



## ***Nursing Survey***

### **Introduction and Contact Information:**

#### **Questions 1-3:**

What is your organization's name? (Drop down menu)

- Please enter the following ID numbers
- AHCCCS ID
- Employer ID

#### **Question 4:**

- Please enter the following contact information:
  - Contact Name
  - Email Address
  - Phone Number

#### **Question 5:**

- Services provided Y/N and kick out

### **Survey:**

#### **Question 6:**

- How many nurses (RN,LPN) worked for your agency on February 1 and provided services to DDD members?
  - RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted

#### **Question 7:**

- How many nurses (RN,LPN) worked for your agency on March 25 and provided services to DDD members?
  - RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted

#### **Question 8:**

- How many nurses (RN,LPN) worked for your agency on April 17 and provided services to DDD members?



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Interim Director

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

**Question 9 & 10:**

- If there was a reduction in nurses, please answer the following
  - Provide the number of nurses for each reason (count)
  - Family issues
  - Laid off due to low demand
  - Sick Leave
  - Refused to work
  - Other
  - Total weekly Work Hours reduced

**Question 11:**

- Reason for reduction (detailed response)

**Question 12 & 13:**

- Has your agency experienced an increase in demand for nursing services? Y/N
  - member increase
  - total unit increase

**Question 14:**

- How many total staffing hours were scheduled in the following weeks?
  - Week of February 24-28
  - Week of March 16-20
  - Week of April 13-17

**Question 15:**

- Has your agency experienced an increase in overtime due to increased demand? Y/N

**Question 16:**

- Please provide the number of overtime hours paid in each of the following time periods:
  - February
  - March
  - Anticipated April

**Question 17:**

- Does your agency have enough nursing staffing to meet member needs as of April 28, 2020? Y/N



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**Question 18:**

- If you answered no to question 17, how many hours per week are you trying to fill?

**Question 19:**

- Does your nursing staff have sufficient personal protective equipment (PPE) to implement your pandemic performance plan. Y/N

**Question 20:**

- If no, Which of the following PPE is needed?
  - Gloves
  - Gowns/Aprons
  - Masks and Respirators
  - Goggles
  - Face shields.
  - None

**Question 21:**

- What is the anticipated cost increase of PPE since the start of COVID-19 in March?

**Question 22:**

- Does your agency have access to COVID – 19 testing kits?
  - Yes, but only testing critical patients
  - Yes, adequate supplies
  - No, partial testing supplies
  - No, none
  - Not applicable

**Question 23:**

- Is your nursing staff trained in administering COVID – 19 testing kits?
  - Yes, all staff has training
  - 50% or more of staff has training
  - Less than 50% of staff has training
  - None of the nursing staff has training.

**Question 24:**

- What extra precautions is your nursing staff taking in response to the COVID-19 epidemic?

**Question 25 & 26:**



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- Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients? Y/N
  - If no, what is your capacity to provide additional services to DDD members?
    - How many members?
    - How many total units?

**Question 27 & 28:**

- Have any members refused/canceled services due to COVID-19 concerns?
  - If so, how many members?
  - How many total units?

**Question 29 & 30:**

- Have any members reduced their hours and schedule but still receive some nursing supports?
  - If so, how many members?
  - How many total hours per week?

**Question 31:**

- Please state any other issues impacting nursing services.

**Relief Information:**

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act small businesses are able to apply for Paycheck Protection Program Loans which depending on behavior and how the funds are used can be forgiven. Please take this opportunity to review information on the program in the link below.

<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

**Question 32:**

- Based on the information provided, do you believe that you qualify for a Paycheck Protection Program Loan? Y/N

**Question 33:**



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- Please provide the reason you don't expect to qualify
  - a. More than 500 employees (or 1,500 where applicable)
  - b. Business established after 2/15/20
  - c. Other
  - d. (detailed response)

**Question 34:**

- Concerning Questions 32 and 33, please provide any additional comments.

**Question 35:**

- Regarding the Paycheck Protection Program Loans have you:
  - a. Applied
  - b. Expecting to apply
  - c. Do not expect to apply