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Home Health Care Resource Binder: A User-Friendly Guide for Crossroads Hospice and Palliative Care

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Home Health Care Resource Binder

A User-Friendly Guide for Crossroads Hospice and Palliative Care

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Abstract

Patients and families searching for home health care need accurate information regarding the community resources available to them to promote aging in place and to maintain their quality of life. In connection to the social workers at Crossroads Hospice and Palliative Care, the researcher identified a need for a centralized source of up-to-date information regarding local home health care agencies due to the current resource deficit. Social workers and other health care professionals are expected to benefit from a concise list of resources readily available to provide their patients and families with adequate support to make informed decisions about a loved one's care. In addition, this is expected to make the process of coordinating care for a loved one significantly easier and more efficient, minimizing distress for both the patient and the caregiver. The methods used to create the *Home Health Care Resource Binder* include identifying agencies, making contact, collecting information, and organizing the information in a user-friendly resource binder. These methods were carried out through digital platforms, including Google Search, Google Sheets, and telephone communication. The researcher concluded that there should be improvements to the current procedures of coordinating care as it was quite challenging to find accurate information about home health care agencies online. These challenges arose despite the fact that the researcher is not in a caregiving situation, and therefore is not experiencing the common negative effects to their physical, mental, and emotional well-being. The findings in this essay provide a basis for further research to assess the ease of access to resources for caregivers and health care employees on a larger scale. Researchers may wish to consider condition-specific challenges for coordinating care in their assessment, as well as the rates of healthcare worker burnout related to inadequate resources.

Keywords: Medical social work, Home health care, Hospice, Palliative, Resources

Home Health Care Resource Binder

Introduction

At the time of the 2000 National Home and Hospice Care Survey, approximately 1,355,300 patients were receiving home health care services from 7,200 agencies (NCHS, 2009). That number is expected to dramatically increase by the year 2030 as all baby boomers will be 65 and older, resulting in one in every five individuals reaching the age of retirement (US Census, 2019). In order to prepare for better health outcomes for these individuals and to support the idea of aging in place, access to home health care resources should be increased. Generally, those who are involved in coordinating health care for a loved one are under duress. Changes in care needs can be difficult to cope with when there is limited access to additional support. Many caregivers in this situation report negative effects on their physical, mental, and emotional health (Rocha & Pacheco, 2013). Social workers can provide counseling, emotional support, and service information, and are expected to ensure that the mental, emotional, social, and spiritual needs of the patient and family are being met. It is a major responsibility of a social worker in the role as a broker to identify the care needs of clients and providing access and connections to necessary services (Sheafor & Horejsi, 2015). By recognizing the need for greater access to home health care resources and providing a solution through the creation of a resource binder, the researcher is directly fulfilling this role.

At the time of this essay, the researcher was an undergraduate honors social work student at the University of Akron interning at Crossroads Hospice and Palliative Care (CRHP). To make it easier for the patient and families, CRHP promises to provide highly attentive care and support for the highest possible quality of life (Crossroads, n.d.). While learning the responsibilities of a social worker in this field, such as providing patients with care resources, the

researcher found that the current lists of home health resources available to the social workers were scarce, disorganized, and unreliable. With motivations to support the agency mission statement, positively impact the agency and the patients they serve, and gain experience in the role of a social worker, the researcher decided to create a Home Health Care Resource Binder. The completed binder is expected to assist three beneficiaries; the home patients and their families in need of home health care services, the agency CRHP, and the researcher herself. By creating an up-to-date home health care resource guide, the researcher will assist CRHP in supporting their mission statement and meeting the needs of the patients they serve. The outcomes of this research project are intended to make the duties of all members of the patient's care team less complicated, stressful, and demanding to promote comfort, security, and support throughout the duration of care for a loved one. Additionally, this research is intended to remove barriers to accessing necessary community resources by providing direct access to accurate agency information through the social workers at CRHP. This essay will explore the process of creating the binder through the means of identifying home health care agencies online and collecting agency information regarding their location, contact information, and services to create an up-to-date, user-friendly resource binder of home health care agencies.

Goals and Objectives

The central goal and several objectives of this project have been identified to guide the research and accomplish the expected outcomes. The main goal of this project was to provide a centralized source of accurate information about local home health care agencies to assist the aging population and their families. This was achieved by the following objectives. The first objective was to identify agencies to include in the binder. The data extends over ten counties in Ohio, all served by CRHP, including: Carroll, Columbiana, Harrison, Mahoning, Medina,

Portage, Stark, Summit, Tuscarawas, and Wayne County. The next objective was to make contact and speak with an employee from each agency via telephone or email. Then, the next objective was to confirm and supplement the data collected about each agency, including the agency name, website, counties served, address, office hours, telephone number, fax number, email, contact person, services, and accepted payment methods/insurances. Additionally, a brochure from each agency was requested to include in the completed resource binder. The next objective was to appropriately document the data using Google Sheets in terms of the agency information and the personal experience of conducting research. The final objective was to compile the data and physically create the home health care resource binder. The completed binder has been mailed to CRHP to use privately and at their discretion.

The motivation supporting this research comes from the researcher's field experience at CRHP and her undergraduate studies at the University of Akron. For the past eight months, the researcher has worked alongside a hospice social worker to learn the duties, skills, and knowledge associated with this career. A major role of the social work profession is to identify, locate, and connect clients with available resources. Many aging individuals wish to reside at home, and this may be possible with access to home health care. There is currently a resource deficit at CRHP as they do not currently have universal resource information regarding home health care. It is evident that there is a need for a centralized source of up-to-date information to provide to patients and their families. Current procedures at CRHP require the social worker to do independent research on available resources to provide to home patients and their families. Coordinating health care for a loved one can be extremely taxing on the family in addition to other stressors of this complex situation. Informal caregivers report that an increased dependence of the individual can have major impacts on their physical, mental, and emotional health, with

changes in physical weariness, emotional exhaustion and depression, and alterations in social, work, and economic life of the caregiver (Rocha & Pacheco, 2013; Judge et al., 2011). Other stressors may include a lack of resources and available training for caregivers, feelings of guilt related to maintaining the dependent person's autonomy, managing grief, and accepting the loss of independence for the patient and the caregivers (Kernisan, 2015). As the researcher learned from a course titled, "*Death and Dying*," individuals will experience grief, loss, and change in a variety of different ways. From a course titled, "*Sociology of Aging*," the researcher learned that there are significant biological, psychological, and social changes we endure as we age that can lead to significant sources of stress if not managed properly. Providing support and resources to these individuals can alleviate distress and panic, making difficult situations more peaceful and comfortable for those coordinating care. The researcher wants to provide relief to those affected by the challenges of aging and caregiving. Additionally, the researcher feels motivated to give back to CRHP and the patients and families they serve because she believes that everyone deserves the highest possible quality of life.

