



HHCAHPS **REPORT** SAMPLES

THE **HOME HEALTH CARE** SPECIALISTS

Home Health Care CAHPS

Overview:

Deyta's Home Health Perception of Care Measurement System provides Home Health agencies with a systematic way to capture and report their level of patient satisfaction.

Deyta complies with all CMS guidelines to ensure that HHCAHPS data is reported accurately and timely.

In addition to CMS reporting, Deyta provides Home Health agencies with the following monthly reports to be used as operational tools to improve quality of care to patients.

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- Ad Hoc Reporting – just a phone call away

For Additional Information Contact:
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888-893-1937 x135 sbalmer@deyta.com



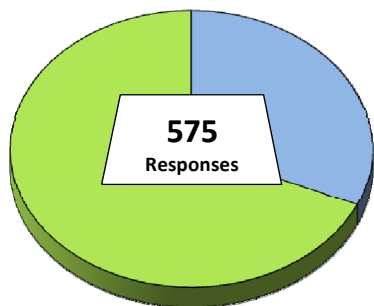
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1 - HHCAHPS PUBLIC REPORTING DASHBOARD

- Summarizes the number of surveys sent and survey participation.
- Provides a quick analysis of the two HH-CAHPS global items that will be publicly reported including monthly trends and a benchmark comparison.
- Illustrates performance scores over time to show organizational trends in performance for the three HH-CAHPS composites that will be publicly reported on Home Health Compare.

Would you recommend this agency to your family or friends if they needed home health care?

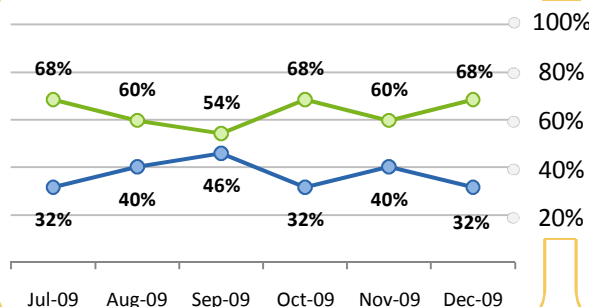
Current Overall Satisfaction Results



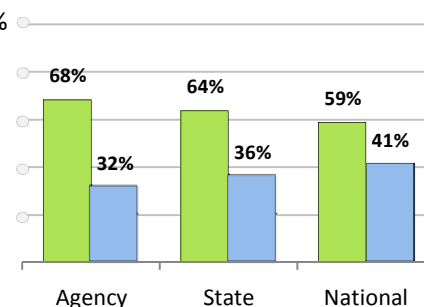
YES: 68% (221)
25% answered, 'Definitely Yes'
7% answered, 'Probably Yes'

NO: 32% (102)
30% answered, 'Definitely No'
38% answered, 'Probably No'

Monthly Satisfaction Trends

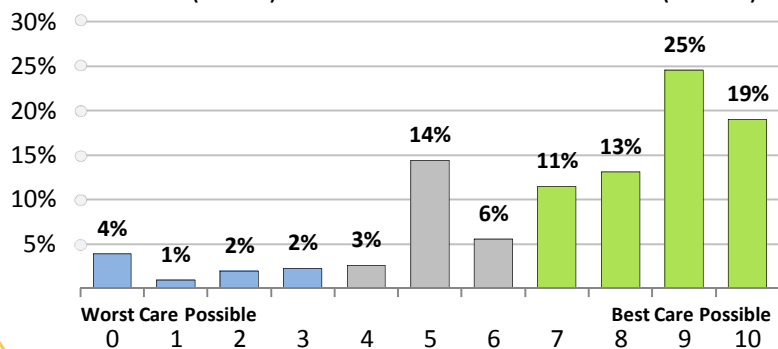


Benchmark Comparison (Dec-09)

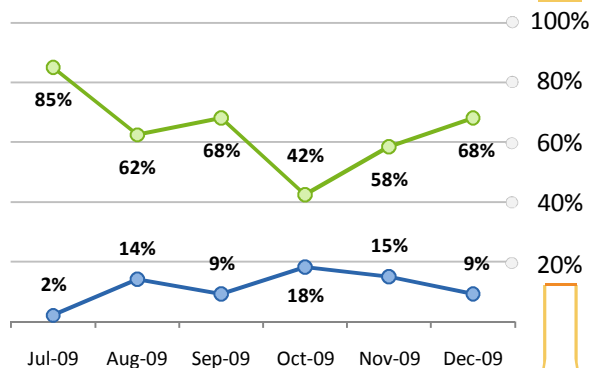


What number between 0 and 10 would you use to rate your care from this agency's home health providers?

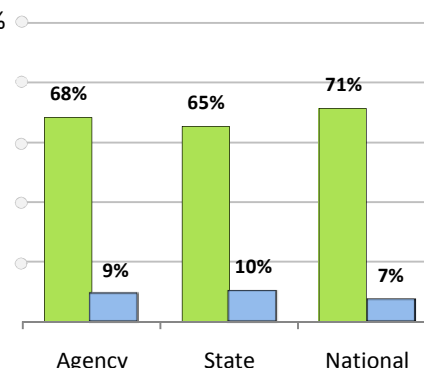
9% Unsatisfied (% 0 to 3) **Overall Care Satisfaction** **68%** Satisfied (% 7 to 10)



Monthly Satisfaction Trends

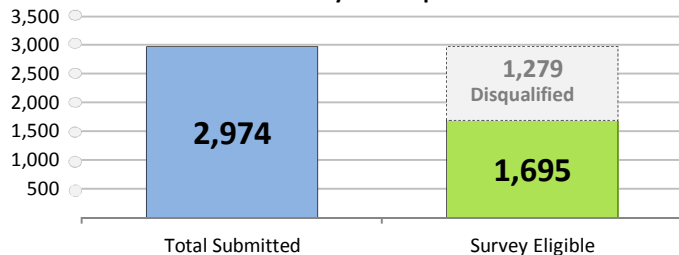


Benchmark Comparison (Dec-09)

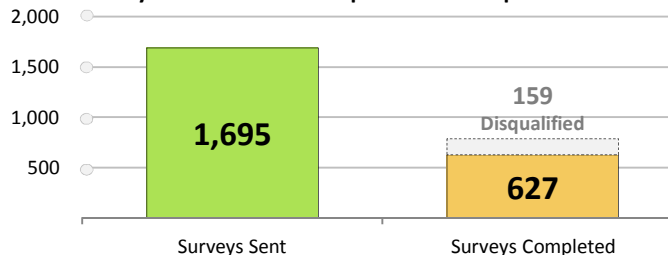


Survey Participation

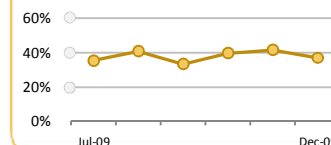
Patients Submitted to Deyta time period



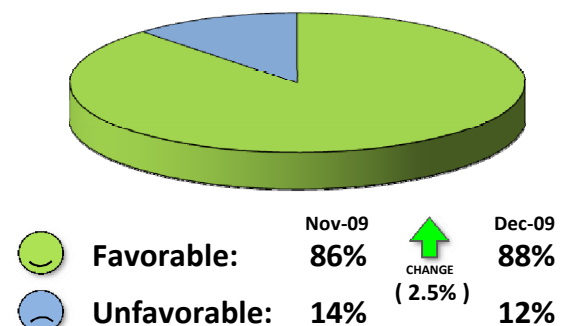
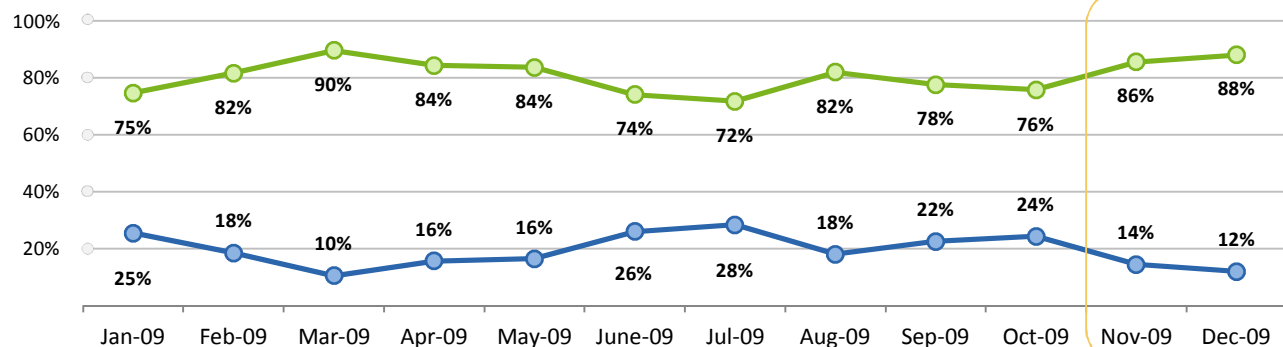
Survey distribution and response for time period



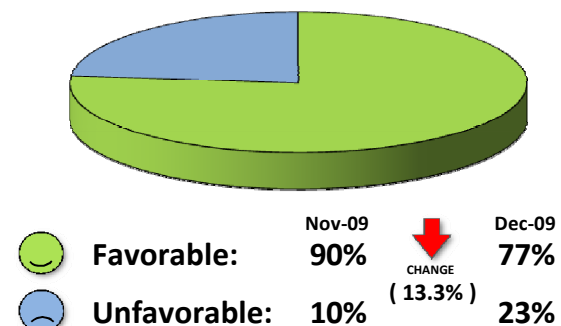
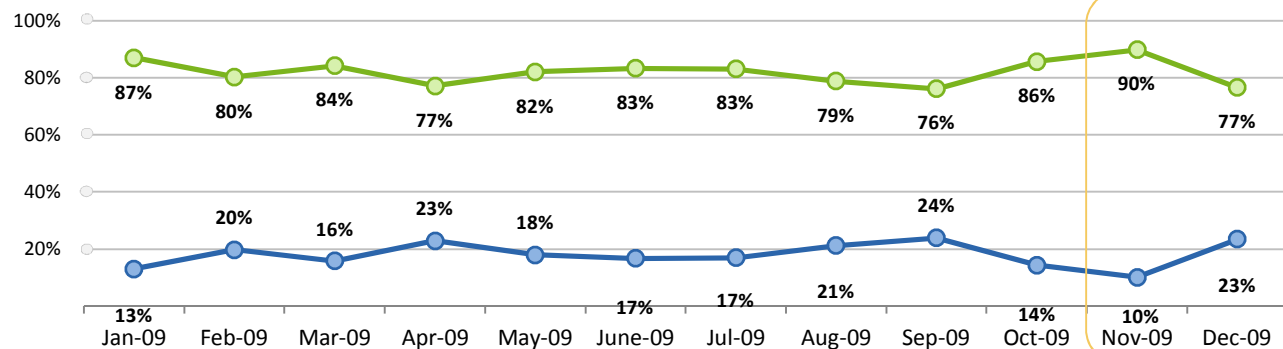
37%
RESPONSE RATE



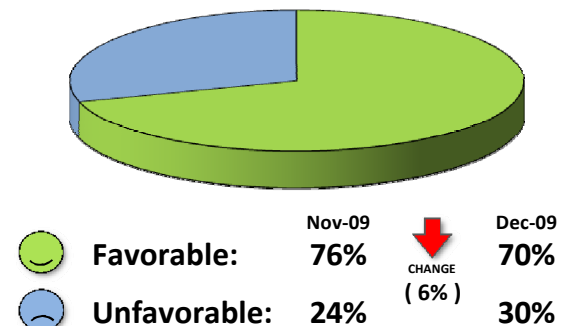
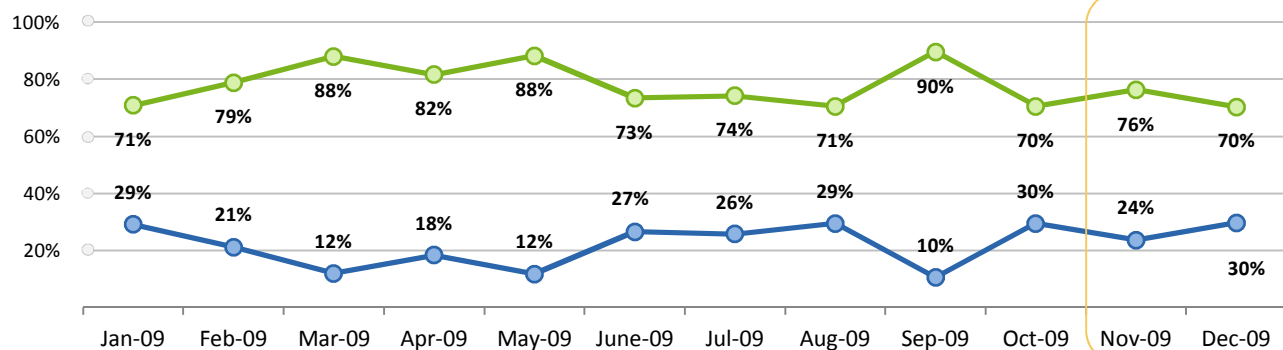
Care of Patients Composite



