry?

E. Safety

18. In the past year, have the following situations happened to you? How many times?

	Never	Once	Twice	3+ Times	Don't Know
a. You felt unsafe because the individual provider was poorly trained					
b. You felt unsafe because the individual provider neglected to perform his/her duties					
c. You felt threatened by an individual provider					
d. You felt insulted/verbally abused by an individual provider					
e. You were physically assaulted by an individual provider					
f. You lost money or belongings to an individual provider					

g. Were you in some other situation where you felt unsafe with an individual provider? If so, what was the situation?

F. Demographic Questions about You, the Recipient of In-Home Care

19. What is your gender? Male Female

20. What is your ethnicity? (Please check all that apply)

Caucasian African-American Hispanic Asian Other: _____

21. What is your age? _____ years

22. What is your zip code? _____ zip code

23. Is your individual provider a family member? Yes No Doesn't apply

24. If someone assisted you in filling out this form, who was it? (Please check all that apply)

- Friend
- Family member or guardian
- Individual provider or home care agency worker
- Doesn't apply – I completed the form without assistance