

Nevada Aging and Disability Services Division

PERFORMANCE INDICATORS for Federal and State-Funded Aging Programs

(Revised January 10, 2003)

Programs that receive grant awards from the Nevada Aging and Disability Services Division are required to measure the effect of services on the quality of clients' lives. The use of performance indicators is a national trend. Numbers of clients and units of service alone are no longer an adequate method to document the good works performed by agencies that serve the elderly. In fact, the Administration on Aging is currently experimenting with measurement tools similar to those contained on the following pages.

The trend is partially in response to Congressional demands for more detailed information about how federal tax dollars are spent. However, this mandate is not the only force driving the movement. The information collected through performance indicators is expected to help programs across the country determine ways to improve and enhance the outstanding services they currently provide. And it will also reinforce what aging service providers and advocates have known for decades – that the provision of supportive services such as nutrition, transportation and in-home assistance helps seniors enjoy more independent, healthy, and meaningful lives.

In Nevada, when a program receives funding from the Aging and Disability Services Division, the director and his/her staff need to implement the brief surveys that are the foundation of the required performance indicators. Before service is provided to a client, an initial survey must be completed to establish a baseline. After the service is provided, a follow-up survey must be completed in order to measure the impact of the service. Unless otherwise noted in this document, follow-up surveys should be completed six months after service begins and every six months thereafter. Note that if you wish to expand the survey with questions specific to your program, you are free to do so.

The process should not be limited to new clients. Existing clients should also be included. Although the effects of the service may not be as remarkable, the responses given by existing clients will be nonetheless valuable. Therefore, the initial survey should be conducted with existing clients as soon as reasonably possible and the follow-up surveys should be conducted at the same interval as new clients.

Details of how the survey is conducted (i.e., by phone or in person) may be developed by the program. Completed surveys should be retained for the duration of the grant cycle and a summary of results should (1) be provided to the Aging and Disability Services Division and (2) be attached to each group of surveys.

To provide a summary of results to the Aging and Disability Services Division, simply use a blank copy of the survey to record the number of responses received for each answer to each question. For example:

1) *How would you rate your health?*

5 *Excellent* 13 *Very Good* 20 *Good* 27 *Fair* 19 *Poor*

If clients write in general comments, it would be useful to list these comments either at the bottom of the survey or on a second sheet. Summaries must be labeled to identify whether the results are pre-service or post-service.

A program may enroll new clients throughout the grant year and the date when follow-up surveys need to be administered may vary from client to client. Therefore, the Aging and Disability Services Division is requesting that programs summarize any pre-service and post-service surveys collected each quarter. The summaries may be submitted along with the program’s normal quarterly report. If no surveys are administered during a particular quarter, this should be noted in the report narrative.

As programs begin to use these performance indicators, comments from staff will be welcomed. The Aging and Disability Services Division is interested in feedback that helps to determine whether the surveys fit smoothly into the ongoing service process, whether the questions are clear, and whether the information collected is considered useful to programs.

The performance indicators in this document focus on home-delivered meals, transportation, homemaker, personal care attendant, home repair and modification, medical equipment loan, senior companion, and case management/advocacy, and adult day care.

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1. Home-Delivered Meals**Initial Survey**

1) How would you rate your health?

Excellent Very Good Good Fair Poor

2) How often are you sick?

Seldom Once every three months Once a month

Twice a month More than twice a month

3) How much of the time does your physical health or emotional problems interfere with your ability to attend to your personal business, perform simple household chores, or participate in social activities?

All of the time Most of the time Some of the time

A little of the time None of the time

4) How would you rate your diet?

Excellent Very Good Good Fair Poor

5) Do you ever feel hungry?

Yes No

If you answered "yes" to this question, what would you say is the reason(s)?

Can't afford to purchase enough food

Don't have a way to get groceries

Difficulty preparing meals due to a disability

Don't know how to cook

Don't have adequate food preparation equipment

Am alone and don't want to go to the trouble just for myself

Just don't feel up to cooking

Have health problems that interfere with eating (such as poor dental health or digestive problems)

Other _____

Follow-Up Survey

To be conducted six months after service begins. Preface questions with the phrase "Since you have been receiving meals ..."

1) How would you rate your health?

Excellent Very Good Good Fair Poor

2) How often are you sick?

- Seldom
- Once every three months
- Once a month
- Twice a month
- More than twice a month

3) How much of the time has your physical health or emotional problems interfered with your ability to attend to your personal business, perform simple household chores, or participate in social activities?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

4) How would you rate your diet?

- Excellent
- Very Good
- Good
- Fair
- Poor

5) Do you ever feel hungry?

- Yes
- No

If you answered "yes" to this question, what would you say is the reason(s)?