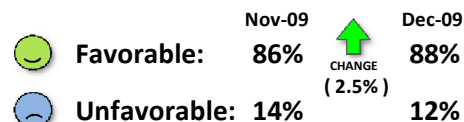
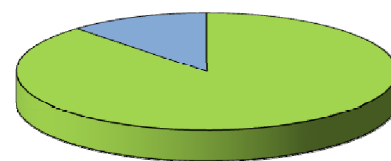
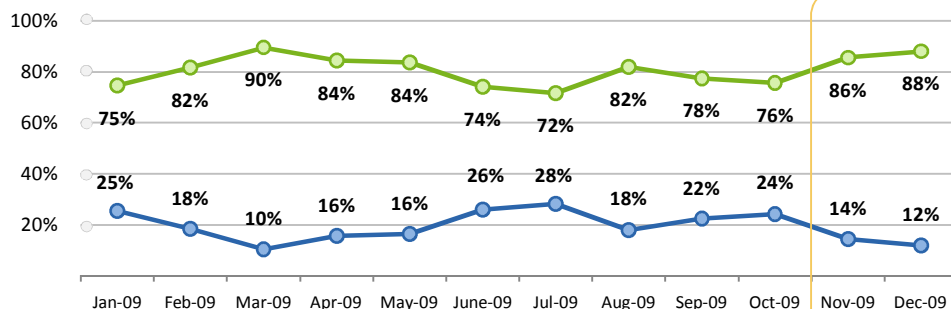
Communication between Providers and Patients Composite



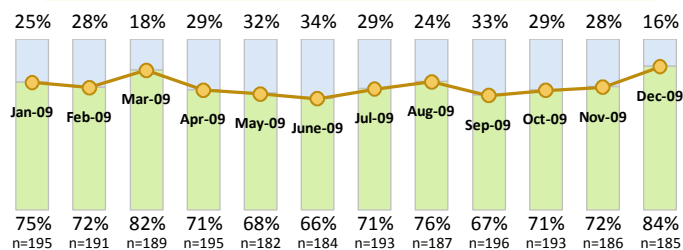
Specific Care Issues Composite



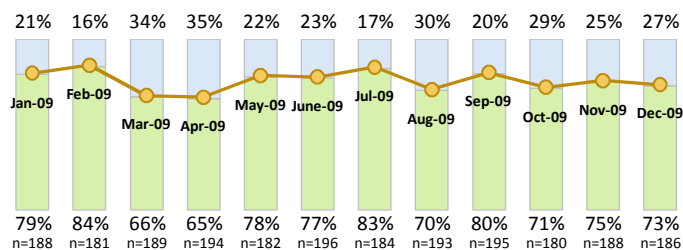
Care of Patients Composite



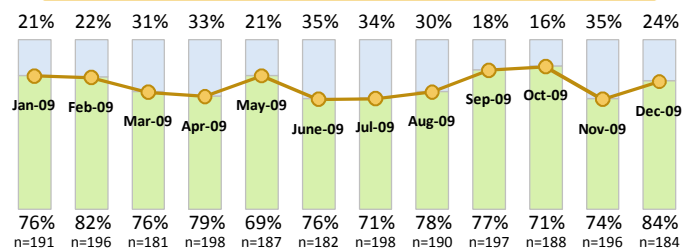
Q: Health providers seemed up-to-date about care or treatment you receive



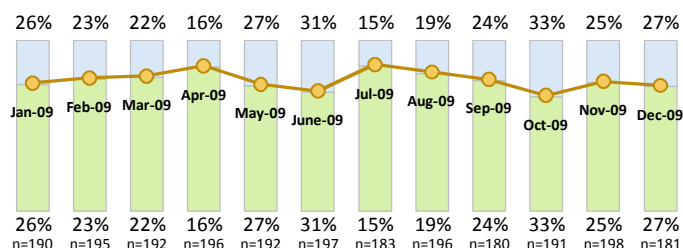
Q: Health providers from this agency treated you as gently as possible



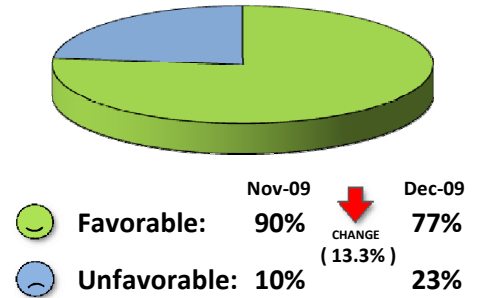
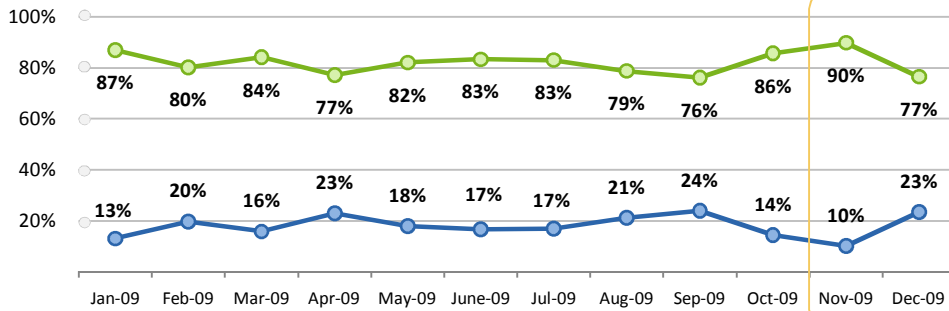
Q: Health providers from this agency treat you with courtesy and respect?



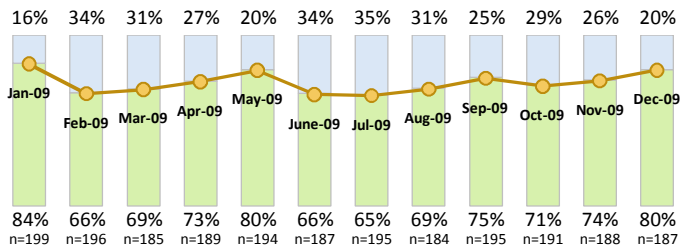
Q: Did you have any problem with the care you got through this agency



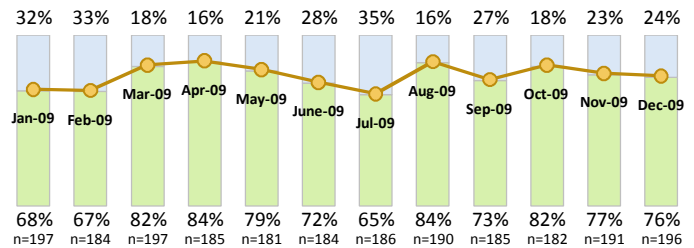
Communication between Providers and Patients Composite



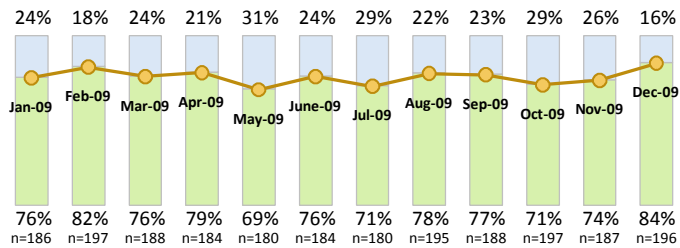
Q: Someone from the agency told you what care and services you would get



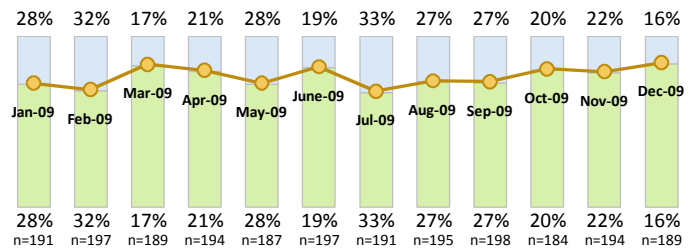
Q: Health providers from this agency keep you informed about when they would arrive



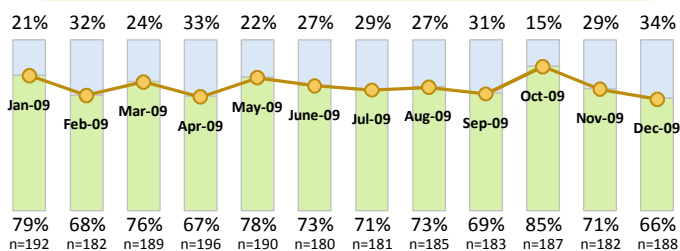
Q: Health providers from this agency explained things in a way that was understandable



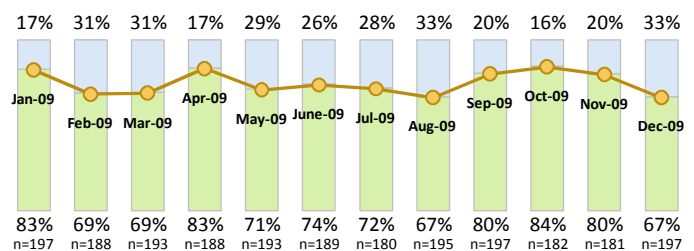
Q: Health providers from this agency listened carefully to you



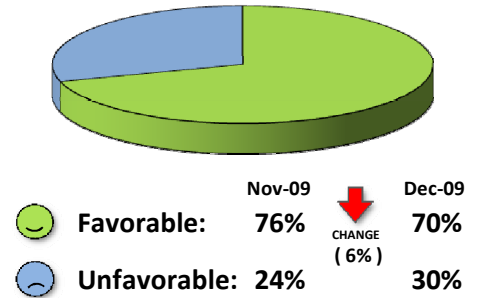
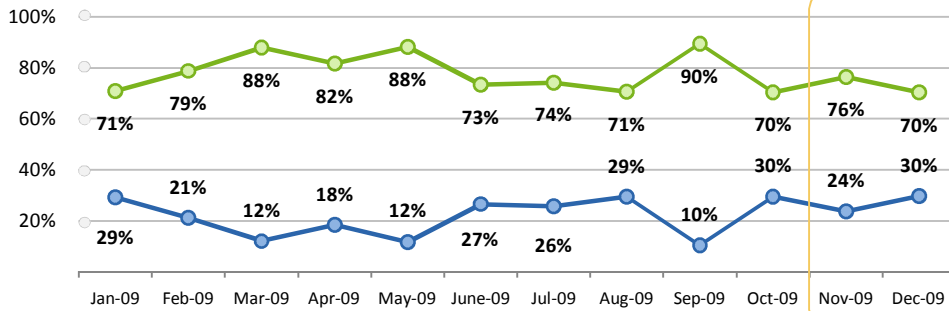
Q: When you contacted this agency, did you get the help or advice you needed



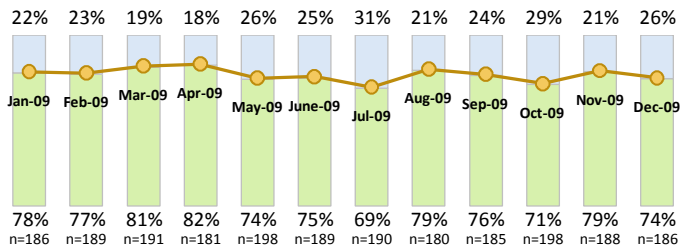
Q: When you contacted this agency, how long did it take for you to get help/advice



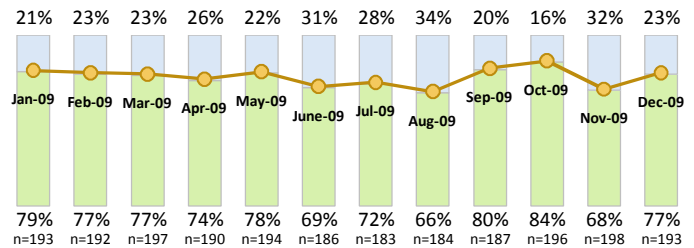
Specific Care Issues Composite



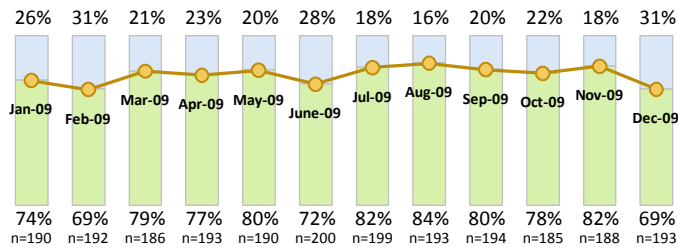
Q: Talked with agency about how to set up your home so you can move around safely