Methodology

Identifying Agencies

The first step in identifying agencies was to determine the researcher's expectations when searching for agencies. Rural counties are naturally expected to have less home health care agencies than urban counties due to the small populations and widespread service area. Originally, the researcher expected to find at least ten agencies per county, but did not take in to account the differences between counties. The researcher adjusted expectations to find at least three agencies in rural counties which positively impacted the success of this project. The next step was to gather the existing resources to use as a basis for research. CRHP had a short list of

ten agencies in Mahoning County, a list titled, “*Private Duty Care List*,” containing twelve agencies in various counties, and an even smaller list titled, “*Home Health Companies*,” including six agencies. Nearly all of the information proved to be disorganized, inaccurate, and falsely represented. The majority of this research was conducted through Internet searches using the search engine Google. It was found that the search results varied depending on the wording of the inquiry used. For example, the results for, “home health care agencies in Carroll County, Ohio,” are different than, “Carroll County, Ohio home health care agencies.” Additionally, for more urban counties, the researcher located home health care agencies in specific cities, using searches like, “Home health care in Carrollton, Ohio,” and, “Carrollton, Ohio home health care.” It was soon evident that many states have identical names for cities and counties, so it was imperative to include “Ohio” in the search query. Lastly, once a search was entered, a Google Map appeared with many agencies around the area of inquiry. This visual allowed the researcher to view nearly all of the home health care agencies located within or near the city or county in question.

The remainder of the agencies were found through a wide variety of sources. At the beginning of the research, a small number of websites offering a city-specific lists of home health care agencies were found, but they soon proved to be inaccurate and out-of-date. Rather than relying on the information provided, the researcher made use of these websites to identify names of agencies, and then later searched Google directly with the agency name. Alternatively, the researcher utilized credible agency search platforms offered by Area Agency on Aging/Direction Home and the Better Business Bureau (BBB). While interning at CRHP, the researcher came across home health care agency brochures on the receptionist’s desk in the lobby. Additionally, the researcher collected a short series of small blue books titled, “*Senior*

Comfort Guide,” which are dated Summer/Fall 2019 and Winter/Spring 2020. These include an assortment of resources tailored to assisting the elderly, including home health care agencies (medical and non-medical), Adult Day Care, mental health services, funeral homes, hospice agencies, legal resources (estate planning, care management), medical equipment and transportation, assisted and independent living facilities, skilled nursing facilities, and many more senior service providers. Lastly, a small number of agencies were identified through practical experience with hospice patients, such as making a visit to a home patient receiving services from a home health care agency, hearing agency names in passing, seeing home health employees wearing their uniform and badges, and even seeing a home health care agency van while driving to make visits. After collecting agency names and some basic information, the researcher needed to make contact with an employee from each agency to explain the inquiry and collect more information about the agency.

Initiating Contact

The majority of the interaction between the researcher and the identified agencies was through telephone communication. For a social worker, establishing rapport is one of the first tasks in the engagement process. Building a professional relationship requires the social worker to speak in a way that is clear, encouraging, and non-threatening, and to observe the non-verbal reactions of the recipient (Sheafor & Horejsi, 2015). Building rapport and communicating in a digital setting is different than doing so in a face-to-face interaction because “messages can only be received and delivered by voice and without body language” (Sheafor & Horejsi, 2015, p. 149). Telephone communication relies solely on verbal components such as the paralanguage and syntax of the speakers. Paralanguage is the rhythm, pitch, loudness, and rate of speech, while the syntax is the vocabulary used (Miller, 2018). Additionally, when speaking on the phone, it is

important to introduce oneself, enunciate clearly, avoid multi-tasking, summarize what was said, and speak with sincerity in order to effectively communicate (Sheafor & Horejsi, 2015). Using this knowledge, the researcher made contact and used a similar greeting for all telephone calls, with an example as follows:

Hi there! My name is Deanna and I am a senior social work student at the University of Akron. I'm calling because I am creating a resource binder of local home health care agencies for my honors project, and I found your agency online. I collected some information, but I was wondering if I could briefly speak to someone so I can confirm that the information is accurate?

Making contact with agencies via telephone communication yielded several responses. When an employee was available to assist the researcher, the information was easily confirmed. When an employee was not available to assist at the present moment, the researcher provided their contact information and waited for a response. The researcher quickly learned to request employee contact information to attempt communication rather than to provide their personal information and wait for a follow-up as some agencies did not respond accordingly. Some employees could not provide specific information regarding accepted insurances and payment options, so the researcher commonly spoke to multiple employees in different departments to confirm the collected information.

Email correspondence was limited and used mainly for follow-up contact and to obtain a copy of the agency brochure. The greeting was similar to the one used for telephone communication, stating the personal introduction of the researcher and requesting specific information. If email was the sole method of contact to an agency, then all of the previously

collected information was listed to ask for confirmation and request supplementation of the missing information.

Collecting Agency Information

The researcher referenced previously collected brochures and individual agency websites to gather any public information about the agency prior to making contact. This allowed the researcher to efficiently confirm the accuracy of the collected information with the agency employee rather than requesting information that may have already been available to the public. Then, through the methods explained in the previous section, the researcher collected and confirmed the following information: agency name, website, counties served, address, office hours, telephone number, fax number, company email, main contact employee, services provided, accepted insurances and payment options, and a copy of the agency brochure. Agency brochures were requested to include a visual representation of the agency and its services. CRHP can easily locate the brochure in the resource binder and provide copies to their home patients as necessary. The researcher collected a total of twenty-two brochures. Six were found online, six were received via email, and ten were received through traditional mail services or located at the office of CRHP. Some agencies explained that they could not provide a website, company email, specific contact employee, or a brochure due to multiple reasons, including website and brochure reconstruction, effects of the COVID-19 pandemic, and other funding-related issues.

It was found that the processes of initiating contact and collecting agency information were significantly easier, faster, and more successful when there was information collected prior to making contact. Without the availability of public agency information, the researcher requested a greater amount of information directly from the employee. The telephone calls were significantly longer in duration, which may have impacted the compliance of the employees to

provide information and patiently assist the researcher. Additionally, the agency employees were more patient and more likely to offer information after learning that the researcher is a college student completing an honors project.

The researcher identified common themes found between the agency information and the process of initiating contact. The majority of home health care agencies have similar office hours from 8:00a.m. to 5:00p.m., Monday through Friday. Sixty-three agencies provide personal care, whereas only forty-five agencies provide skilled nursing services. Nearly all of the persons spoken to were female, representative of the female dominated careers of providing care. The initial contact was made Monday through Friday within the agency office hours. It was found that Wednesdays were most successful as most of the inquired agencies confirmed the information, but Mondays and Fridays were the least successful. Also noted, there was more success between noon and 5:00p.m. rather than soon after the agency opens, but it is difficult to identify concrete reasons why this theme arose without being subjective and making assumptions. It is possible that the beginning and end of the work day/week naturally becomes more hectic.

Documentation/Organization

The process of documentation was crucial to the success of this project. The researcher used three tabs on a Google Sheets document to organize the information about agencies, log working hours and project progress, and to record details about contact with the agency. Consistent between all tabs, the agencies were highlighted in various colors based upon the status of confirming information. A key has been included to assist the researcher with organization, although the highlights were removed in the final print of the binder. The key included five colors:

Tan: No contact made to agency.

Blue: Contact initiated; Awaiting follow-up or response.

Purple: Agency information confirmed; Formatting edits; Awaiting copy of brochure.

Red: Agency confirmed and completed.

Green: False agency; Do not include in final project.

The first tab, labeled “*Data*,” included the ten counties listed alphabetically, with the cities in each county following suit listed below. The agencies were placed in each county based upon the location of the office rather than their service area. Many agencies have multiple office locations and serve more than one county, so to make the binder more inclusive and reader-friendly, the researcher has included each office location in the respective county and city.