- Can't afford to purchase enough food
- Don't have a way to get groceries
- Difficulty preparing meals due to a disability
- Don't know how to cook
- Don't have adequate food preparation equipment
- Am alone and don't want to go to the trouble just for myself
- Just don't feel up to cooking
- Health problems that interfere with eating (such as poor dental health or digestive problems)
- Other _____

If you answered "yes" to this question before you began receiving meals and "no" to this question now, what would you say has changed? *(Note that program staff may need to review the client's initial answers to help him/her with this question.)*

- Home-delivered meals
- Increase in income
- Someone shops for me now
- Someone cooks for me now
- Learned how to cook
- Obtained food preparation equipment
- No longer live alone
- Generally feel better and am more able to cook
- Health problems that interfered with eating have improved
- Other _____

2. Transportation

Initial Survey

- 1) What kind of transportation do you currently use? (Check all that apply)
 Drive self Driven by others Assisted bus or van service
 Taxi None
- 2) How many times in the last three months were you able to find transportation to a medical appointment?
 0 1-2 3-4 5 or more
- 3) How many times in the last three months were you able to find transportation so that you could attend a social function such as a church service or community activity?
 0 1-2 3-4 5 or more
- 4) How many times have you used our transportation service in the past three months? (*For new clients, programs should enter "0."*)
 0 1-2 3-4 5 or more

Follow-up Survey

- 1) What kind of transportation do you currently use? (Check all that apply)
 Drive self Driven by others Assisted bus or van service
 Taxi None
- 2) How many times in the last three months were you able to find transportation to a medical appointment?
 0 1-2 3-4 5 or more
If the frequency has decreased or increased, state the reason.
- 3) How many times in the last three months were you able to find transportation so that you could attend a social function such as a church service or community activity?
 0 1-2 3-4 5 or more
If the frequency has decreased or increased, state the reason.
- 4) How many times have you used our transportation service in the past three months?
 0 1-2 3-4 5 or more

3. Homemaker

Initial Survey

Programs may answer the first question on behalf of the client.

1) Do you currently receive homemaker services? Yes No

If yes, how often? Once a week 2-3 times a week
 4-5 times a week 6-7 times a week

2) How many times in the last three months did you feel worried, anxious or depressed because you were unable to complete household tasks?

0 1-2 3-4 5 or more

3) How many times in the last three months did you decline to welcome guests into your home because you did not feel it was presentable?

0 1-2 3-4 5 or more

4) Would you say that your home is safe, free of hazards, and is a healthy environment?

Strongly agree Agree Somewhat agree Don't Agree

Follow-up Survey

Programs may answer the first question on behalf of the client.

1) Do you currently receive homemaker services? Yes No

If yes, how often? Once a week 2-3 times a week
 4-5 times a week 6-7 times a week

2) How many times in the last three months did you feel worried, anxious or depressed because you were unable to complete household tasks?

0 1-2 3-4 5 or more

3) How many times in the last three months did you decline to welcome guests into your home because you did not feel it was presentable?

0 1-2 3-4 5 or more

4) Would you say that your home is safe, free of hazards, and is a healthy environment?

Strongly agree Agree Somewhat agree Don't Agree

4. Personal Care Attendant

Initial Survey

1) How many times are you able to take a bath or shower during the course of a month?

0 1-2 3-4 5 or more

2) In the past three months, have you worried about losing your independence because you did not have someone to assist with personal care?

Yes No

3) How many times in the past three months have you been hospitalized?

0 1-2 3-4 5 or more

Follow-up Survey

1) How many times are you able to take a bath or shower during the course of a month?

0 1-2 3-4 5 or more

2) In the past three months, have you worried about losing your independence because you did not have someone to assist with personal care?

Yes No

3) How many times in the past three months have you been hospitalized?

0 1-2 3-4 5 or more

5. Home Repair and Modification

Initial Survey

1) How many times did you fall in the last three months?

0 1-2 3-4 5 or more

2) How many times per month are you able to take a bath or shower without having someone stand by to assist you?

0 1-2 3-4 5 or more

3) How many times in the last three months have you been able to leave your home without someone to assist you?

0 1-2 3-4 5 or more

4) During the last three months have you been able to use all the rooms in your home?

Yes No

5) How many times in the last three months did you feel worried, anxious or depressed because your home did not have the necessary modifications to enable you to use the bath or shower, walk up and down steps, or move from one room to another without assistance?

0 1-2 3-4 5 or more

Follow-up Survey

To be conducted three months after home repair or modification is complete.

1) How many times did you fall in the last three months?

0 1-2 3-4 5 or more

2) How many times per month are you able to take a bath or shower without having someone stand by to assist you?

0 1-2 3-4 5 or more

3) How many times in the last three months have you been able to leave your home without someone to assist you?

0 1-2 3-4 5 or more

4) During the last three months have you been able to use all the rooms in your home?

Yes No

- 5) How many times in the last three months did you feel worried, anxious or depressed because your home did not have the necessary modifications to enable you to use the bath or shower, walk up and down steps, or move from one room to another without assistance?

0 1-2 3-4 5 or more

6. Senior Companion

Initial Survey

- 1) In general, how would you describe your emotional well being?