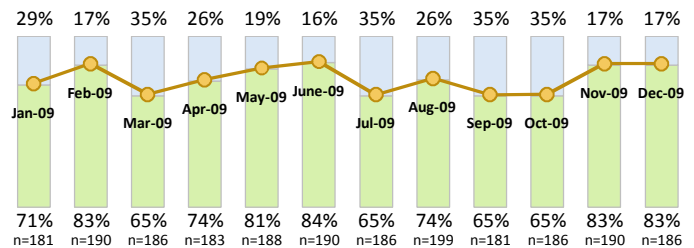
Q: Talked with agency about prescription and over-the-counter medicines you were taking



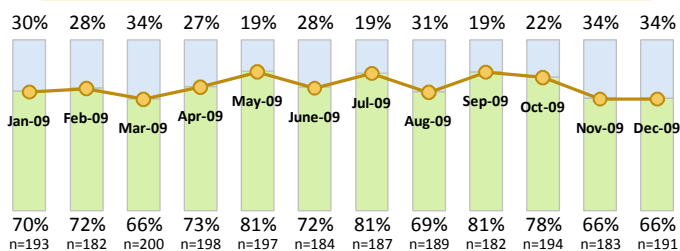
Q: Agency asked to see prescription and over-the-counter medicines you were taking



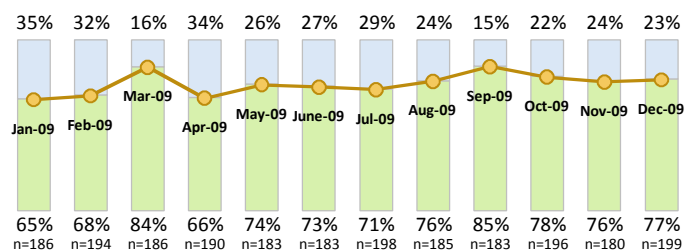
Q: You and a home health provider from this agency talked about pain



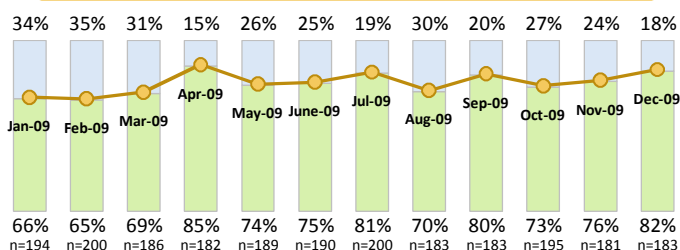
Q: Health providers from this agency talked with you about new or changed prescriptions



Q: Health providers from the agency talked with you about when to take medicines



Q: Health providers from this agency talked with you about the side effects of medicines



2 - HHCAHPS COMPOSITE GOAL REPORT

- Allows agency to set a goal for each of the three HH-CAHPS composites, or grouping of questions, and the two global items that will be publicly reported on Home Health Compare.



Current % Favorable score is significantly higher than previous score (at .05 / .01 confidence).
There is no significant difference between the current and previous % Favorable scores.
Current % Favorable score is significantly lower than previous score (at .05 / .01 confidence).

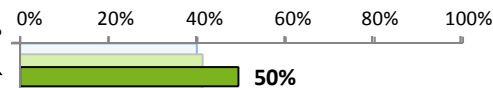
**Current
% Favorable**

**Previous
% Favorable**

Public Reporting Measures

What number would you use to rate your care from this agency (0-10)?

Total Responses
n = 86

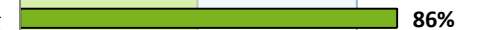


Goal (Dist.)

40% (+ 10%)

Would you recommend this agency to your family or friends?

n = 78



76% (+ 10%)

Care of Patients (Composite)

n = 91



61% (+ 2%)

How often did home providers seem informed and up-to-date?

n = 60



69% (- 9%)

How often did providers treat you as gently as possible?

n = 97



58% (- 9%)

How often did providers treat you with courtesy and respect?

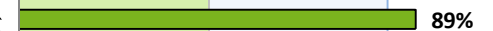
n = 80



78% (+ 6%)

Did you have any problems with the care you got through this agency?

n = 73



83% (+ 6%)

Communication between Providers/Patients (Composite)

n = 96



59% (- 9%)

Did someone tell you what care/services you would get?

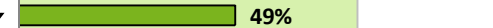
n = 54



55% (- 2%)

How often did providers keep you informed about when they would arrive?

n = 82



46% (+ 2%)

How often did providers explain things in a way that was understandable?

n = 67



94% (- 7%)

How often did providers listen carefully to you?

n = 93



91% (- 9%)

When you contacted this agency, did you get the help you needed (past 2 mo.)?

n = 88



55% (+ 5%)

When you contacted this agency, did you get the help you needed (same day)?

n = 54



67% (0%)

Specific Care Issues (Composite)

n = 55



72% (- 7%)

Did someone talk with you about how to set up your home?

n = 54



55% (+ 5%)

Did someone talk with you about all the medicines you were taking?

n = 92



41% (+ 8%)

Did someone ask to see all the medicines you were taking?

n = 75



82% (+ 8%)

Did you and a home health provider from this agency talk about pain?

n = 59



65% (- 4%)

Did home providers talk with you about new or changed medicines?

n = 85



82% (- 7%)

Did home providers talk with you about when to take these medicines?

n = 85



81% (- 9%)

Did providers talk with you about side effects of these medicines?

n = 61



72% (+ 5%)

3 - AGENCY GOAL REPORT ---

- Allows agency to set a goal for each question of the survey and measure performance against the goal on a monthly basis.

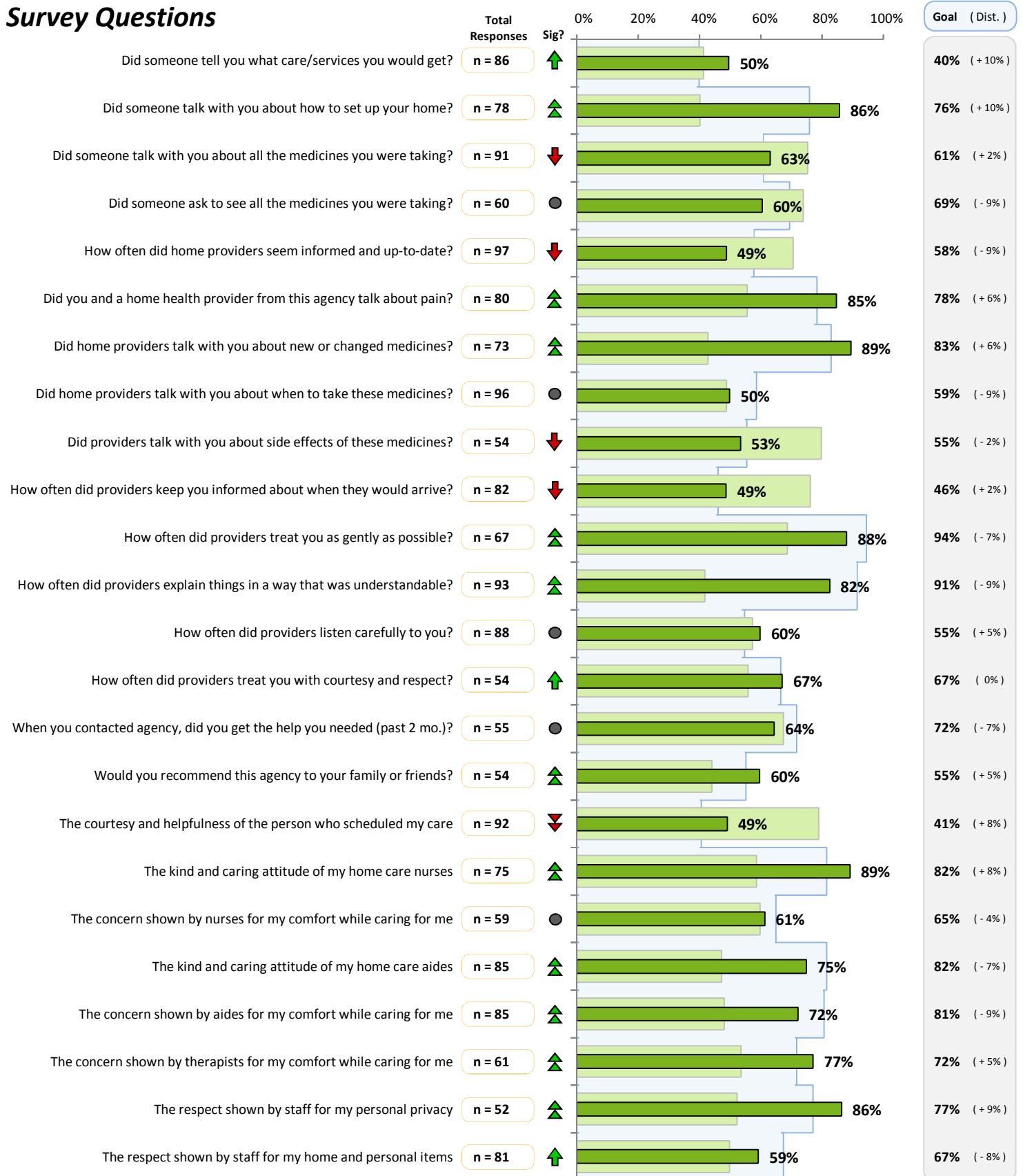


Current % Favorable score is significantly higher than previous score (at .05 / .01 confidence).
There is no significant difference between the current and previous % Favorable scores.
Current % Favorable score is significantly lower than previous score (at .05 / .01 confidence).

**Current
% Favorable**

**Previous
% Favorable**

Survey Questions

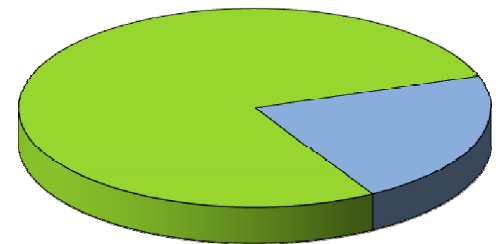
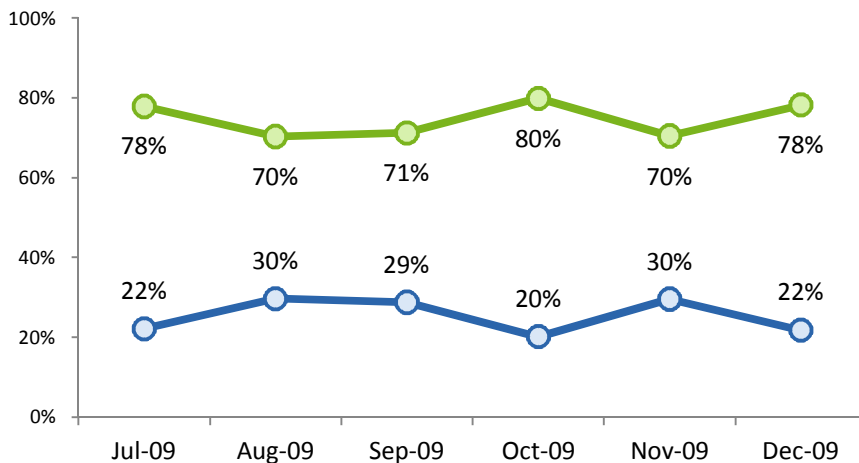


4 – KEY SATISFACTION DRIVERS DASHBOARD

- Tracks patients' willingness to use your agency's services again and illustrates the factors that most influence this using Deyta's exclusive seven quality measures.
- Allows agencies to set goals and track progress on these seven key factors to further quality improvement.

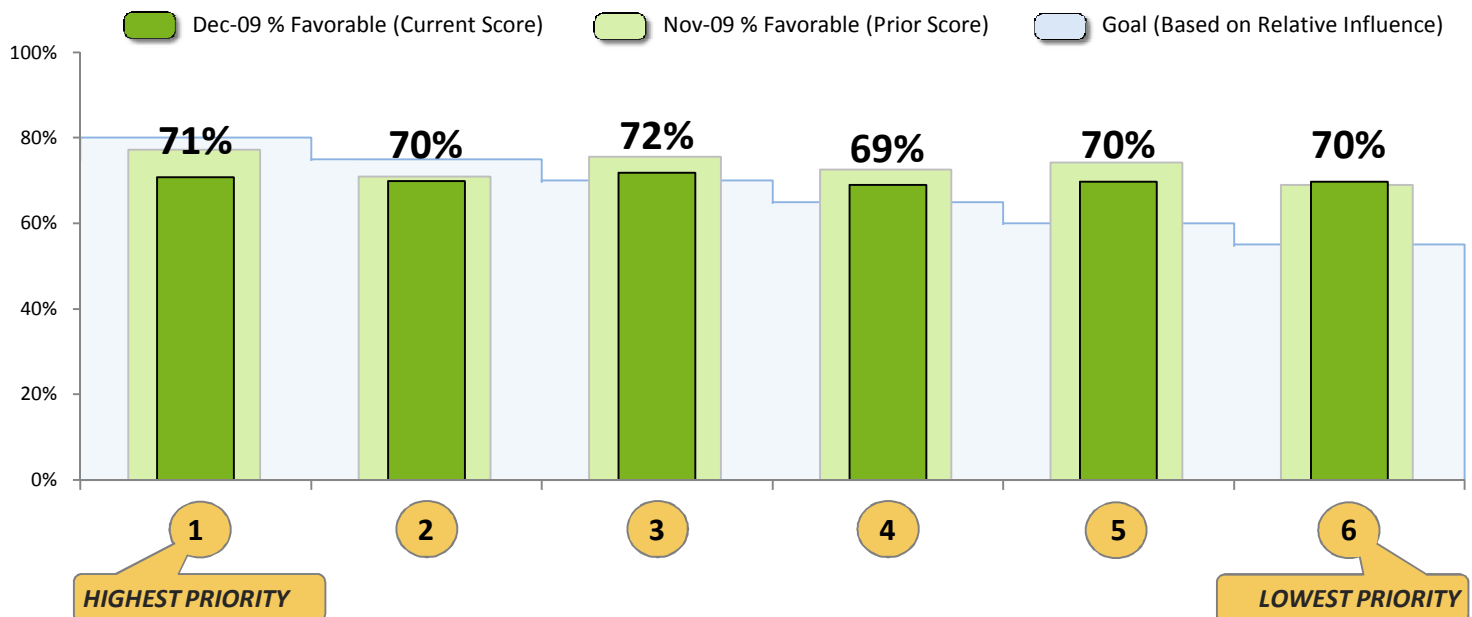
THE KEY SATISFACTION QUESTION

"How likely are you to use the services of this agency again, if you need this type of care?"