Within the raw data, the information was grouped in eight columns, labeled as the following: (1) County, (2) City, (3) Agency Name, Website, and Counties Served, (4) Address & Hours, (5) Contact Information, (6) Services Provided, (7) Payment/Accepted Insurances, and (8) Pamphlet Y/N (See Figure 1). Consistent formatting throughout each tab was crucial to ensure the research covered the necessary information.

Many of the services listed in Column 6 are broad descriptors of the interventions provided. It is imperative to define these services for both the reader and the professional to understand exactly what each agency provides.

1. *Skilled Nursing:* The agency employs Registered Nurses that offer skilled nursing services, including IV Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, or wound care.
2. *Medical Social Work:* The agency employs medical social workers that provide emotional support and ensure the needs of home patients and their families are being met.

3. *Home Health Aide:* The agency employs home health aides that assist with personal care, companionship, socialization, and homemaking services.
4. *Personal Care/Hygiene:* Includes assistance with basic needs such as hygiene, bathing, dressing, toileting, and feeding.
5. *Companionship/Socialization:* The agency focusses on social and emotional support by spending time with home patients aside from providing essential services.
6. *Respite Care:* The agency provides trained staff members to manage the patient's care while the caregiver and loved ones receive reprieve for personal time and self-care.
7. *Medication Reminders:* The agency employees prompt the patient to take their medication at the scheduled time.
8. *Homemaking Services:* Includes light housekeeping, laundry, cleaning, errands, walks, pet maintenance, meal planning and preparation, and mail and paperwork organization.
9. *Memory Care:* The agency offers specialized services and trained staff members to care for those with memory impairments such as dementia and Alzheimer's disease.
10. *Transportation:* The agency provides transportation to and from care units and errands.
11. *Hospice Services/End of Life Care:* The agency offers specialized services and trained staff members to assist and care for those at the end of their life.

It is important to note that the collection of agencies is a mixture of medical and non-medical home health care agencies. Medical home health care provides skilled nursing services, such as wound care and various therapies, while non-medical home health care provides personal care and homemaking services. Many medical home health care agencies provide personal care services in addition to skilled nursing services, but non-medical home health care agencies do not provide any skilled nursing services. The agencies in the binder are not organized by medical

and non-medical home health care agencies, but the list of services highlights if they provide skilled nursing services or not.

The second tab, labeled “*Time Log, Progress, & Ideas,*” includes the number of hours spent conducting research and a short description of the work contributed to the project on the specified date (See Figure 2). Small intermittent goals were identified between the researcher and project sponsor to keep the research on track with the final deadline. Ideas for conducting research, writing this essay, and compiling the final resource binder were included at the bottom of this tab for quick reference (See Figure 3).

The third tab, labeled, “*Agency Contact,*” included information about the date, time, and method of the contact made to the agencies, objective notes about the employee and material discussed, and subjective notes documenting the researcher’s personal experience of initiating contact (See Fig. 4). The county and city of the contacted agency was included to keep multiple locations distinct from one another. The objective notes included the name of the employee spoken to, the status of confirming the information, and a general summary of the conversation. The subjective log describing the researcher’s personal experience included the researcher’s feelings and reactions before, during, and after the communication with the agency. The status of obtaining an agency brochure was also noted on this tab describing the method used to receive it, such as a physical copy from the CRHP office, a physical copy from the mail, or a digital copy through email or found on the agency website. Additionally, the researcher documented when an agency was unable to send a copy of the brochure due to the COVID-19 limitations.

Creation of the Binder

The physical creation of the binder was a rewarding experience for the researcher. Using a personal touch, the researcher was able to professionally compile the data and aesthetically

organize it to be user-friendly. The binder is pink to easily locate it within the office, and is representative of the researcher's favorite color. Each county is distinctly labeled on separate pages in numbered tab dividers, bound by clear sheet protectors to enhance the durability of the binder (See Figures 5, 6, & 7). To reduce paper consumption, the agency brochures are organized and labeled using alphabetical tab dividers rather than duplicated for every location. The completed binder has been mailed to CRHP.

Limitations

The researcher identified several limitations that impacted the process of collecting information and creating the resource binder. First and foremost, the COVID-19 pandemic has significantly affected this research in multiple ways. Many of the employees spoken with were part of a skeleton crew at the office or were working remotely from home, so they did not have access to some of the information requested, such as a copy of the agency brochure. Additionally, some employees referred to their coworkers to confirm and provide information about the agency. This was not possible while working from home, so the researcher had to contact multiple employees at some agencies to retrieve the necessary information. For the researcher, collecting agency information was limited to digital interactions. The researcher had planned to visit some local agencies to collect information and brochures, but for the safety of the researcher and agency employees, no personal visits were made and communication was strictly technological.

Rural counties were expected to have fewer agencies than urban counties, but the researcher could not find any agencies located within Harrison county. As a solution, the researcher contacted the Harrison County Area Agency on Aging Region 9, Inc. to inquire about home health service in their area. The employee provided a list of county resources titled, "*Home*

and Community Based Resources,” that includes home health agencies serving Harrison county. The researcher included the full list in the final binder, with the home health agencies highlighted in yellow. The next limitation of this research was a lack of an internet presence for some agencies. This inhibited the researcher from collecting public information prior to making contact, so there was significantly more information requested from these agencies. The duration of these telephone calls was notably longer, which may have impacted the willingness of employees to assist the researcher and provide information. It should be noted that even when public agency information was available, some employees were not willing to provide information due to unknown reasons. The inaccurate and outdated information found online also inhibited the process of making contact. Agencies that are no longer in service have not updated nor removed their information. Google results sometimes proved to be unreliable when false telephone numbers were associated with an agency. Moreover, the researcher found that an agency phone number was a direct scam as the message stated the caller qualified for a free one-hundred dollar Walmart gift card. These results were misleading and potentially harmful to those seeking to receive home health care services, or those who are not technologically inclined, such as older adults. Scam callers are notorious for taking advantage of these individuals.

Another limitation of this research was the time of initial contact and access to a live employee. The telephone calls were generally made after noon during business hours, so the success of collecting information earlier in the day could not be measured or compared due to the limited data during that time. Additionally, most agencies closed by 5:00p.m., so the researcher was limited in terms of the available contact window. If the call was not answered by a live employee, then the researcher left a message providing personal contact information and an explanation of the inquiry. The integrity of the agencies to follow up affected the ability to make

contact and collect information. A single message on a general phone number can easily get lost among all other tasks of the agency. To combat this, the researcher learned to request contact information and direct voicemail boxes of the intended employee. This increased the likelihood of the agency returning contact and providing information.

General human error impacts the method of collecting agency information. Irrelevant information and agencies outside of CRHP's service area appeared when the researcher failed to include "Ohio" in the Google search inquiry. Furthermore, mis-typing phone numbers, addresses, and cities impacted the search results and ability to make contact. The researcher then confirmed the input more than once to ensure the correct agency was being contacted. It is important to note that the researcher is not under the same emotional duress as those searching for home health care for a loved one. It is likely that the search for agencies was easier, faster, and more successful for the researcher than it is for those coordinating care for a loved one who may be burdened with grief, confusion, unfamiliarity with technology, and information overload. "Automated answering and voice-mail systems can be confusing to callers as they may become frustrated and angry after listening to a recorded voice, selecting from a menu of options, and performing numerous dialing maneuvers" (Sheafor & Horejsi, 2015, p. 148). It is clear that this was a barrier for the researcher and likely is an issue for those seeking services. The final limitation of this research is measuring the success of the binder after the researcher's internship and undergraduate education terminates. While the researcher will remain in contact with CRHP, the future success of the resource binder cannot be formally recorded in this essay.