Excellent Very Good Good Fair Poor

- 2) During the past three months, have you felt lonely?

Often Sometimes Never

- 3) During the past three months, have you had suicidal thoughts?

Often Sometimes Never

- 4) During the past three months, how many times have you been able to attend to personal errands such as banking, postal services, shopping, and hairdresser?

0 1-2 3-4 5 or more

Follow-up Survey

- 1) In general, how would you describe your emotional well-being?

Excellent Very Good Good Fair Poor

- 2) During the past three months, have you felt lonely?

Often Sometimes Never

- 3) During the past three months, have you had suicidal thoughts?

Often Sometimes Never

- 4) During the past three months, how many times have you been able to attend to personal errands such as banking, postal services, shopping, and hairdresser?

0 1-2 3-4 5 or more

7. Case Management / Advocacy

Initial Survey

1) If you needed help understanding or finding a service, would you know of someone to ask or call? Yes No

1) In the past three months, have you experienced a problem that you could not find help to resolve? Yes No

If yes, please specify what type of problem.

2) Are you aware of the following services?

- Assistance to pay your Medicare premium Yes No
- Assistance to pay your energy bill Yes No
- Assistance with prescription drug costs Yes No
- Transportation Yes No
- Senior or community center meals Yes No
- Home-delivered meals Yes No
- Homemaker Yes No
- Senior companion Yes No
- Personal care Yes No

Follow-up Survey

To be conducted three months after service was initially provided.

1) If you needed help understanding or finding a service, would you know of someone to ask or call? Yes No

1) In the past three months, have you experienced a problem that you could not find help to resolve? Yes No

If yes, please specify what type of problem.

When we asked you these questions previously, you told us about a problem you had that you could not find help to resolve. *(Remind the client of the problem if necessary.)* Since then, have you received help with this problem? Yes No

2) Are you aware of the following services?

- Assistance to pay your Medicare premium Yes No
- Assistance to pay your energy bill Yes No
- Assistance with prescription drug costs Yes No
- Transportation Yes No
- Senior or community center meals Yes No

- Home-delivered meals Yes No
- Homemaker Yes No
- Senior companion Yes No
- Personal care Yes No

8. Adult Day Care

These questions should be directed toward the caregiver.

Initial Survey

1) How many times in the last three months have you missed work because you did not have someone to care for your loved one?

0 1-2 3-4 5 or more

2) Would you be able to work if you did not have adult day care services?

Yes No

3) How many times in the last three months have you been able to attend a social function (dinner with friends, bowling, movies) or run errands (banking, post office, shopping) without worrying about your loved one?

0 1-2 3-4 5 or more

Follow-up Survey

1) How many times in the last three months have you missed work because you did not have someone to care for your loved one?

0 1-2 3-4 5 or more

2) Would you be able to work if you did not have adult day care services?

Yes No

3) How many times in the last three months have you been able to attend a social function (dinner with friends, bowling, movies) or run errands (banking, post office, shopping) without worrying about your loved one?

0 1-2 3-4 5 or more

3) Considering your loved one’s medical condition, do you believe he/she has benefited from the activities and services offered at the adult day care center?

Yes No

If yes, in what way? (Check all that apply)

More sociable More mentally alert Less dependent on you

10. Volunteer Care

1) How would you rate your health?

Excellent Very Good Good Fair Poor

2) How often are you sick?

Seldom Once every three months Once a month
 Twice a month More than twice a month

3) In general, how would you describe your emotional well-being?

Excellent Very Good Good Fair Poor

4) During the past three months, have you felt lonely?

Often Sometimes Never

5) How many times in the last three months were you able to attend to a medical appointment? (*not by program transportation*)

0 1-2 3-4 5 or more

6) During the past three months, how many times have you been able to leave your home to attend to personal errands, such as banking and shopping? (*not by program transportation*)

0 1-2 3-4 5 or more

7) How many times have you used our transportation service in the past three months? (*For new clients, programs should enter "0."*)

0 1-2 3-4 5 or more

8) During the past three months, have you experienced a problem that you could not find help to resolve? Yes No

If yes, please specify what type of problem.

Follow-up Survey

1) How would you rate your health?

Excellent Very Good Good Fair Poor

2) How often are you sick?

Seldom Once every three months Once a month

Twice a month More than twice a month

3) In general, how would you describe your emotional well-being?

Excellent Very Good Good Fair Poor

4) During the past three months, have you felt lonely?

Often Sometimes Never

5) How many times in the last three months were you able to find transportation to a medical appointment?

By program transportation

0 1-2 3-4 5 or more

By other means

0 1-2 3-4 5 or more

6) During the past three months, how many times have you been able to leave your home to attend to personal errands, such as banking, shopping and/or social events?

By program transportation

0 1-2 3-4 5 or more

By other means

0 1-2 3-4 5 or more

7) During the past three months, did the program assist you to resolve a problem?

Yes No Not applicable/No problem

If yes, please specify what type of problem.