Favorable: Nov-09 70% **CHANGE 8%** Dec-09 78%
Unfavorable: Nov-09 30% Dec-09 22%

THE KEY SATISFACTION DRIVERS



KEY SATISFACTION DRIVER RATINGS

Ranked by Relative Influence on Patient Willingness to Use Agency Services Again

		CURRENT	PRIOR	GOAL
1	The concern shown by aides for my comfort while caring for me	71%	77%	80%
2	The courtesy and helpfulness of the person who scheduled my care	70%	71%	75%
3	The concern shown by therapists for my comfort while caring for me	72%	76%	70%
4	The concern shown by nurses for my comfort while caring for me	69%	73%	65%
5	The respect shown by staff for my personal privacy	70%	74%	60%
6	The respect shown by staff for my home and personal items	70%	69%	55%

SIX MONTH KEY DRIVER MICRO - TRENDS (% Favorable Scores)



5 - CONTROL TREND REPORT ---

- Quickly illustrates performance scores over time to show organizational trends in performance.

REPORT BY: Month of Service

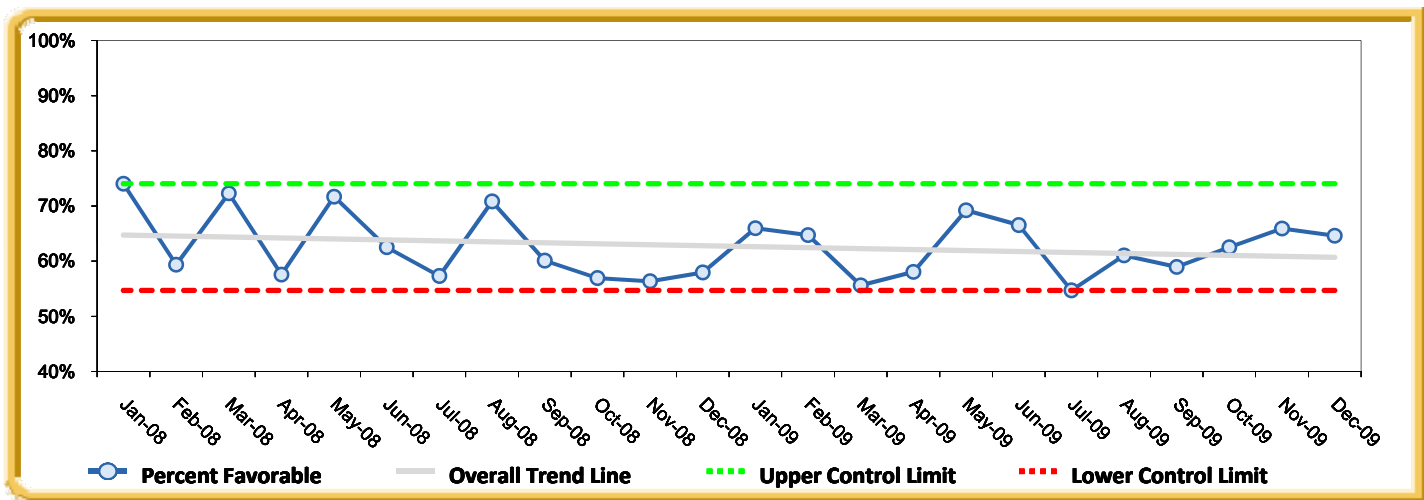
From: 1/1/2008

To: 12/31/2009

Increment: Month

Break By: None

The courtesy and helpfulness of the person who scheduled my care



Month (Period 1-12):	Dec-09	Nov-09	Oct-09	Sep-09	Aug-09	Jul-09	Jun-09	May-09	Apr-09	Mar-09	Feb-09	Jan-09
Percent Favorable:	64.6%	65.9%	62.5%	59.0%	61.0%	54.7%	66.5%	69.2%	58.0%	55.6%	64.7%	66.0%
Average Score:	4.30	4.24	4.50	4.31	4.23	4.42	4.09	4.42	4.21	4.51	4.05	4.25
Total Responses:	350	358	350	341	359	346	360	342	351	349	349	343

Month (Period 13-24):	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08
Percent Favorable:	57.9%	56.4%	56.9%	60.1%	70.8%	57.3%	62.5%	71.7%	57.6%	72.3%	59.4%	74.0%
Average Score:	4.33	4.24	4.01	4.40	4.53	4.57	4.55	4.41	4.17	4.27	4.16	4.01
Total Responses:	358	353	343	360	356	356	343	343	359	355	357	357

REPORT BY: Month of Service

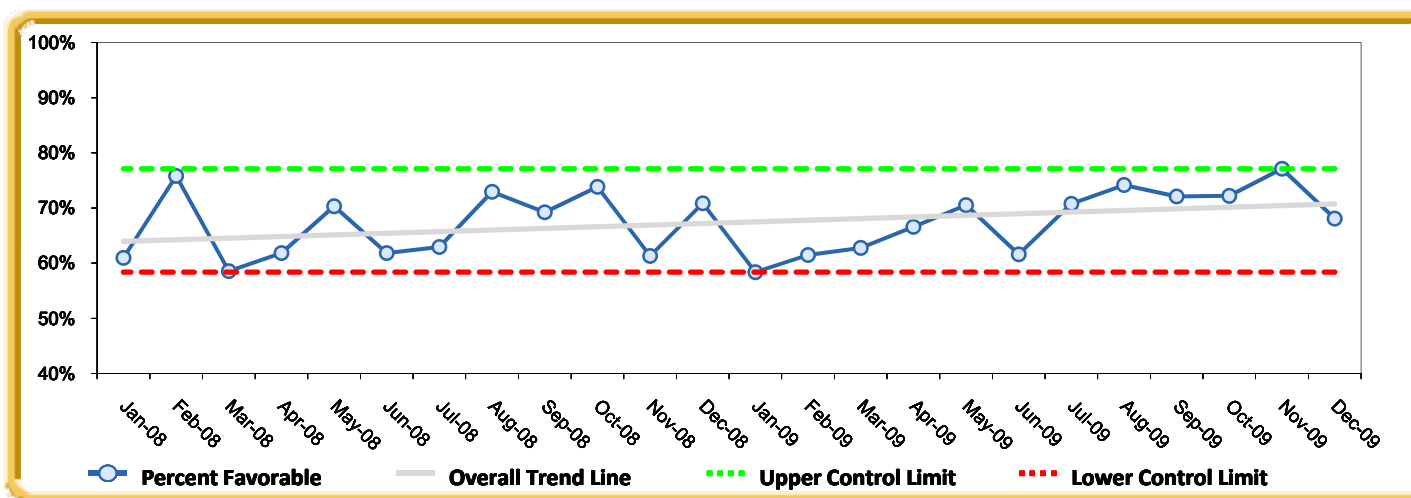
From: 1/1/2008

To: 12/31/2009

Increment: Month

Break By: None

The concern shown by nurses for my comfort while caring for me



Month (Period 1-12):	Dec-09	Nov-09	Oct-09	Sep-09	Aug-09	Jul-09	Jun-09	May-09	Apr-09	Mar-09	Feb-09	Jan-09
Percent Favorable:	68.1%	77.1%	72.2%	72.1%	74.2%	70.8%	61.6%	70.5%	66.6%	62.8%	61.5%	58.4%
Average Score:	4.35	4.56	4.15	4.06	4.36	4.27	4.43	4.59	4.34	4.25	4.14	4.49
Total Responses:	350	349	359	343	357	356	343	348	348	353	348	355

Month (Period 13-24):	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08
Percent Favorable:	70.9%	61.3%	73.8%	69.2%	73.0%	62.9%	61.8%	70.3%	61.8%	58.5%	75.8%	60.9%
Average Score:	4.38	4.40	4.45	4.20	4.61	4.08	4.09	4.22	4.45	4.63	4.49	4.54
Total Responses:	352	354	359	340	358	350	342	356	347	355	354	351

REPORT BY: Month of Service

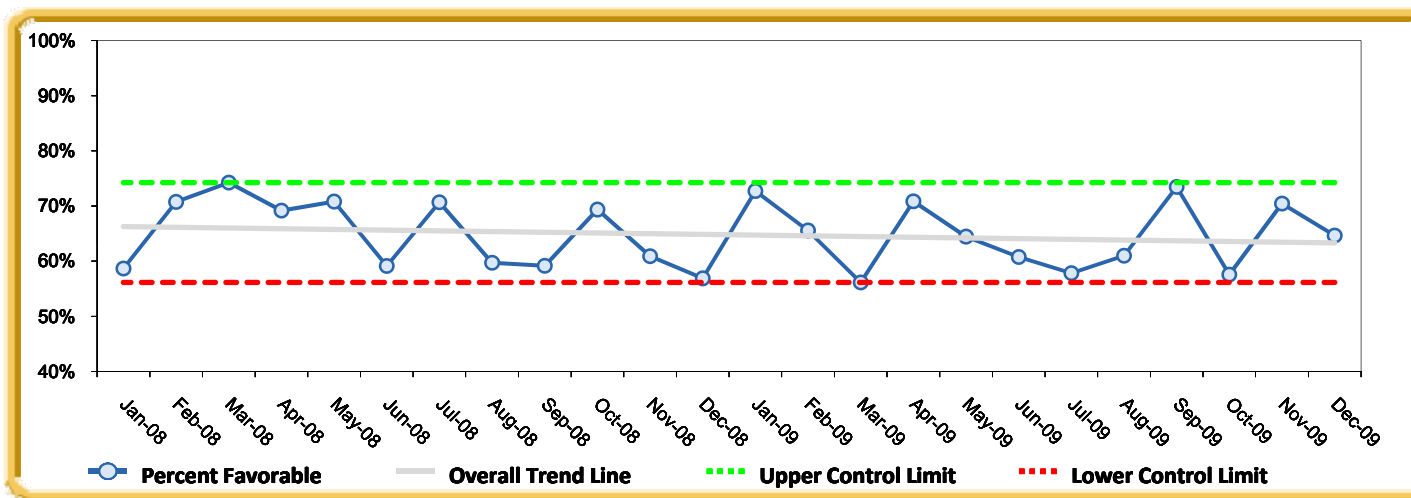
From: 1/1/2008

To: 12/31/2009

Increment: Month

Break By: None

The concern shown by aides for my comfort while caring for me



Month (Period 1-12):	Dec-09	Nov-09	Oct-09	Sep-09	Aug-09	Jul-09	Jun-09	May-09	Apr-09	Mar-09	Feb-09	Jan-09
Percent Favorable:	64.6%	70.5%	57.6%	73.5%	61.0%	57.8%	60.8%	64.5%	70.9%	56.1%	65.6%	72.7%
Average Score:	4.26	4.12	4.56	4.26	4.54	4.12	4.51	4.05	4.04	4.42	4.51	4.12
Total Responses:	350	353	353	349	347	350	355	346	342	349	356	355

Month (Period 13-24):	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08
Percent Favorable:	56.9%	60.9%	69.4%	59.2%	59.7%	70.7%	59.1%	70.8%	69.2%	74.3%	70.8%	58.7%
Average Score:	4.29	4.44	4.27	4.34	4.48	4.08	3.99	4.30	4.47	3.99	4.09	3.98
Total Responses:	349	358	352	340	351	344	346	342	348	343	354	359