Existing Research

This research is an expansion of the existing efforts to provide patients and their families access to home health care resources. Two scholarly articles support this process with research

discussing the needs of caregivers and the effectiveness of resource binders. These studies suggest that there is a lack of information and education regarding available community resources, therefore impacting the quality of life for both the patients and their families.

Theilemann (2000) states that caregivers need three things: information on community resources, the patient's illness, and the physical needs of the patient. Correa (2017) suggests that accessible, up-to-date information on community resources enhances the quality of life for hospice patients. Many people are unaware of available resources and services that may aid in making end-of-life decisions, and providing these services is comforting for the families. "The quality of life for the patient and family decreases significantly if they are not aware of what is relevant to them," (Correa, 2017, p. 6).

Another article by Judge et al. (2011) remarks on the ease of locating resources, stating that accessing the needed services to address care needs for both the individual and the primary family caregiver is particularly challenging, with common issues such as understanding treatment options and medications, difficulty obtaining adequate diagnostic testing, and care- and illness-related strain. Lastly, Tang (2017) defines caregiving as "a complex, yet diverse, set of activities that often require timely, and sometimes intense, coordination and collaboration among multiple individuals" (p. 70). Miscommunication is likely when there are many people involved in care, thus increasing the likelihood of frustration, stress, and caregiver strains. This can be exasperated with long-distance caregivers as the physical space between the patient and caregivers limit the perceived effectiveness of locating and coordinating local services. Regardless of the type or duration of care, coordinating services is essential to the management of the patient's care. Additionally, Tang (2017) explains, "it can be especially challenging to coordinate care for patients who are suffering from highly debilitating diseases, like dementia,

who require around-the-clock care” (p. 70). This study helps the reader understand the role of caregivers, as well as the common challenges when coordinating care.

The researcher had difficulty locating scholarly articles that discussed the effects of having or not having access to community resources. The majority of existing data focusses on the utilization of these resources rather than the access to them, with broad statements such as, “It is challenging to access services,” and no further explanation. Also, within the studies, the resources were provided from healthcare professionals rather than independent coordination by caregivers and families of the dependent individual. The most prevalent condition discussed was dementia, though many of the studies were not condition-specific. Additionally, there was limited research specifically discussing resources for home health care patients. Despite these challenges, it is clear that existing research aligns with the motivations of this work and supports the need for accessible home health care resources.

This project promotes greater access to resources for both the employees at CRHP and the patients and families they serve. It also exposes the flaws in the current health care system. In addition, this project introduces a new topic of study: whether or not access to resources can impact stress levels, quality of life, and social work burnout. After evaluating the existing research, the researcher offers suggestions for further research. Perhaps a recommendation to agencies to provide accurate, up-to-date information is in order to ensure that home patients and their families are aware of what is available to them. In a society where technology continues to advance rapidly, it may be beneficial for agencies to represent themselves digitally to reach a larger number of those searching for home health care. A future research study may consider the relationship between the digital representation of an agency and the ease and stress levels associated with locating accurate agency information by those searching for services.

Additionally, quality of life could be a factor to consider in studying the availability of agency information and the search for locating agencies. Lastly, there could be a correlation between access to resources and a reduction in social work burnout. Future researchers may want to examine the commonality of practices that agencies use to provide their employees with resources and opportunities for self-care. Reasons for social work burnout should be discussed along with the evident numbers of social work burnout.

Outcomes

The ultimate outcome of this project is the completed, user-friendly *Home Health Care Resource Binder*. As a result, there are three groups of beneficiaries that have or are expected to benefit from this outcome. First and foremost, the home patients and families served by CRHP will benefit from the additional support and resources now available to them. The search for a loved one's care may be expedited and easier to accomplish with the assistance of the social workers using the resource binder, potentially leading to less stress in this particular situation. The patient's care team will be able to compare and contrast home health care options to select the most appropriate services. The home patients and their families may feel more prepared to transition to home health care and make informed decisions with the social worker in order to best care for the patient.

The second beneficiary is CRHP. The social work departments, and potentially other departments in the agency, will be able to utilize a collection of organized, up-to-date resources in their practice with patients and families. Providing this information and highly attentive care to patients and families will make it easier on them to maintain the highest possible quality of life, thus supporting the agency mission statement. The employees at CRHP will be better equipped to offer information and evidence-based resources as needed.

Finally, the third beneficiary is the researcher as a student, intern, and young professional. The researcher has enhanced her knowledge and skills, made connections to local agencies, and gained additional field experience. These benefits will be explained in depth in the Academic Impact portion of this essay.

The information and data in this resource binder is to be used under the discretion of CRHP. It is intended to be used privately by the hospice and palliative social workers to assist their patients and families in selecting a home health care agency. The data will not be presented publicly, but all CRHP employees are encouraged to use this information in their practice with patients. The completed resource binder has been delivered to CRHP in the mail, and will be placed in the hospice social work office for ease of reference.

Academic Impact

The completion of this project has not only benefited a talented agency of professionals and the patients and families they serve, but it has been quite an achievement for me and has served as an enveloping experience as an undergraduate social work student. In general, documenting on Google Sheets for the duration of the project has greatly enhanced my skills navigating a spreadsheet document as well as the Internet. Combining my honors research project with my field experience has impacted me in unexpected ways. I have gained significant practical experience and built upon my undergraduate knowledge in the many roles of a social worker, including a broker, advocate, researcher, organizer, teacher, and professional. Recognizing the need for accessible home health care resources and creating a solution is directly fulfilling the role of a broker (Sheafor & Horejsi, 2015). The role of an advocate is fulfilled by taking action to remove obstacles that are preventing a vulnerable population from receiving necessary services, such as providing patients and their families with access to agency information (Sheafor & Horejsi, 2015).

As a researcher and organizer, I have used the knowledge available about the local home health care agencies in each of the ten counties, and I have organized that data in a professional binder to use in practice. On a macro level, educating the public about the availability and quality of needed human resources through the construction of this resource binder fulfills the role as a teacher (Sheafor & Horejsi, 2015). Also acting as a broker and an educator, I have offered resources to the employees at CRHP and have educated them on how to utilize it, with the expectation that they will use this binder to carry out those roles with the patients and families they serve. Lastly, a social worker as a professional is expected to contribute to the expansion of the knowledge base of the profession (Sheafor & Horejsi, 2015). Providing CRHP with a resource binder and reflecting on prior research about access to community resources is directly fulfilling the role of a professional.

Additionally, I have had numerous opportunities to use a variety of skills and knowledge from my undergraduate social work classes. Because a considerable portion of my research was spent making phone calls to agencies, I have now increased my confidence and learned how to quickly build rapport over the telephone. Instead of communicating using body language and facial expressions, phone communication relies solely on tone of voice and word choice, and email communication is strictly word choice. This has encouraged me to become more aware of how I portray myself and my inquiries on the phone or through email. My networking skills have improved simply by being kind and inquiring about social work positions at each of the home health care agencies.

