



PediHome:

A Family-Reported Measure of Pediatric Home Healthcare Quality

ENGLISH PAPER VERSION

HOME NURSING QUESTIONS

INSTRUCTIONS

The following questions are about the home nurse(s) who have cared for your child in the LAST MONTH (30 days) your child was supposed to received nursing care.

A “home nurse” or “shift nurse” or “private duty nurse” is either a registered nurse (RN) or licensed practical nurse (LPN) who provides medical care on a **routine basis at your home** and possibly at school and other community locations, for ongoing chronic illnesses. Examples of tasks a home nurse might do includes giving medications and administering feedings. Home nurses care for your child at home, not at a facility.

Please DO **NOT** include health care providers in an emergency room, hospital, or nursing facility.

Instead, answer the questions based on nurses that came to your actual home for daily or nightly shifts.



Access to Care Questions

We want to get a sense for how hard or easy it was for you to get home nursing.

1. How many total hours per week was your child **APPROVED** to get home nursing, by your child's insurance company and/or government program?

Example: If your child was approved for 24 hours, 7 days a week, please put 168 hours.

Example: If your child was approved for 8 hours, 7 days a week please put 56 hours.

2. On average, how many total hours **per week** did your child **ACTUALLY** get home nursing care?

This answer should be the same or less than the hours approved.

Do not include hours you paid out of pocket.

Example: Your child was approved for 24/7 (168 hours), **but only got care** 5 days a week, put 120 hours received.

Example: Your child was approved for 8 hours, 7 days a week (56 hours), **and all shifts were filled** 3 days a week, put 56 hours received.



3. To the best of your knowledge, what was the **reason or reasons why a nurse did not come** to care for your child **in the LAST MONTH (30 days) your child received nursing care?** (issued shifts)

This does not apply to me since the nurse(s) came as scheduled.

Check as many answers as applies, for reasons a nurse did not come:

- A nursing AGENCY would not take my child's case.
- An agency was not able to identify a nurse to take my child's shift.
- A nurse would not work the specific hours that were needed, such as nights.
- A nurse would not come because of where my child lives.
- A nurse was scheduled but then cancelled or did not show up.
- A nurse was available, but I did not want that particular nurse to care for my child.
- My child's nurse was used to staff another patient's care.
- My child became sick and was in the hospital.
- Other reason. Please describe other reason(s) if applicable: _____

4. How many **DIFFERENT** nurses took care of your child in the LAST MONTH (30 days) your child received nursing care?



Please answer the following questions based on the **LAST MONTH (30 days)** your child received home nursing care:

5. How **often** were you able to...

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)
a. get a nurse at TIMES OF THE DAY that worked well for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. get a nurse on DAYS of the WEEK that worked well for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CHOOSE which nurse cared for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Care Questions

The next set of questions are going to be about the **QUALITY** of home nursing care that your child received, in the **LAST MONTH (30 days)** your child received home care.

6. Please tell us your overall rating of your child's home health nurses.

Using any number from 0 to 10, where 0 is the worst home nursing care possible and 10 is the best home nursing care possible, what number would you use to rate your child's home nursing care?

0	1	2	3	4	6	7	8	9	10
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7. How often did your child's home nurse(s)...

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)
a. arrive ON TIME for the shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. treat YOUR CHILD with RESPECT ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. treat YOU with RESPECT ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. INTERACT with your child in an appropriate way, given your child's abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. respect your family's PRIVACY ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. FOCUSED on caring for your child instead of being distracted by other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How confident were you that your child's home nurse(s)...

	THIS DOES NOT APPLY TO MY CHILD	Very confident (4)	Quite confident (3)	Somewhat confident (2)	A little confident (1)	Not confident at all (0)
a. could tell if your child was in PAIN ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. could FEED your child, including knowing how to prepare the feeding and give it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. could MOVE your child around the home safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. knew HOW to give (administer) your child his/her medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. knew WHEN to give your child his/her medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. knew HOW to use your child's medical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. could RESPOND to a medical emergency, until help arrived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident were you that your child's home nurse(s)...

	THIS DOES NOT APPLY TO MY CHILD	Very confident (4)	Quite confident (3)	Somewhat confident (2)	A little confident (1)	Not confident at all (0)
h. could care for your child ALONE without you there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. could RECOGNIZE changes in your child's condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. could FOLLOW your child's overall treatment plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. was RESTED enough to care for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. CARED about your child's wellbeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF HOME NURSING QUESTIONS