REPORT BY: Month of Service

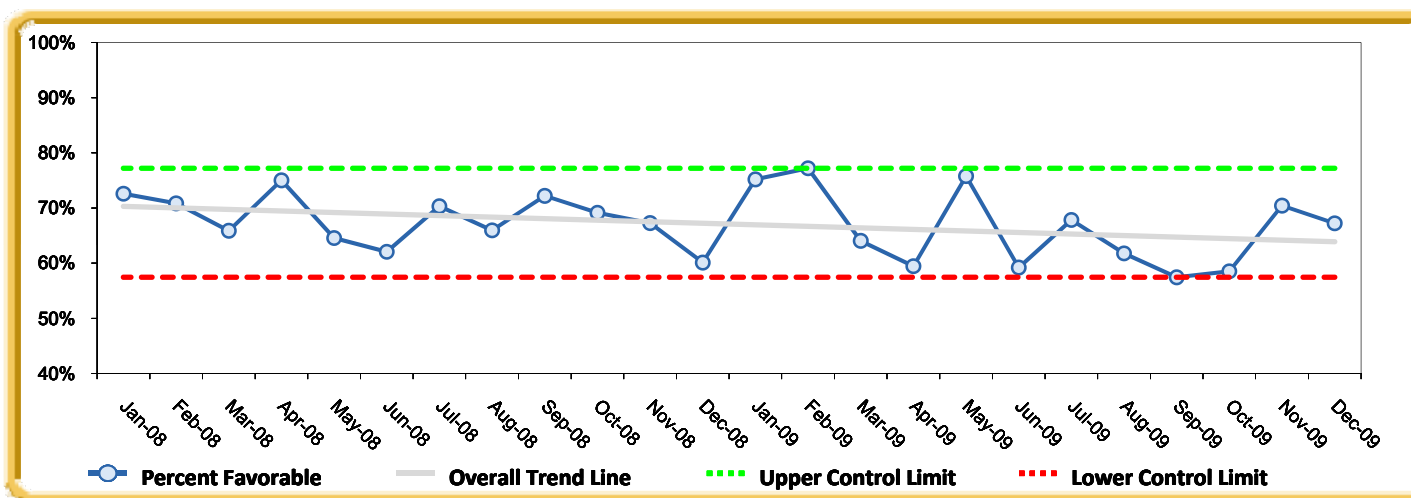
From: 1/1/2008

To: 12/31/2009

Increment: Month

Break By: None

The concern shown by therapists for my comfort while caring for me



Month (Period 1-12):	Dec-09	Nov-09	Oct-09	Sep-09	Aug-09	Jul-09	Jun-09	May-09	Apr-09	Mar-09	Feb-09	Jan-09
Percent Favorable:	67.2%	70.4%	58.5%	57.4%	61.8%	67.8%	59.2%	75.8%	59.4%	64.0%	77.2%	75.2%
Average Score:	4.33	4.12	4.43	4.14	4.20	4.26	4.58	4.36	4.59	4.13	4.61	4.33
Total Responses:	350	352	342	350	351	347	352	353	352	359	355	351

Month (Period 13-24):	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08
Percent Favorable:	60.1%	67.3%	69.1%	72.2%	65.9%	70.3%	62.1%	64.6%	75.0%	65.9%	70.8%	72.6%
Average Score:	4.14	4.50	4.16	4.52	4.37	4.05	4.21	4.40	4.05	4.63	4.26	4.45
Total Responses:	346	353	358	347	359	343	349	357	359	352	349	352

REPORT BY: Month of Service

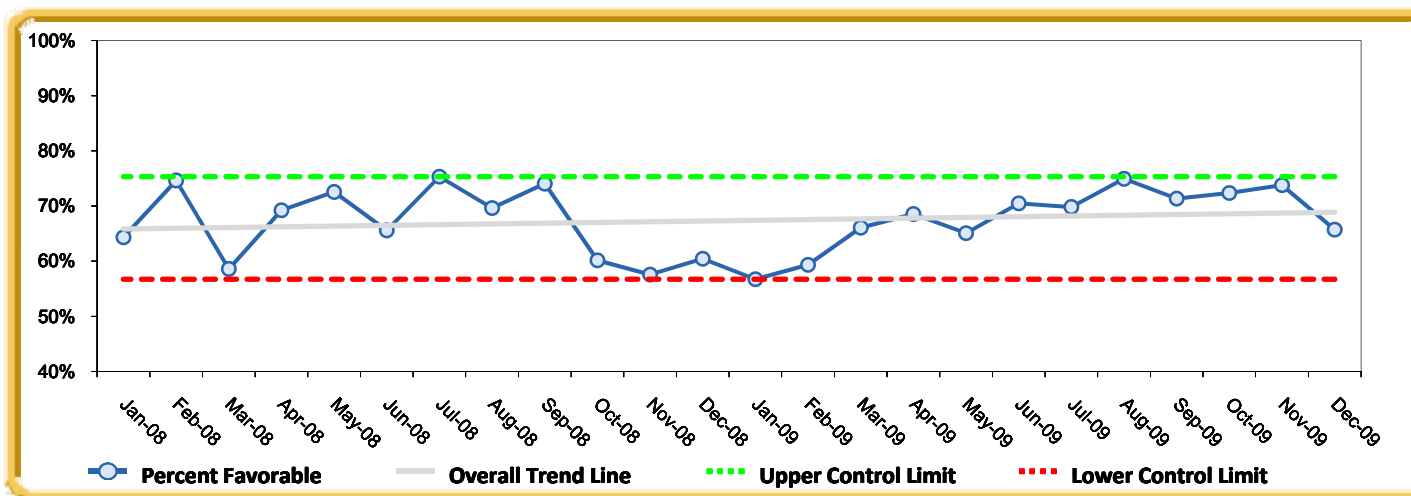
From: 1/1/2008

To: 12/31/2009

Increment: Month

Break By: None

The respect shown by staff for my home and personal items



Month (Period 1-12):	Dec-09	Nov-09	Oct-09	Sep-09	Aug-09	Jul-09	Jun-09	May-09	Apr-09	Mar-09	Feb-09	Jan-09
Percent Favorable:	65.7%	73.8%	72.4%	71.4%	74.9%	69.8%	70.5%	65.1%	68.5%	66.1%	59.3%	56.7%
Average Score:	4.30	4.01	4.09	4.45	4.08	4.45	4.57	4.35	4.55	4.49	4.03	4.18
Total Responses:	350	359	349	340	354	355	349	346	352	348	355	359

Month (Period 13-24):	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08
Percent Favorable:	60.4%	57.6%	60.1%	74.1%	69.6%	75.3%	65.6%	72.6%	69.2%	58.6%	74.6%	64.3%
Average Score:	4.04	4.01	4.57	4.08	4.08	4.42	4.05	4.17	4.47	4.40	4.42	4.38
Total Responses:	359	350	346	355	355	349	344	359	346	355	356	344

6 - QUESTION SUMMARY REPORT ---

- Shows a complete listing of the questions in survey order, with questions reported in sections as they are listed on the survey. The total number of responses, average score and percentage of favorable responses are reported for each question.

REPORT BY: Month of Service

From: 11/1/2009 **To:** 11/30/2009

Data Break By: None

Your Home Health Care ...

	Responses	Average Score	Percent Favorable
Did someone from the agency talk with you about how to set up your home?	321	1.65	65.4%
Did someone from the agency talk with you about the medicines you were taking?	357	1.64	64.4%
Did someone from the agency ask to see all the medicines you were taking?	385	1.79	78.7%

Your Care from Providers ...

	Responses	Average Score	Percent Favorable
How often did providers seem informed and up-to-date about your care or treatment?	367	3.58	71.9%
Did you and a home health provider from this agency talk about pain?	420	1.68	68.1%
Did providers talk with you about the purpose for taking your prescription medicines?	332	1.83	83.1%
Did providers talk with you about when to take these medicines?	357	1.88	87.7%
Did providers talk with you about the side effects of these medicines?	386	1.66	65.8%
How often did providers keep you informed about when they would arrive at your home?	354	3.56	73.2%
How often did providers treat you as gently as possible?	352	3.58	72.2%
How often did providers explain things in a way that was easy to understand?	357	3.64	77.6%
How often did providers listen carefully to you?	356	3.57	76.4%
How often did providers treat you with courtesy and respect?	385	3.58	75.0%

Your Home Health Agency ...

	Responses	Average Score	Percent Favorable
When you contacted this agency's office did you get the help or advice you needed?	376	1.67	67.0%
How long did it take for you to get the help or advice you needed?	352	3.61	75.9%
Did you have any problems with the care you got through this agency?	355	1.83	82.5%
Would you recommend this agency to your family/friends if they needed care?	371	3.58	74.9%

The Care and Service Received ...

	Responses	Average Score	Percent Favorable
The courtesy and helpfulness of the person who scheduled my care	404	4.30	64.6%
The concern shown by nurses for my comfort while caring for me	376	4.35	68.1%
The concern shown by aides for my comfort while caring for me	396	4.26	64.6%
The concern shown by therapists for my comfort while caring for me	415	4.33	67.2%
The respect shown by staff for my personal privacy	389	4.28	67.6%
The respect shown by staff for my home and personal items	388	4.30	65.7%
How likely are you to use the services of this agency again?	387	4.30	67.7%

About You ...

	Responses	Average Score	Percent Favorable
In general, how would you rate your overall health?	434	4.28	63.1%
How would you rate your overall mental or emotional health?	419	4.30	65.4%

7 - QUESTION RANKING REPORT ---

- Questions are ranked or sorted by responses from the most favorable response to the least favorable response. They can be reported based on either the percentage favorable OR the average score per question.

REPORT BY: Month of Service

From: 11/1/2009 **To:** 11/30/2009

Data Break By: None

Ranking On: Percent Favorable

Survey Questions ...	Responses	Average Score	Percent Favorable
Did providers talk with you about when to take these medicines?	357	1.88	87.7%
Did providers talk with you about the purpose for taking your prescription medicines?	332	1.83	83.1%
Did you have any problems with the care you got through this agency?	355	1.83	82.5%
Did someone from the agency ask to see all the medicines you were taking?	385	1.79	78.7%
How often did providers explain things in a way that was easy to understand?	357	3.64	77.6%
How often did providers listen carefully to you?	356	3.57	76.4%
How long did it take for you to get the help or advice you needed?	352	3.61	75.9%
How often did providers treat you with courtesy and respect?	328	3.58	75.0%
Would you recommend this agency to your family/friends if they needed care?	371	3.58	74.9%
How often did providers keep you informed about when they would arrive at your home?	354	3.56	73.2%
How often did providers treat you as gently as possible?	352	3.58	72.2%
How often did providers seem informed and up-to-date about your care or treatment?	367	3.58	71.9%
Did you and a home health provider from this agency talk about pain?	420	1.68	68.1%
The concern shown by nurses for my comfort while caring for me	376	4.35	68.1%
How likely are you to use the services of this agency again?	387	4.30	67.7%
The respect shown by staff for my personal privacy	389	4.28	67.6%
The concern shown by therapists for my comfort while caring for me	415	4.33	67.2%
When you contacted this agency's office did you get the help or advice you needed?	376	1.67	67.0%
Did providers talk with you about the side effects of these medicines?	386	1.66	65.8%
The respect shown by staff for my home and personal items	388	4.30	65.7%
Did someone from the agency talk with you about how to set up your home?	321	1.65	65.4%
How would you rate your overall mental or emotional health?	419	4.30	65.4%
The concern shown by aides for my comfort while caring for me	396	4.26	64.6%
The courtesy and helpfulness of the person who scheduled my care	404	4.30	64.6%
Did someone from the agency talk with you about the medicines you were taking?	357	1.64	64.4%
In general, how would you rate your overall health?	434	4.28	63.1%
Did someone from the agency tell you what care and services you would get?	354	1.61	61.0%

8 - RESPONSE FREQUENCY REPORT ---

- Shows the entire distribution of responses for each question, both the number of responses and percentage per scale option.

