

A. Information						
1. On admission our agency provides information to the family caregiver that includes:						
	Always	Usually	About half the time	Seldom	Never	Don't know/not Relevant
a) a number to call with questions 24 hours, 7 days a week.	<input type="checkbox"/>					
b) a list of supplies and/or equipment that the patient needs and how to get them	<input type="checkbox"/>					
c) an estimate of how long the patient will receive home care services	<input type="checkbox"/>					
d) what services insurance will cover	<input type="checkbox"/>					
e) an explanation about personnel delivering services and their roles	<input type="checkbox"/>					
f) a copy of the privacy statement that makes clear that staff members are allowed to provide medical information to family caregivers unless the patient objects.	<input type="checkbox"/>					
g) an explanation of the role of the designated family caregiver in the plan of care	<input type="checkbox"/>					
h) a statement recognizing the importance of the family caregiver to the patient's care and well-being	<input type="checkbox"/>					
i) the resources available to the family caregiver, such as support services, respite, transportation etc.)	<input type="checkbox"/>					
<b>Comments:</b>						

**B. Assessment**

**2. Our home care agency routinely assesses the ability and willingness of family caregivers to provide care.**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

**This assessment is done by (please select YES or NO) :**

	Yes	No
a) written caregiver-specific assessment tool	<input type="checkbox"/>	<input type="checkbox"/>
b) interview	<input type="checkbox"/>	<input type="checkbox"/>
c) direct observation	<input type="checkbox"/>	<input type="checkbox"/>
d) other (please describe):	_____	



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**Comments:**



C. Services

**3. To carry out the doctor's orders and care plan, clinical staff ensure that family caregivers are:**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) informed about the patient's condition and prognosis	<input type="checkbox"/>					
b) told what services will be provided	<input type="checkbox"/>					
c) told when visits will be scheduled	<input type="checkbox"/>					
d) given instructions about medications, use of equipment, etc.	<input type="checkbox"/>					
e) given the telephone number of a person to contact in the event of an emergency	<input type="checkbox"/>					

**Comments:**

## D. Communication

### 4. In communicating with family caregivers our agency staff:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) ensures that they are given timely, understandable information about the patient's condition and prognosis	<input type="checkbox"/>					
b) make sure that they are actively involved in decision making	<input type="checkbox"/>					
c) encourage them to discuss and ask questions about treatment goals	<input type="checkbox"/>					
d) demonstrate respect for religious and cultural practices	<input type="checkbox"/>					
e) provide printed materials in different languages, when needed	<input type="checkbox"/>					
f) use professional interpreters (e.g. Language Line, staff who speak the language), when needed	<input type="checkbox"/>					



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### Comments

E. Training

**5. Our home care agency prepares family caregivers to:**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) accurately administer medications	<input type="checkbox"/>					
b) observe and report symptoms and side effects of medication	<input type="checkbox"/>					
c) monitor and operate medical equipment, if needed	<input type="checkbox"/>					
d) manage diet and activity	<input type="checkbox"/>					
e) recognize if the patient's condition begins to worsen	<input type="checkbox"/>					
f) know what to bring to the doctor's appointment and what to discuss with the doctor	<input type="checkbox"/>					
g) know what to communicate to the agency after a doctor visit	<input type="checkbox"/>					



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**Comments:**

## F. Changes in Care Plan

### 6. When the plan of care changes, family caregivers are given:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) information as to why the plan has changed	<input type="checkbox"/>					
b) advance notice on when the new plan will take effect	<input type="checkbox"/>					

**Comments:**

## G. When Home Care Ends

### 7. When home care ends, family caregivers are:

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
a) given timely notice as to when discharge will occur	<input type="checkbox"/>					
b) given information to assist them in obtaining additional care, if needed	<input type="checkbox"/>					
c) provided with clear instructions about medication, diet, activity, and symptom management moving forward	<input type="checkbox"/>					

**G. When Home Care Ends (continued)**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
d) given the a telephone number of a person to contact with questions or concerns following discharge	<input type="checkbox"/>					
e) given information on when to schedule post-discharge medical visit(s)	<input type="checkbox"/>					

**Comments**

**H. Communication with Other Providers**

**8. In transitions between care settings, our agency shares information with new providers about family caregivers and their involvement.**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					



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**Comments:**

I. Quality Improvement

**9. Overall, I think our agency pays attention to family caregivers' needs.**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

**10. Overall, I think patients and family caregivers are satisfied with the services, support, and information they receive.**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					

**11. Our agency evaluates family caregivers' experiences and uses that information to improve quality.**

	Always	Usually	About half the time	Seldom	Never	Don't know/Not Relevant
	<input type="checkbox"/>					



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**Comments**

J. Optional

**12. I am a/an (choose best fit)**

Administrator

Nurse

Therapist

Social Worker

Other (please indicate): \_\_\_\_\_

**13. What do you find most difficult to explain to family caregiver when opening and closing a case?**



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**14. What would make it easier to support family caregivers during the transition home or from home to another care setting?**