Because most of my practice experience is micro social work, I have reinforced my knowledge and skills in the perspective of macro social work, seeking solutions to the quality of life and well-being of a larger group of people. Knowledge and information from my social work

elective courses, *Death and Dying* and *Sociology of Aging*, was also considered while conducting research. I have learned about the processes, challenges, and different experiences of death and dying, as well as the effects of grief, loss, and change. These topics were explored in the *Sociology of Aging* course, which also covered biological, psychological, and social effects of aging. This knowledge of death, dying, and aging has helped me understand my research from a more personal perspective, empathizing with those who are experiencing grief, loss, and change of any kind while searching for resources online.

The final *Home Health Care Resource Binder* serves as a physical representation of my research efforts to use as an example of my accomplishments in my undergraduate experience. Completing this research project and the other requirements of the Williams Honors College has granted me honors status upon graduation, which is ideal when applying to graduate school or searching for an internship or employment. I have already been accepted into The University of Akron's Master of Social Work Program starting in June of this year. As a result of this project, I have become far more empathetic to those searching for resources to support their loved ones. I have seen firsthand how challenging it can be to locate and contact an agency to request services, yet I am not under the same emotional distress as those searching for home health care. I have familiarized myself with the resources available in several communities as well as the variety of care options for home patients, both of which I previously had little knowledge about.

Additionally, I have gained a greater understanding of home health care in general, such as what services are provided in medical or non-medical home care, and who is eligible to receive services. I was also able to learn more about insurances such as Medicare and Medicaid. The CDC reported that in 2004, "Medicare was the primary payment source for most home care patients (52 percent), followed by Medicaid (20 percent) and private sources (17 percent)" (NCHS, 2009).

While it is not guaranteed that these insurances will cover all home health care services, most agencies have at least one of these options available to their clients. My understanding of home health care was limited to serving those with terminal illnesses, but in reality, many home health care agencies serve individuals with special needs or a disability, individuals who need assistance managing chronic health conditions, individuals who are recovering from a medical issue, or aging individuals wishing to remain at home and live independently. In fact, the CDC reported that seventy percent of home health care patients were ages sixty-five and older (NCHS, 2009).

Not only do I feel proud of my accomplishments, but I have also gained a greater appreciation for the social work profession in this field of practice by directly fulfilling some of the roles and engaging in the work they do. I have a much better understanding of the time, knowledge, and effort they contribute to the betterment of their patient's lives, and I have extended my appreciation to CRHP by providing an additional tool to support their mission statement and meet the needs of the patients they serve. I feel a sense of accomplishment contributing to the agency and providing assistance to home patients and their families. Despite the COVID-19 safety regulations placed on the State of Ohio and the actions taken by the University of Akron to protect its students, I have been able to continue serving those in need and engaging in my internship through the efforts of my research. Interning at CRHP will always hold a special place in my heart, but I feel a stronger connection to the agency after presenting the resource binder directly to the social workers and other professionals I had worked so closely with for the past eight months. Furthermore, I feel more valued as an intern knowing that my research efforts will benefit the quality of life and well-being of home patients and their families served by CRHP, now and for years to come.

Conclusion

As the aging population is projected to significantly increase, the access to home health care resources should be increased to support the idea of aging in place and to prepare for better health outcomes of these individuals. The creation of the final *Home Health Care Resource Binder* has been an extraordinary learning experience for the researcher and is expected to benefit the social workers at CRHP and the patients and families they serve. The current resource deficit at CRHP provided an opportunity for the researcher to gain experience fulfilling the roles of a social worker while positively impacting the aging population through access to up-to-date home health care resources and options. It is predicted that this binder will provide the patient's care team with security, support, and autonomy to make crucial health care decisions and to maintain the patient's quality of life. Throughout the process of identifying agencies, making contact, collecting information, and organizing it into user-friendly binder, the researcher gained a greater understanding of the challenges of coordinating care, which can be exasperating for someone in the role as a caregiver for a dependent individual. Finally, this project may serve as a suggestion to home health care agencies to verify their public information and a recommendation to agencies employing social workers to assess the current resources available to their employees.

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Figure 1

Tab One: Data

County	City	Agency, Website, & Counties Served	Address & Hours	Contact Information	Services Provided	Accepted Insurances	Pamphlet Y/N
Wayne County							
Wayne	Apple Creek						
Wayne	Burbank						
Wayne	Congress						
Wayne	Dillon						
Wayne	Doy/estown	Balance HHC Website: www.balancehhc.com Counties Served:	122 Calabone Road, Suite #1482 Doy/estown, OH 44230 Hours: Monday through Friday 9:00AM - 5:00PM	Phone: (234) 249-4422 Fax: (234) 249-4422 Email: info@balancehhc.com Speak to:			
Wayne	Frankston						
Wayne	Marshallville						
Wayne	Mount Easton						
Wayne	Oroville						
Wayne	Stevens						
Wayne	Smithville						
Wayne	West Salem						
Wayne	Wooster	Companions Home Care Website: www.companionshomecare.com/home-care Counties Served: Wayne, Ashland, Richland, and Erie	470 East Wilbom Road, Suite A Wooster, OH 44691 Office Hours: Monday through Friday 8:00AM - 4:00PM Saturday & Sunday: By appointment	Phone: (330) 001-1033 Fax: (419) 281-2237 Email: companionshomecare@gmail.com Speak to:	- 24 Hour Home Care - Personal Care/Hygiene - Meal Preparation - Homemaking Services - Supervision - Memory Care - Personal Care/Hygiene - Medication Management - Transportation - Companionship - Housekeeping/Laundry - Errands/Shopping - Mobility Assistance - Social Nursing - Physical Therapy - Occupational Therapy - Speech Therapy - Home Health Aide - Medical Social Worker - Personal Care/Hygiene - Homemaking Services - 24/7 Care	- PASSPORT - Private Pay - \$17.00 per hour (excluding Holiday) - Medicare - Medicaid - VA Benefits - Workers' Compensation	yes/small
Wayne	Wooster	Trinity Home Health Care and Assisted Living Website: www.trinityhomehealthcare.com Counties Served: Medina and Wayne	2853 Cleveland Road, Wooster, OH 44691 Hours: Monday through Friday 9:00AM - 5:00PM	Phone: (330) 345-8111 Fax: (330) 345-8111 Email: info@trinityhomecare.com Speak to: Julie Maxwell			yes/online
Wayne	Wooster	Wooster Community Hospital Home Health Services Website: www.wcoosterhospital.com Counties Served: Wayne, parts of Medina, Ashland, Holmes	1761 Beal Avenue Wooster, OH 44691 Hours: Monday through Friday 8:00AM - 4:30PM	Phone: (330) 263-8898 Fax: (330) 263-8941 Email: info@wcoosterhospital.com Speak to:			yes/small
Wayne	Wooster	Visiting Angels Living Assistance Services Mac-Ohio Website: www.visitingangels.com Counties Served: Wayne, Richland, Ashland, Knox, Morrow and Crawford	127 E Liberty Street, Suite #370 Wooster, OH 44691 Hours: 24/7 On-Call Office Hours: Monday through Friday 8:00am - 5:00pm	Phone: (330) 845-4004 Fax: (419) 820-8893 Email: info@visitingangelsmac-ohio.com Speak to:	- 24/7 Home Care - Personal Care/Hygiene - Meal Preparation - Homemaking Services - Supervision - Memory Care - Personal Care/Hygiene - Medication Management - Transportation - Companionship - Housekeeping/Laundry - Errands/Shopping - Mobility Assistance - Social Nursing - Physical Therapy - Occupational Therapy - Speech Therapy - Home Health Aide - Medical Social Worker - Personal Care/Hygiene - Homemaking Services - 24/7 Care	- Private Pay - Some Long Term Care Insurances - Some Medicare Part B Plans	yes/online

Note. This figure is a snapshot of Wayne County displaying the eight column organization and the colors used to track data completion.