REPORT BY: Month of Service

From: 11/1/2009 **To:** 11/30/2009

Data Break By: None

Survey Question(s) ...	Excellent	Very Good	Good	Fair	Poor	Total Count	Average Score
The courtesy and helpfulness of the person who scheduled my care	261 (64.6%)	65 (16.1%)	38 (9.4%)	19 (4.7%)	21 (5.2%)	404	4.30
The concern shown by nurses for my comfort while caring for me	256 (68.1%)	46 (12.2%)	39 (10.4%)	18 (4.8%)	17 (4.5%)	376	4.35
The concern shown by aides for my comfort while caring for me	256 (64.6%)	53 (13.4%)	45 (11.4%)	19 (4.8%)	23 (5.8%)	396	4.26
The concern shown by therapists for my comfort while caring for me	279 (67.2%)	51 (12.3%)	48 (11.6%)	19 (4.6%)	18 (4.3%)	415	4.33
The respect shown by staff for my personal privacy	263 (67.6%)	38 (9.8%)	46 (11.8%)	19 (4.9%)	23 (5.9%)	389	4.28
The respect shown by staff for my home and personal items	255 (65.7%)	55 (14.2%)	38 (9.8%)	19 (4.9%)	21 (5.4%)	388	4.30

	Always	Usually	Sometimes	Never		Total Count	Average Score
How often did providers seem informed and up-to-date about your care or treatment?	264 (71.9%)	68 (18.5%)	20 (5.4%)	15 (4.1%)		367	3.58
How often did providers keep you informed about when they would arrive at your home?	259 (73.2%)	56 (15.8%)	18 (5.1%)	21 (5.9%)		354	3.56
How often did providers treat you as gently as possible?	254 (72.2%)	64 (18.2%)	19 (5.4%)	15 (4.3%)		352	3.58
How often did providers explain things in a way that was easy to understand?	277 (77.6%)	46 (12.9%)	20 (5.6%)	14 (3.9%)		357	3.64
How often did providers listen carefully to you?	272 (76.4%)	39 (11%)	21 (5.9%)	24 (6.7%)		356	3.57
How often did providers treat you with courtesy and respect?	246 (75%)	45 (13.7%)	18 (5.5%)	19 (5.8%)		328	3.58

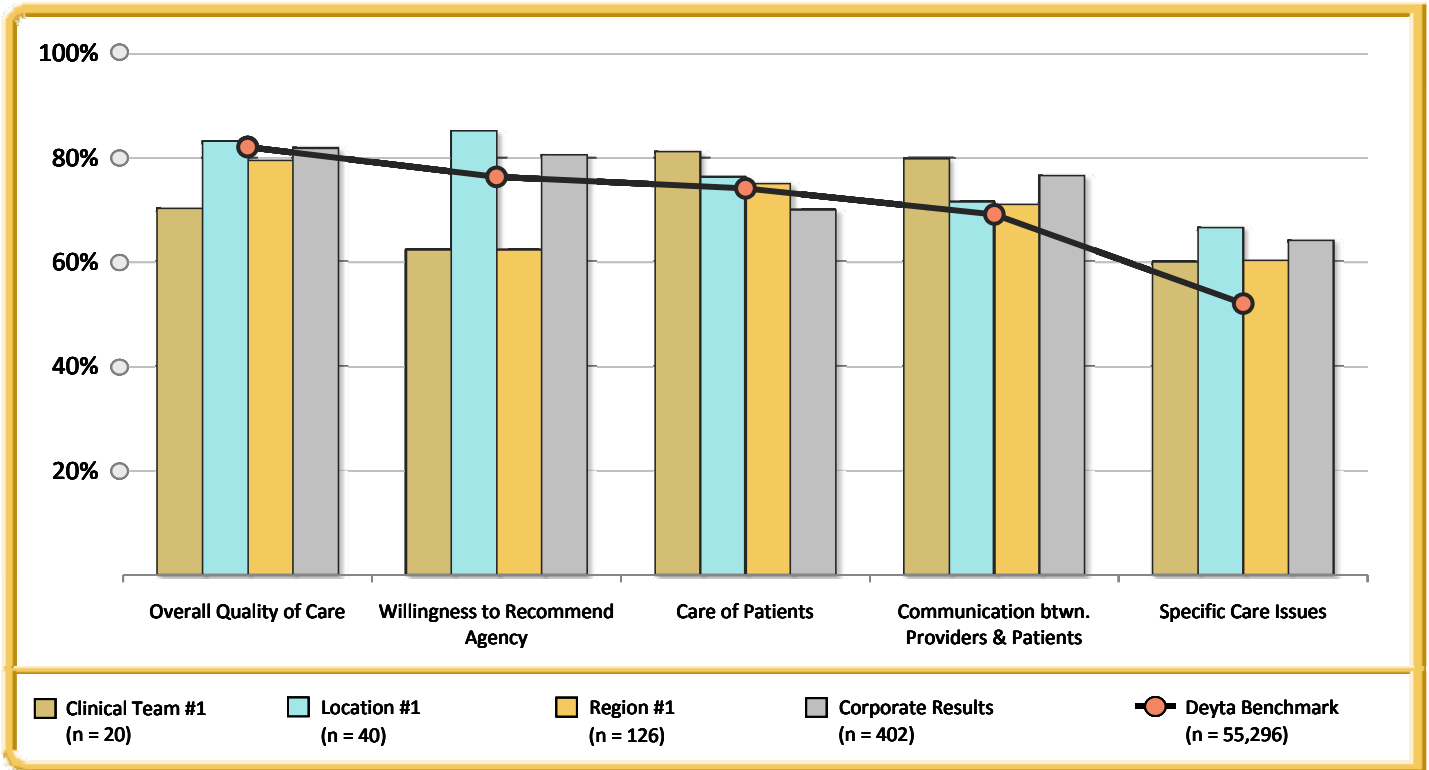
	Yes	No				Total Count	Average Score
Did someone from the agency tell you what care and services you would get?	216 (61%)	138 (39%)				354	1.61
Did someone from the agency talk with you about how to set up your home?	210 (8.3%)	111 (78.4%)				321	1.65
Did someone from the agency talk with you about the medicines you were taking?	230 (64.4%)	127 (35.6%)				357	1.64
Did someone from the agency ask to see all the medicines you were taking?	303 (8.3%)	82 (78.4%)				385	1.79
Did you and a home health provider from this agency talk about pain?	286 (68.1%)	134 (31.9%)				420	1.68
Did providers talk with you about the purpose for taking your prescription medicines?	276 (8.3%)	56 (78.4%)				332	1.83
Did providers talk with you about when to take these medicines?	313 (87.7%)	44 (12.3%)				357	1.88
Did providers talk with you about the side effects of these medicines?	254 (8.3%)	132 (78.4%)				386	1.66

9 – PUBLIC REPORTING BENCHMARK ---

- Provides a benchmark snapshot of your organization, comparing your teams, locations or other select groups with other home health agencies.

REPORT BY: Month of Service

From: 11/01/2009 To: 11/30/2009



	Team Results	Location Results	Region Results	Corporate Results	Deyta Bench	Team Dist. From Bench
Overall Quality of Care	70.4%	83.2%	79.6%	81.9%	82.1%	11.7%
Willingness to Recommend Agency	62.4%	85.3%	62.4%	80.6%	76.4%	14.0%
Care of Patients	81.3%	76.4%	75.1%	70.1%	74.2%	7.1%
Communication btwn. Providers & Patients	79.9%	71.6%	71.1%	76.6%	69.2%	10.7%
Specific Care Issues	60.1%	66.7%	60.3%	64.2%	52.1%	8.0%

10 - TEAM/LOCATION BENCHMARK REPORT

- Allows performance scores to be analyzed within your organization based on as many as four different levels: team, location, region, state or other level.

REPORT BY: Month of Service

From: 11/01/2009 To: 11/30/2009

FOCUS: Clinical Team #1

Location	Region	Corporate	National	
Location #1	Region #1	Corporate Results	Deyta Benchmark	

Did someone from the agency tell you what care and services you would get?

Did someone from the agency tell you what care and services you would get?										Resp:		18	Avg:		1.69	Fav:		65.9%
35	1.58	59.8%	▲	89	1.48	58.0%	▼	354	1.61	61.0%	●	53,100	1.76	59.5%	▼			

Did someone from the agency talk with you about how to set up your home?

Did someone from the agency talk with you about how to set up your home?												Resp:	16	Avg:	1.69	Fav:	70.7%
32	1.59	62.8%		80	1.59	62.1%		321	1.65	65.4%		48,150	1.64	63.8%			

Did someone from the agency talk with you about the medicines you were taking?

Did someone from the agency talk with you about the medicines you were taking?										Resp:	18	Avg:	1.68	Fav:	69.6%
36	1.68	65.7%	●	89	1.58	61.2%	▲	357	1.64	64.4%	●	53,550	1.63	62.8%	●

Did someone from the agency ask to see all the medicines you were taking?

Did someone from the agency ask to see all the medicines you were taking?												Resp: 19		Avg: 1.84		Fav: 85.0%															
39		1.84		81.1%		<div><div></div></div>		96		1.88		74.8%		<div><div></div></div>		385		1.79		78.7%		<div><div></div></div>		57,750		1.82		76.7%		<div><div></div></div>	

How often did providers seem informed and up-to-date about your care or treatment?

How often did providers seem informed and up-to-date about your care or treatment?										Resp:	18	Avg:	3.44	Fav:	77.7%
37	3.22	64.7%	▲	92	3.37	68.3%	●	367	3.58	71.9%	▼	55,050	3.69	70.1%	▼

Did you and a home health provider from this agency talk about pain?

Did you and a home health provider from this agency talk about pain?												Resp:	21	Avg:	1.63	Fav:	73.5%
42	1.66	67.4%	<div><div></div></div>	105	1.65	64.7%	<div><div></div></div>	420	1.68	68.1%	<div><div></div></div>	63,000	1.58	66.4%	<div><div></div></div>		

Did providers talk with you about the purpose for taking your prescription medicines?

Did providers talk with you about the purpose for taking your prescription medicines?												Resp:	17	Avg:	1.78	Fav:	89.8%
33	1.76	79.8%	●	83	1.94	79.0%	▼	332	1.83	83.1%	●	49,800	1.74	81.1%	●		

Did providers talk with you about when to take these medicines?

Did providers talk with you about when to take these medicines?												Resp: 18		Avg: 1.97		Fav: 94.7%															
36		1.95		91.2%				89		1.86		83.3%				357		1.88		87.7%				53,550		1.91		85.5%			

Did providers talk with you about the side effects of these medicines?

Did providers talk with you about the side effects of these medicines?												Resp: 19		Avg: 1.72		Fav: 71.1%															
39		1.67		66.5%		<div><div></div></div>		97		1.67		62.5%		<div><div></div></div>		386		1.66		65.8%		<div><div></div></div>		57,900		1.74		64.2%		<div><div></div></div>	

How often did providers keep you informed about when they would arrive at your home?

How often did providers keep you informed about when they would arrive at your home?										Resp:	18	Avg:	3.49	Fav:	79.0%
35	3.49	71.7%	●	89	3.83	69.5%	▼	354	3.56	73.2%	●	53,100	3.83	71.3%	▼

How often did providers treat you as gently as possible?

How often did providers treat you as gently as possible?												Resp:	18	Avg:	3.83	Fav:	77.9%
35	3.69	74.3%	▲	88	3.30	68.6%	▲	352	3.58	72.2%	●	52,800	3.44	70.4%	●		

How often did providers explain things in a way that was easy to understand?

How often did providers explain things in a way that was easy to understand?										Resp: 18		Avg: 3.57		Fav: 83.8%	
36	3.64	77.6%	▼	89	3.50	73.7%	▲	357	3.64	77.6%	●	53,550	3.42	75.7%	●

How often did providers listen carefully to you?

How often did providers listen carefully to you?												Resp: 18		Avg: 3.61		Fav: 82.5%	
36	3.71	79.5%	↓	89	3.39	72.6%	↑	356	3.57	76.4%	●	53,400	3.45	74.5%	●		

When you contacted this agency's office did you get the help or advice you needed?

When you contacted this agency's office did you get the help or advice you needed?												Resp:	19	Avg:	1.72	Fav:	72.4%
38	1.62	65.0%	▲	94	1.57	63.7%	▲	376	1.67	67.0%	●	56,400	1.62	65.3%	●		

Resp. = Number of Responses Avg. = Average Score % F = Percent Favorable (e.g. "Excellent" / Resp.) Statistical Significance (see below)

▲▲ Percent score (Fav) for the focus group is significantly higher than the score in this block (single = 95% confidence / double = 99% confidence)

● No statistically significant difference between percent scores.

▼▼ Percent score (Fav) for the focus group is significantly lower than the score in this block (single = 95% confidence / double = 99% confidence)

11 - PERIOD COMPARISON REPORT (MONTHLY, QUARTERLY, ANNUAL) ---

- Compares the results of two different time periods to determine if there are significant trends developing. Comparisons are reported for a monthly, quarterly and annual period.

REPORT BY: Month of Service

Data Break By: None

Survey Question	November, 2009			December, 2009			Sig.
	Resp.	Avg.	% F	Resp.	Avg.	% F	
Did someone from the agency tell you what care and services you would get?	339	1.54	57.4%	354	1.64	60.4%	▲
Did someone from the agency talk with you about how to set up your home?	306	1.64	62.5%	321	1.67	64.1%	▲
Did someone from the agency talk with you about the medicines you were taking?	342	1.72	64.1%	357	1.68	62.5%	▼
Did someone from the agency ask to see all the medicines you were taking?	370	1.89	78.7%	385	1.82	77.9%	●
How often did providers seem informed and up-to-date about your care or treatment?	352	3.53	69.8%	367	3.60	70.5%	●
Did you and a home health provider from this agency talk about pain?	405	1.61	63.4%	420	1.71	66.7%	▲
Did providers talk with you about the purpose for taking your prescription medicines?	317	3.09	84.7%	332	1.87	80.6%	▼
Did providers talk with you about when to take these medicines?	342	1.82	80.8%	357	1.90	85.0%	▲
Did providers talk with you about the side effects of these medicines?	371	1.62	61.3%	386	1.69	64.5%	▲
How often did providers keep you informed about when they would arrive at your home?	339	3.65	71.7%	354	3.59	71.0%	●
How often did providers treat you as gently as possible?	337	3.70	72.5%	352	3.62	70.7%	▼
How often did providers explain things in a way that was easy to understand?	342	3.77	76.0%	357	3.66	75.3%	●
How often did providers listen carefully to you?	341	3.54	74.1%	356	3.61	74.9%	●
How often did providers treat you with courtesy and respect?	313	3.66	75.0%	328	3.61	74.3%	●
When you contacted this agency's office did you get the help or advice you needed?	361	1.66	65.0%	376	1.69	65.7%	●
How long did it take for you to get the help or advice you needed?	337	3.53	71.7%	352	3.64	73.6%	▲
Did you have any problems with the care you got through this agency?	340	1.94	84.9%	355	1.87	80.9%	▼
Would you recommend this agency to your family/friends if they needed care?	356	3.68	75.3%	371	3.60	73.4%	▼
The courtesy and helpfulness of the person who scheduled my care	389	4.21	61.7%	404	4.32	63.3%	▲
The concern shown by nurses for my comfort while caring for me	361	4.39	66.7%	376	4.39	66.0%	●

Resp. = Number of Responses Avg. = Average Score % F = Percent Favorable (e.g. "Excellent" / Resp.) Sig. = Statistical Significance (see below)

▲ % F score for this column is significantly higher than the comparison period (single = 95% confidence / double = 99% confidence)

● No statistically significant difference between %F scores

▼ % F score for this column is significantly lower than the comparison period (single = 95% confidence / double = 99% confidence)

REPORT BY: Month of Service

Data Break By: None

	3rd Quarter, 2009			4th Quarter, 2009			
Survey Question	Resp.	Avg.	% F	Resp.	Avg.	% F	Sig.
Did someone from the agency tell you what care and services you would get?	339	1.54	57.4%	354	1.64	60.4%	▲
Did someone from the agency talk with you about how to set up your home?	306	1.64	62.5%	321	1.67	64.1%	▲
Did someone from the agency talk with you about the medicines you were taking?	342	1.72	64.1%	357	1.68	62.5%	▼
Did someone from the agency ask to see all the medicines you were taking?	370	1.89	78.7%	385	1.82	77.9%	●
How often did providers seem informed and up-to-date about your care or treatment?	352	3.53	69.8%	367	3.60	70.5%	●
Did you and a home health provider from this agency talk about pain?	405	1.61	63.4%	420	1.71	66.7%	▲
Did providers talk with you about the purpose for taking your prescription medicines?	317	3.09	84.7%	332	1.87	80.6%	▼
Did providers talk with you about when to take these medicines?	342	1.82	80.8%	357	1.90	85.0%	▲
Did providers talk with you about the side effects of these medicines?	371	1.62	61.3%	386	1.69	64.5%	▲
How often did providers keep you informed about when they would arrive at your home?	339	3.65	71.7%	354	3.59	71.0%	●
How often did providers treat you as gently as possible?	337	3.70	72.5%	352	3.62	70.7%	▼
How often did providers explain things in a way that was easy to understand?	342	3.77	76.0%	357	3.66	75.3%	●
How often did providers listen carefully to you?	341	3.54	74.1%	356	3.61	74.9%	●
How often did providers treat you with courtesy and respect?	313	3.66	75.0%	328	3.61	74.3%	●
When you contacted this agency's office did you get the help or advice you needed?	361	1.66	65.0%	376	1.69	65.7%	●
How long did it take for you to get the help or advice you needed?	337	3.53	71.7%	352	3.64	73.6%	▲
Did you have any problems with the care you got through this agency?	340	1.94	84.9%	355	1.87	80.9%	▼
Would you recommend this agency to your family/friends if they needed care?	356	3.68	75.3%	371	3.60	73.4%	▼
The courtesy and helpfulness of the person who scheduled my care	389	4.21	61.7%	404	4.32	63.3%	▲
The concern shown by nurses for my comfort while caring for me	361	4.39	66.7%	376	4.39	66.0%	●

Resp. = Number of Responses Avg. = Average Score % F = Percent Favorable (e.g. "Excellent" / Resp.) Sig. = Statistical Significance (see below)

▲ / ▲ % F score for this column is significantly higher than the comparison period (single = 95% confidence / double = 99% confidence)

● No statistically significant difference between %F scores

▼ / ▼ % F score for this column is significantly lower than the comparison period (single = 95% confidence / double = 99% confidence)

REPORT BY: Month of Service

Data Break By: None

Survey Question	2008 Totals			2009 Totals			Sig.
	Resp.	Avg.	% F	Resp.	Avg.	% F	
Did someone from the agency tell you what care and services you would get?	339	1.54	57.4%	354	1.64	60.4%	▲
Did someone from the agency talk with you about how to set up your home?	306	1.64	62.5%	321	1.67	64.1%	▲
Did someone from the agency talk with you about the medicines you were taking?	342	1.72	64.1%	357	1.68	62.5%	▼
Did someone from the agency ask to see all the medicines you were taking?	370	1.89	78.7%	385	1.82	77.9%	●
How often did providers seem informed and up-to-date about your care or treatment?	352	3.53	69.8%	367	3.60	70.5%	●
Did you and a home health provider from this agency talk about pain?	405	1.61	63.4%	420	1.71	66.7%	▲
Did providers talk with you about the purpose for taking your prescription medicines?	317	3.09	84.7%	332	1.87	80.6%	▼
Did providers talk with you about when to take these medicines?	342	1.82	80.8%	357	1.90	85.0%	▲
Did providers talk with you about the side effects of these medicines?	371	1.62	61.3%	386	1.69	64.5%	▲
How often did providers keep you informed about when they would arrive at your home?	339	3.65	71.7%	354	3.59	71.0%	●
How often did providers treat you as gently as possible?	337	3.70	72.5%	352	3.62	70.7%	▼
How often did providers explain things in a way that was easy to understand?	342	3.77	76.0%	357	3.66	75.3%	●
How often did providers listen carefully to you?	341	3.54	74.1%	356	3.61	74.9%	●
How often did providers treat you with courtesy and respect?	313	3.66	75.0%	328	3.61	74.3%	●
When you contacted this agency's office did you get the help or advice you needed?	361	1.66	65.0%	376	1.69	65.7%	●
How long did it take for you to get the help or advice you needed?	337	3.53	71.7%	352	3.64	73.6%	▲
Did you have any problems with the care you got through this agency?	340	1.94	84.9%	355	1.87	80.9%	▼
Would you recommend this agency to your family/friends if they needed care?	356	3.68	75.3%	371	3.60	73.4%	▼
The courtesy and helpfulness of the person who scheduled my care	389	4.21	61.7%	404	4.32	63.3%	▲
The concern shown by nurses for my comfort while caring for me	361	4.39	66.7%	376	4.39	66.0%	●

Resp. = Number of Responses Avg. = Average Score % F = Percent Favorable (e.g. "Excellent" / Resp.) Sig. = Statistical Significance (see below)

▲ % F score for this column is significantly higher than the comparison period (single = 95% confidence / double = 99% confidence)

● No statistically significant difference between %F scores

▼ % F score for this column is significantly lower than the comparison period (single = 95% confidence / double = 99% confidence)

12 - VERBATIM COMMENT REPORT ---

- Reports all comments received, verbatim, since the last survey period. Comments are coded and classified by their subject matter. Deyta's Comment Alert! System will notify you immediately if any comments received are coded as "negative", "serious" or "requests to be contacted".

REPORT BY: Month of Service

From: 11/1/2009 **To:** 11/30/2009

Data Break By: None

Topic: Clinical Staff

Positive

Patient:	William Hartnel	Team:	Blue-12	Service Date:	6/7/2009
Phone:	(502) 555-1231	Group:	Sierra	Control No.:	AC-123145
Identifier:	008010040	Unit:	HCH-Quadrant 1	Language:	English

I was very pleased with the care and compassion I received from Nurse Williams. She was always there for me when help was needed, and went out of her way to make sure I was always comfortable. I never had a single complaint as far as I can recall. Thank you!

Positive

Patient:	Abby Brown	Team:	Red-71	Service Date:	7/12/2009
Phone:	(502) 555-5123	Group:	Bravo	Control No.:	AC-232525
Identifier:	008012476	Unit:	HCH-Quadrant 2	Language:	English

I was very pleased with the care and compassion I received from Nurse Williams. She was always there for me when help was needed, and went out of her way to make sure I was always comfortable. I never had a single complaint as far as I can recall. Thank you!

Suggestions / Requests

Patient:	Daniel Smith	Team:	Blue-12	Service Date:	5/9/2009
Phone:	(502) 555-6687	Group:	Sierra	Control No.:	AC-567886
Identifier:	0080107885	Unit:	HCH-Quadrant 1	Language:	Spanish

Though I appreciate all the help and comfort provided by Sacramento Hospice during this difficult time, I would like to suggest that you consider improving your on-call staff responsiveness. On more than one occasion, I found myself in a state where clinical attention would have made a big difference. During "normal" hours, the care nurse was very helpful. However, outside of this time, we found it hard to get clinical help. By the time someone reached us, it was usually too late for the presence of a nurse to improve matters.

Topic: Pain Management

Negative

Patient:	Richard Harper	Team:	Blue-12	Service Date:	10/14/2009
Phone:	(502) 555-7859	Group:	Sierra	Control No.:	AC-857883
Identifier:	0080174632	Unit:	HCH-Quadrant 1	Language:	English

I have to say I'm a little disappointed in your caregiver's attitudes about pain management. Though the care and responsiveness was well within what I would consider to be minimal guidelines, I always sensed a degree of judgementalness and criticism whenever Chris requested additional medicine to manage his pain. I recognize that many of these drugs have side effects and addictive potential, but some of these things should have been weighed against my condition and long-term prognosis.

Topic: Billing

Negative

Patient:	Rebecca Laudry	Team:	Green-10	Service Date:	9/16/2009
Phone:	(502) 555-4783	Group:	Tango	Control No.:	AC-778009
Identifier:	008019974	Unit:	HCH-Quadrant 4	Language:	English

You didn't waste any time sending me a bill, did you? If only your care had been as "prompt!"

13 – DEMOGRAPHIC REPORT

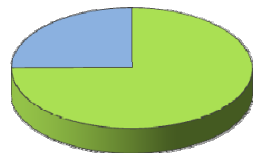
- Provides demographic information on all survey respondents.

REPORT BY: Month of Service

From: 11/1/2009 **To:** 11/30/2009

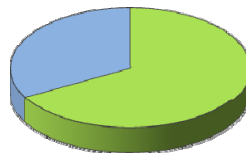
Data Break By: None

Did you receive care from this home health agency?



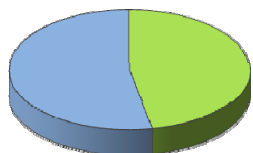
Yes: 75%
No: 25%

Was one of your home health providers a nurse?



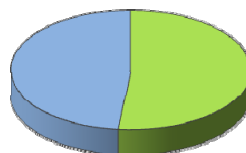
Yes: 67%
No: 33%

Was one of your home health providers a physical, occupational, or speech therapist?



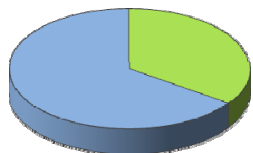
Yes: 47%
No: 53%

Was one of your home health providers a home health / personal care aide?



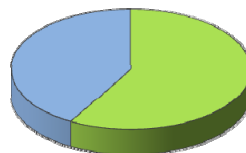
Yes: 52%
No: 48%

Did you take any new medicines/change any medicines you were taking?



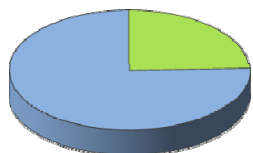
Yes: 35%
No: 65%

Did you contact this agency's office to get help or advice?



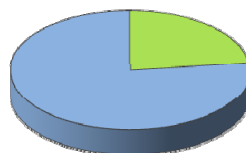
Yes: 58%
No: 42%

Do you live alone?



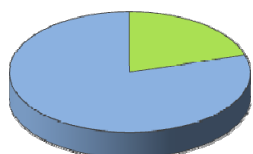
Yes: 24%
No: 76%

Are you Hispanic or Latino/Latina?



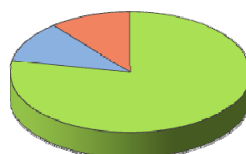
Yes: 23%
No: 77%

Did someone help you complete this survey?



Yes: 20%
No: 80%

What language do you mainly speak at home?