Figure 2

Tab Two: Time Log and Progress

	A	B	C
1	Date & Time	Additions	Goals
2	3.0 hrs 01/13/2020	Find agencies, use inaccurate websites to identify agency names	
3	1.5 hrs 02/03/2020	Add all cities to counties, identify agencies	
4	2.0 hrs 02/05/2020	Confirmed websites, added information for agencies. Meeting with Diana.	GOAL: finish confirming current agencies. GOAL: add more agencies to Medina and Portage. GOAL: make at least 5 phone calls.
5	1.0 hrs 02/09/2020	Confirmed websites, added information for agencies.	
6	1.25 hrs 02/10/2020	Made calls to eight agencies in Carroll, Harrison, and Mahoning Counties. Left messages and confirmed info.	
7	0.25 hrs 02/11/2020	Received call from agency.	
8	1.50 hrs 02/12/2020	Added agencies Meeting with Diana. Discussed common themes found and points of consideration.	GOAL: Continue adding and confirming agencies GOAL: make 5 phone calls
9	1.50 hrs 02/13/2020	Added agencies from brochures at CRHP.	
10	7.0 hrs 02/19/2020	Found agencies through pamphlets, lists, and blue booklet. Found websites and collected info.	GOAL: Finish adding agencies Classify medical vs non-medical?
11	5.0 hrs 02/25/2020	Added multiple locations to list directly in each county they belong. Confirmed info on websites, added agencies.	Question: How to display multiple locations. GOAL: search Direction Home and BBB directory.
12	1.5 hrs 02/26/2020	Continue adding multiple locations. Continue finding agencies and adding them from outside resources. Meeting with Diana.	
13	2.5 hrs 03/04/2020	Finished confirming existing agencies. Added additional agencies. Meeting with Diana. Discussed timeline, discussed implications of search on family and patients. Discussed google searches and query.	GOAL: Identify timeline from now to spring break. GOAL: Add sufficient amount of agencies in each county. GOAL: Make phone calls to confirm info and collect brochures.
14	1.0 hrs 03/18/2020	Identified more agencies via Google in empty counties.	
15	1.0 hrs 03/19/2020	Identified more agencies via Google in empty counties.	GOAL: Finish research by Monday. GOAL: Start phone calls.
16	3.0 hrs 03/21/2020	Identified more agencies via Google in empty counties.	
17	1.0 hrs 03/22/2020	Identified more agencies via Google in empty counties.	
18	2.5 hrs 03/23/2020	Phone calls in several counties.	
19	3.25 hrs 03/24/2020	Phone calls in Stark and Mahoning Counties.	
20	5.25 hrs 03/25/2020	Phone calls in Mahoning and Medina Counties.	
21	4.0 hrs 03/30/2020	Phone calls in Portage, Stark, and Summit Counties. Collected brochures. Created essay outline.	
22	2.5 hrs 04/01/2020	Follow up phone calls Phone calls in Stark County. Saved brochures.	
23	3.5 hrs 04/02/2020	Phone calls in Stark County	

Note. This figure displays the top of tab two, listing the number of hours contributed to the project on specified dates. A brief summary of the project progress is included, as well as a list of intermittent goals to guide the researcher.

Figure 3

Tab Two: Ideas for Research and Essay

20		
21	Search Tips:	
22	Find direct agency websites.	
23	Utilize BBB and Direction Home directory.	
24	Google search both "home health care cleveland" and "cleveland home health care"	
25	Other Tips:	
26	Make phone calls during office hours, avoid Monday and Friday	
27	There are six weeks until spring break. Create timeline.	
28	Networking at Rethinking Race event or the Social Work Career Fair	
29	Essay Tips:	
30	Write a narrative log for each phone call, including: Ease to make contact, first impressions, surprises, how welcoming they were, and how I felt afterwards. Consistent themes - by county or area? Hours, services, difficulty for specific needs?	
31	Phone presence & skills, building rapport	
32	Importance of my project to patients/family. Out of service agencies - real struggle for families trying to coordinate care. Implication of agency - how can they stand out to be chosen for care needs?	
33	Integrity of the agency to follow up.	
34	Emotional components - coordinating care is difficult and taxing. Think about phone call for admissions - agencies often have long menus to chose a department	
35	Unreliable information everywhere. How are clients supposed to locate the proper agency and phone number?	
36	Websites are incomplete, lacking, bare, or just TMI. Some places don't even show up on Google. Internet presence – also think who will be seeking services? Are they tech savvy?	
37	Digital implications of CRHP and the presentation of my project.	
38	Should request follow up information in case I do not hear back.	
39	Methodology - Where did I find sources? Reliability? 1. Google search queries: "home health care agencies in _____ county" Or "home health care agencies in _____, OH" - Organic searches. Internet is such a large domain - be specific "Home Health Care Wayne County Ohio" 2. Pamphlets at CRHP in lobby 3. Facilities - pamphlets, staff (shirts and badges that say home health) 4. Senior Comfort Guide (blue book) 5. BBB Directory 6. Direction Home Directory	
70	Methodology - How did I organize them? 1. By county/city 2. Based on office location 3. Alphabetically 4. Capitalization/consistent formatting 5. How to word specific services "Personal Care" vs "Homemaking Services" vs "Hygiene"	
71	Methodology - How did I organize everything else? Time log/narrative logs Definitions in the finished binder of services. Which services are included in personal care/homemaking versus skilled nursing.	
72	Guidelines and expectations for counties - Rural won't have same amount as urban. Learning to set cutoffs and boundaries.	
73	Academic Impact Tips	
74	Importance of project to agency, to client, to myself as student Networking, Macro perspective	
75	Challenges in research/Limitations: - Wrong/take info - Lack of info - Wrong location (not Ohio) - No website (My generation vs who is searching for resources) - Lack of update about closures, relocations - Scope of project/personal motivation - Organization - Access to live employee to quickly confirm info - Clients are in distressing situation, I am not, does that impact my research? - Write about COVID-19 Pandemic!	
76		
<div style="display: flex; justify-content: space-between; align-items: center; background-color: #f0f0f0; padding: 5px;"> + ☰ Data ▾ Time Log, Progress, & Ideas ▾ Agency Contact ▾ </div>		

Note. This figure displays the bottom of tab two, listing the ideas for conducting research, writing the essay, and compiling the final resource binder.