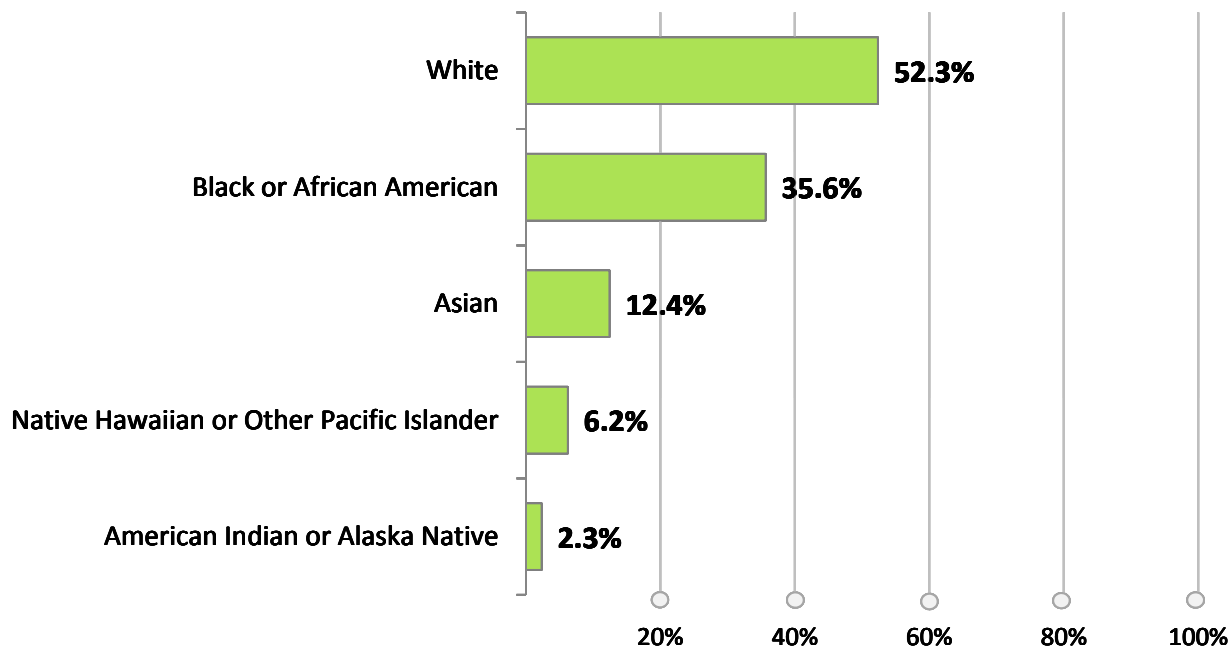
English: 78%
Spanish: 11%
Other: 11%

REPORT BY: Month of Service

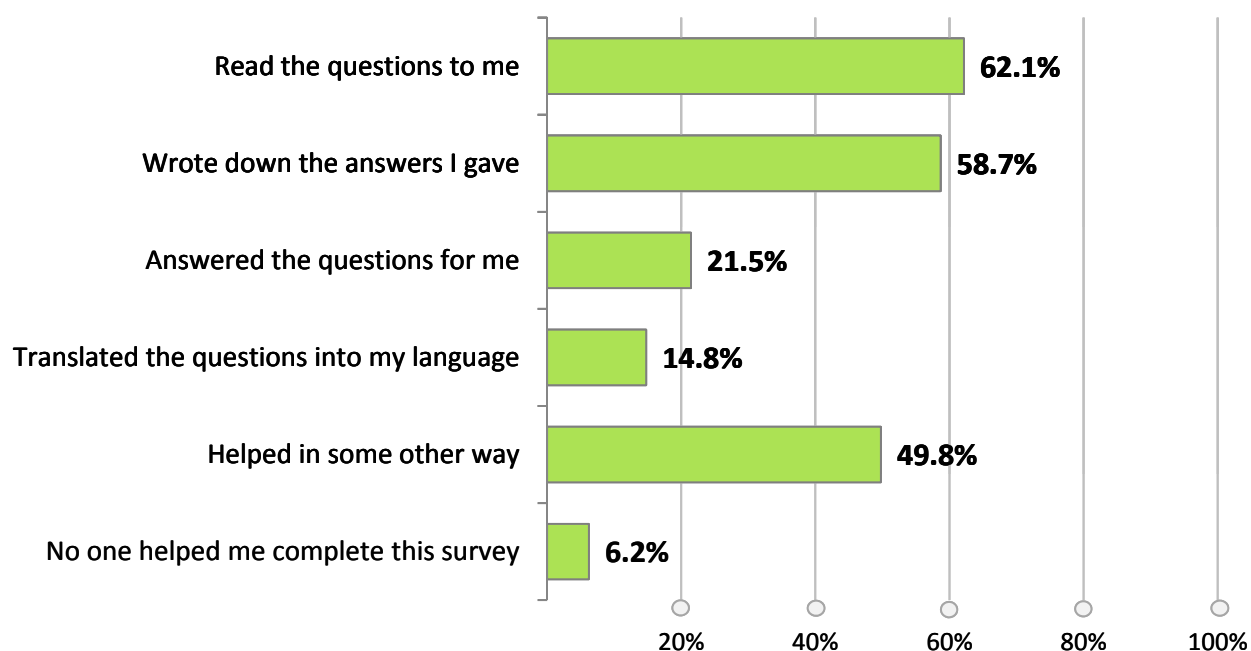
From: 11/1/2009 To: 11/30/2009

Data Break By: None

What is your race? (314 total respondents; multiple responses allowed)



**20% of respondents (64 people) indicated that someone helped them complete this survey.
How did person help you? (64 total respondents; multiple responses allowed)**



14 - HOME HEALTH SURVEY FORM

- Contains 34 HH-CAHPS questions per CMS requirements and 7 custom Deyta questions in “The Care and Service You Received” section.
- As a leader in satisfaction, Deyta has used historical data to determine that these 7 custom questions are key drivers for predicting satisfaction at your agency.

Marking Instructions:

- Please use a **blue or black pen** to complete this survey.
- Please skip if the question does not apply to you.
- Example: **Correct Mark** ☐ ☒ ☐ ☐ ☐

Please do not make marks in this box



Sample ID#: 008010040

Your Home Health Care ...

1. According to our records, you got care from the home health agency, Deyta Home Health.
Is that right?

As you answer the questions in this survey, think only about your experience with this agency.

☐ Yes ☐ No → **If No, please stop and return the survey in the envelope provided.**

2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?
☐ Yes ☐ No ☐ Do not remember
3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?
☐ Yes ☐ No ☐ Do not remember
4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?
☐ Yes ☐ No ☐ Do not remember
5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?
☐ Yes ☐ No ☐ Do not remember

Your Care from Home Health Providers in the Last 2 Months ...

These next questions are about all the different staff from Deyta Home Health who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

1. In the last 2 months of care, was one of your home health providers from this agency a nurse?
☐ Yes ☐ No
2. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist? ☐ Yes ☐ No
3. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide? ☐ Yes ☐ No



Your Care from Home Health Providers in the Last 2 Months (cont.)...

4. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
☐ I only had one provider in the last 2 months of care
5. In the last 2 months of care, did you and a home health provider from this agency talk about pain?
☐ Yes ☐ No
6. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking? ☐ Yes ☐ No → **If No, Go to Question 10.**
7. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?
☐ Yes ☐ No ☐ I did **not** take any new prescription medicines or change any medicines
8. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?
☐ Yes ☐ No ☐ I did **not** take any new prescription medicines or change any medicines
9. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?
☐ Yes ☐ No ☐ I did **not** take any new prescription medicines or change any medicines
10. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
11. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? ☐ Never ☐ Sometimes ☐ Usually ☐ Always
12. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
13. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
14. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? ☐ Never ☐ Sometimes ☐ Usually ☐ Always

We want to know your rating of your care from this agency's home health providers.

15. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Worst home health care possible

Best home health care possible



Your Home Health Agency ...

The next questions are about the office of this agency:

1. In the last 2 months of care, did you contact this agency's **office** to get help or advice?
☐ Yes ☐ No → **If No, Go to Question 4.**
2. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed? ☐ Yes ☐ No ☐ I did **not** contact this agency
3. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?
☐ Same Day ☐ 1 to 5 days ☐ 6 to 14 days ☐ More than 14 days
☐ I did **not** contact this agency
4. In the last 2 months of care, did you have any problems with the care you got through this agency?
☐ Yes ☐ No
5. Would you recommend this agency to your family or friends if they needed home health care?
☐ Definitely yes ☐ Probably yes ☐ Probably no ☐ Definitely no

The Care and Service You Received ...

Please rate the quality of care and service you received, for the following areas:

1. The courtesy and helpfulness of the person who scheduled my care.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
2. The concern shown by **nurses** for my comfort while caring for me.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
3. The concern shown by **aides** for my comfort while caring for me.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
4. The concern shown by **therapists** for my comfort while caring for me.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
5. The respect shown by **staff** for my personal privacy.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
6. The respect shown by **staff** for my home and personal items.
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Does **not** apply to me
7. How likely are you to use the services of this agency again, if you need this type of care?
☐ Very likely ☐ Somewhat likely ☐ Undecided ☐ Somewhat unlikely ☐ Very unlikely

About You ...

1. In general, how would you rate your overall health?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. In general, how would you rate your overall mental or emotional health?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
3. Do you live alone? ☐ Yes ☐ No
4. What is the highest grade or level of school that you have completed?
☐ 8th grade or less ☐ Some high school, but did not graduate
☐ High school graduate or GED ☐ Some college or 2-year degree
☐ 4-year college graduate ☐ More than 4-year college degree
5. Are you Hispanic or Latino/Latina? ☐ Yes ☐ No
6. What is your race? **Please select one or more.**
☐ White ☐ Black or African American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native
7. What language do you mainly speak at home?
☐ English ☐ Spanish
☐ Some other language (*Please print*): _____
8. Did someone help you complete this survey?
☐ Yes ☐ No → **If No, please return the completed survey in the postage-paid envelope.**
9. How did that person help you? **Check all that apply.**
☐ Read the questions to me
☐ Wrote down the answers I gave
☐ Answered the questions for me
☐ Translated the questions into my language
☐ Helped in some other way (*Please print*): _____
☐ No one helped me complete this survey

Please Give Us Your Feedback

Is there anything else that you would like to tell us about the care provided by this agency's teams or any individual whom we could thank?

Thank You! Please return the completed survey in the postage-paid envelope.

15 - HOME HEALTH COVER LETTERS ---

- First and second wave cover letters per CMS requirements.

01/01/2009

Jane Doe
1231 West St
Louisville, KY 40101
10110111

Dear Jane Doe:

Deyta Home Health is taking part in a national survey to provide the United States Department of Health and Human Services with information about the quality of health care delivered to people in their homes. Our records show that you recently received health care services *in your home* from Deyta Home Health. You, along with a sample of other people who receive home health care, have been selected to take part in this important survey. Your feedback on the care that you receive is important, because it will help improve the quality of home health care we provide.

The survey results will help people make more informed decisions when choosing a home health care provider. Results will be publicly reported on the Internet at Home Health Compare at <http://www.medicare.gov/>. The enclosed questionnaire asks for your opinions about the home health care you received. We hope that you will take a few minutes to complete and return the questionnaire in the enclosed, postage-paid envelope.

If you need help reading or answering the questions, please ask a family member or friend to help you. It is important that your answers reflect your own opinions about the home health care you received, so please do not ask anyone from Deyta Home Health for help when completing the survey.

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you give in this survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when the data are analyzed. The results from this survey may be shared with the home health agency for quality improvement purposes. **If you have any questions about the survey, please call Deyta toll-free at 1-502-896-8438x000.** Thank you in advance for your participation.

Sincerely,



Home Health Agency Administrator

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[PRINT SAMPLE IDENTIFICATION NO. HERE.]

2/15/2009

Jane Doe
1231 West St
Louisville, KY 40101
10110111

Dear Jane Doe:

Recently, we sent you a letter asking for your help on a survey to provide the United States Department of Health and Human Services with information about the quality of health care delivered to people in their homes. Your name was selected from a list of people who received home health care services through Deyta Home Care. As of today, we have not yet received your completed questionnaire. If you have already returned the questionnaire, please accept our thanks.

If you have not completed the survey, please take a few moments to complete the questionnaire and return it in the enclosed postage-paid envelope. Results will be publicly reported on the Internet at Home Health Compare at <http://www.medicare.gov/>. The results of this survey will help people make more informed choices when choosing a home health care provider. Your feedback on the care that you receive is important, because it will help improve the quality of home health care we provide.

If you need help reading or answering the questions, please ask a family member or friend to help you. It is important that your answers reflect your own opinions about the home health care you received, so please do not ask anyone from Deyta Home Health for help when completing the survey.

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you give in this survey will be held in confidence and is protected by the Privacy Act. Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when the data are analyzed. The results from this survey may be shared with the home health agency for quality improvement purposes. **If you have any questions about the survey, please call Deyta toll-free at 1-502-896-8438x000.** Thank you in advance for your participation.

Sincerely,



Home Health Agency Administrator