Figure 4

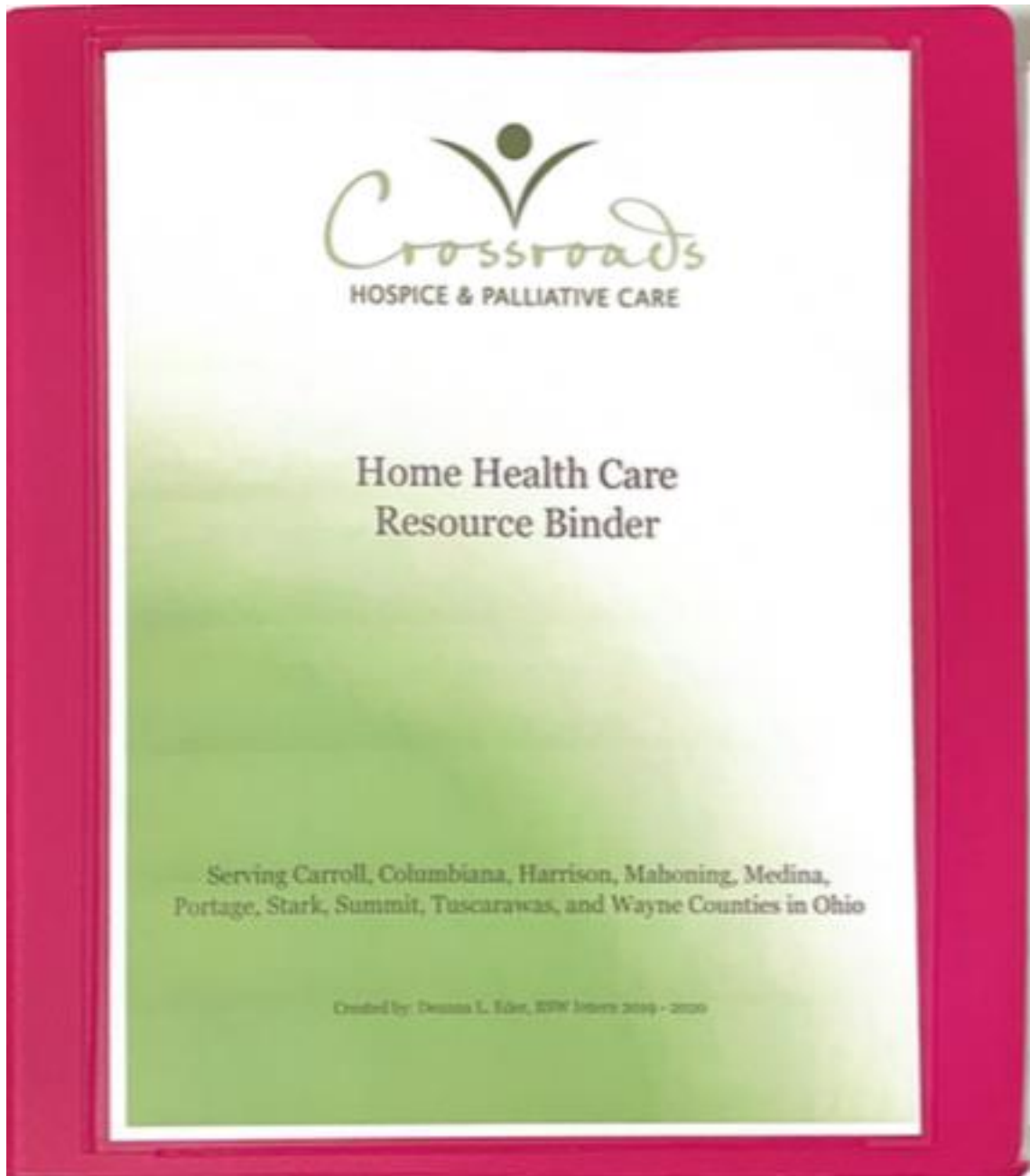
Tab Three: Agency Contact

1	2	3	4	5	6
County	Date Contact	Agency	Objective Notes	Priority	Subjective Notes
7 Crawford Canton	02/11/2020 Phone 1:30PM	Crawford County Nursing Home Assocation	Spoke with Crystal Dalarno - Administrator Confirmed info.	Coming in mail to Alton. Received in mail.	Needed to make first call. Confirmed the info quickly with no iterations.
8 Crawford East Liverpool	02/11/2020 Phone 12:30PM	Ohio Valley Home Health Services, Inc New website for East Liverpool Home Health	Left message for Richard the Director explaining my inquiry. Received call back from Richard. Confirmed info.	Coming in mail to Alton. Received in mail.	Sturdy vocalmail. Conversation went smoothly and quickly. Most of the calls I've made so far. Richard was patient and kind.
9 Harrison Clerks	02/11/2020 Phone 12:45PM	Harrison Community Hospital Home Health Agency	Left message for Director of Nursing explaining my inquiry and asking for contact info. Received immediate call back. This is an agency in Honduras, not Ohio. Ohio location is a hospital that does not provide home health care. Will not include.	N/A	Sturdy vocalmail, but better than the last one. Initial contact employee was rude. Quickly referred to Director of Nursing. A little disappointing but I had another about finding information online about it. Will look for that agency in Ohio.
10 Harrison Troy OH/7	02/11/2020 Phone 1:03PM	Trusted Homecare Solutions LLC	Spoke with a person. It was Trusted Homecare Solutions, but apparently not in Ohio. It was very hard on her and very difficult to understand her. I googled the agency and found that called Crawford County in Georgia. Left message for the coordinator. Explained my inquiry. Received immediate call back from Beth. She was in Columbus County, near Athens. Confirmed info.	N/A	More confident vocalmail, a little rambling. Spoke slowly and clearly with Beth. Had a nice feel, confident atmosphere. Should I include? Should I follow up? Will not include since they do not provide home health services. Surprised that the first speaker was the person confirming the info. Beth was very patient and kind. Easiest confirmed information. Shelby was patient and kind. Easiest confirmed information.
11 Madison Auradawn	02/11/2020 Phone 1:30PM	All Home Care Services	Spoke to Kathy. This agency does not have home health services anymore. They have DME (Durable Medical Equipment). Will not include.	Coming in mail to Alton. Received in mail.	Should I include? Should I follow up? Will not include since they do not provide home health services. Surprised that the first speaker was the person confirming the info. Beth was very patient and kind. Easiest confirmed information. Shelby was patient and kind. Easiest confirmed information.
12 Madison Auradawn	02/11/2020 Phone 2:15PM	Community Home Medical	Spoke to Kathy. This agency does not have home health services anymore. They have DME (Durable Medical Equipment). Will not include.	N/A	Will not include since they do not provide home health services. Surprised that the first speaker was the person confirming the info. Beth was very patient and kind. Easiest confirmed information. Shelby was patient and kind. Easiest confirmed information.
13 Madison Auradawn	02/11/2020 Phone 2:30PM	Ohio Choice Home Health	Spoke with Shelby - Ohio Manager. Explained my inquiry and confirmed info.	Saved on browser from website.	Will not include since they do not provide home health services. Surprised that the first speaker was the person confirming the info. Beth was very patient and kind. Easiest confirmed information. Shelby was patient and kind. Easiest confirmed information.
14 Madison Auradawn	02/11/2020 Phone 2:45PM 02/23/2020 Phone 2:15PM		Left message on the main line. Explained inquiry and encouraged call back. Left another message on main line. Explained inquiry and encouraged call back. Left one more message explaining my troubles contacting. Left email. Will not include if there is no follow up. Spoke to Dawn Fields. Explained my inquiry and confirmed/confirmed info. Awaiting Email with accurate info and contact.	N/A	Confident once again on my phone skills. Frustrated by the lack of communication.
15 Columbiana Salem	02/11/2020 Phone 3:03PM	Cardella Home Health Care	Left message for HR person Tracy Spangler (she is at home). Explained my inquiry and encouraged a call back to confirm info. Tracy followed up via email. Sent her my inquiry and awaiting response. Info confirmed. Waiting for follow up about payment method. Sent a follow up email asking Sharon for insurance and Tadi for products. Called Salem office. Kim Andrews said to call Canton office to confirm info. I received email and contact employee for this office.	Email if possible.	Dawn and Rosemarie were very sweet and attentive. Tracy was very helpful and quick to provide information. Contacting information was easy.
16 Columbiana Salem	02/24/2020 Phone 2:03PM		Left message for HR person Tracy Spangler (she is at home). Explained my inquiry and encouraged a call back to confirm info. Tracy followed up via email. Sent her my inquiry and awaiting response. Info confirmed. Waiting for follow up about payment method. Sent a follow up email asking Sharon for insurance and Tadi for products. Called Salem office. Kim Andrews said to call Canton office to confirm info. I received email and contact employee for this office.	Coming via email. Received via email. Saved on computer.	Confident in phone skills, did not stutter and said message clearly and professionally. Tracy was very kind and quick to provide information. Contacting information was easy.
17 Columbiana Salem	03/23/2020 Phone	MMI Homecare Inc	Left message for HR person Tracy Spangler (she is at home). Explained my inquiry and encouraged a call back to confirm info. Tracy followed up via email. Sent her my inquiry and awaiting response. Info confirmed. Waiting for follow up about payment method. Sent a follow up email asking Sharon for insurance and Tadi for products. Called Salem office. Kim Andrews said to call Canton office to confirm info. I received email and contact employee for this office.	Coming via email. Received via email. Saved on computer.	Confident in phone skills, did not stutter and said message clearly and professionally. Tracy was very kind and quick to provide information. Contacting information was easy.

Note. This figure illustrates the third tab, documenting the date, time, and method of contact to agencies, as well as objective and subjective notes of the contact made. A column dedicated to the status of obtaining an agency brochure is included.

Figure 5

Photo of Binder Front



Note. This figure highlights the hot pink hue of the completed binder, including a cover page specific to CRHP displaying their logo and trademark color.

Figure 6

County Tab Dividers



Note. This figure illustrates the colored tab dividers used to label each county in numerical order.

Figure 7

County Data Bound by Clear Sheet Protector

Office DEPOT®

COLUMBIANA COUNTY

City	Agency, Website, & Counties Served	Address & Hours	Contact Information	Services Provided	Accepted Insurances	Pamphlet
East Liverpool	East Liverpool Home Health Formerly known as: Ohio Valley Home Health Services, Inc. Website: http://www.ovhh.org/ Counties Served: Columbiana, and northern Jefferson County	15149 State Route 175, Suite 7 East Liverpool, OH 43020 Office Hours: Monday through Friday 8:00AM - 4:30PM	Phone: (330) 385-2332 Or (800) 428-3434 Fax: (330) 385-9034 Email: ovhh@omhhealthcare.com	<ul style="list-style-type: none"> - 24/7 On-Call Skilled Nursing - 24/7 Monitoring of Patient Vital Statistics - Skilled Home Health Aides - Personal Care/Programs - Physical Therapy - Occupational Therapy - Speech Therapy - Medical Social Workers - Registered Dietitians - Adult Day Care - IV Therapy - Medication Management - In Home Lymphedema Therapy - Certified Wound Care Nurses 	<ul style="list-style-type: none"> - Medicare HMO Plans - Medicare - Medicaid - Private Insurances - Private Pay 	Yes
Salem	Care4Me Home Health Care Website: http://www.care4me.net Counties Served: Mahoning, Columbiana, Stark, and Carroll	2400 Southeast Boulevard, Suite B Salem, OH 44450 Hours: 24/7 On-Call Office Hours: Monday through Friday 8:30AM - 5:00PM	Phone: (330) 422-0325 Fax: (330) 422-9625 Email: jrh@care4me.com Speak to: Dawn Fries	<ul style="list-style-type: none"> - Home Health Aides - Skilled Nursing - Personal Care/Programs - Homemaker Services - Physical Therapy - Occupational Therapy 	<ul style="list-style-type: none"> - Ask about accepted insurances - Medicare - Medicaid - Aetna - Anthem - Cigna - Elevance - Humana - Medical Mutual - CardioSource - United Health-Care - TriCare Health-Care - Workers Compensation 	No
Salem	MVI Homecare Inc Website: https://www.mvhomecare.com Counties Served: Columbiana, Trumbull, Mahoning	2350 E. State Street, Suite H Salem, OH 44450 Office Hours: Monday through Friday 8:30AM - 5:00PM Saturday 8:30AM - 1:00PM	Phone: (330) 532-1272 Fax: (330) 758-8064 Speak to: Tracy Szymanski - Human Resource Manager Referrals ask for: Intake Department Please call Carroll Office for Referrals Phone: (330) 587-5587 Email: mvhome@mvhomecare.org Speak to: Mary Cervase	<ul style="list-style-type: none"> - Skilled Nursing - In-home Therapy - Hospice Care - Rehabilitation 	<ul style="list-style-type: none"> - Medicare - Medicaid - Aetna - Anthem - Cigna - Elevance - Humana - Medical Mutual - CardioSource - United Health-Care - TriCare Health-Care - Workers Compensation 	No
Salem	Your Home Court Advantage LLC Website: https://www.yourhomecour Advantage.com Counties Served: Summit, Columbiana, Stark, and Tuscarawas	1098 E. State Street, Suite B Salem, Ohio 44450 Hours: 24/7 On-Call Office Hours: Monday through Friday 8:00AM - 5:00PM	Phone: (330) 320-4233 Fax: (330) 320-4061 Email: kautino@homecour.org Speak to: Kim Audino	<ul style="list-style-type: none"> - Home Health Aides - Personal Care/Programs - Hospice Services - Companionship - Respite Care - Hospice Care - Medication Management - 24/7 Care - Personal Care/Programs - Medication Refinders - Hospice Support - Meal Preparation - Light Housekeeping - Errands, Shopping, Walks - Doctor Visits - Companionship - Respite Care 	<ul style="list-style-type: none"> - Medicaid - PASSPORT - VA Benefits 	No
Salem	Visiting Angels Living Assistance Services of Salem Website: https://www.visitingangels.com/team Counties Served: Columbiana, Mahoning, and parts of Stark	1235 East Pilgrimage Road, Suite A Salem, OH 44450 Hours: 24/7 On-Call Office Hours: Monday through Friday 8:00AM - 4:00PM	Phone: (330) 332-1333 Fax: (330) 332-3451 Email: visitingangels@vancor.com	<ul style="list-style-type: none"> - 24/7 Care - Personal Care/Programs - Medication Refinders - Hospice Support - Meal Preparation - Light Housekeeping - Errands, Shopping, Walks - Doctor Visits - Companionship - Respite Care 	<ul style="list-style-type: none"> - Long Term Care Insurance - Private Pay 	Yes

Note. This figure illustrates the format used to display the agencies per county and the use of clear sheet protectors to enhance durability. The figure depicts Columbiana County.