



OHA fielded surveys to current and former employees of Providence Home Health and Hospice in Oregon and Washington. The Oregon survey is reproduced below. If you are a current or former employee of Providence Home Health and Hospice in Oregon or Washington and did not receive an invitation to complete the survey, please email hcmo.info@oha.oregon.gov.

Providence Home Health and Hospice Employee Survey, Oregon

What is this survey for?

Oregon Health Authority (OHA) is currently reviewing a [proposed joint venture](#) between Providence Oregon and Compassus whereby Compassus will become a 50% owner and take over the management of Providence's home health and home hospice operations in Oregon. OHA wants to understand how the change may impact Providence's home health and hospice operations, staff, and services in Oregon.

Who should complete this survey?

OHA is looking to hear from:

- Anyone who is currently working for Providence Home Health and Hospice (including home health, home hospice, and home-based palliative care) in Oregon.
- Anyone who recently (since November 2024) worked for Providence Home Health and Hospice (including home health, home hospice, and home-based palliative care) in Oregon.

How will my responses be used?

OHA wants to assure you that your responses to the survey below are completely anonymous, meaning that your responses will not be linked to your personal information or identity *unless* you voluntarily offer personal or contact information in any of the comment fields.

OHA will use your responses to inform its review of the proposed transaction. OHA will combine your responses with many others to further protect your anonymity and may include a summary of combined survey responses, including quotes, in future reporting. In the event OHA receives a public records request for all survey responses, anonymized responses will be supplied to the requestor to protect your identity.

If you would like to provide additional information confidentially to OHA, or if you have any questions about this survey, please email hcmo.info@oha.oregon.gov. To learn

more about OHA's review, visit the review [webpage](#). OHA will post the below questions as a PDF on the transaction [webpage](#).

Please only fill out the survey **one** time.

A. Your current or recent role

OHA would like to know about the type of work you currently do or previously did for Providence Home Health and Hospice in Oregon.

1. Please characterize your current or most recent primary role at Providence Home Health and Hospice by checking all the boxes below that apply. If other, please specify
 - ☐ Direct/front-line patient care (RN, LPN, LVN, PT, OT, SPT, Home Health Aide, Hospice Aide, social worker, bereavement counselor, etc.)
 - ☐ Clinical operations (clinical intake/scheduling, care coordination, clinical administration, coordination, or management)
 - ☐ Executive/director level management of clinical operations (chief, executive director, director, medical director)
 - ☐ Administrative (finance/accounting, legal/compliance, marketing, HR, IT, etc.)
 - ☐ Other. Please specify _____.
2. Which service line does/did your role primarily involve? Check all the boxes below that apply to you. If other, please specify.
 - ☐ Home health care
 - ☐ Home hospice care
 - ☐ Palliative care
 - ☐ Other (please specify) _____.
3. Please choose the statement that reflects your current employment status with Providence Home Health and Hospice. If other, please explain your employment status.
 - ☐ I am a current employee of, or otherwise work for, Providence Home Health and Hospice in Oregon.
 - ☐ Within the last six months, I was employed, or otherwise worked for, Providence Home Health and Hospice in Oregon but have since voluntarily left this position.
 - ☐ Within the last six months, I was employed, or otherwise worked for, Providence Home Health and Hospice in Oregon but have since involuntarily left this position.
 - ☐ None of the above
4. If you are currently an employee of Providence Home Health and Hospice, how long have you been working for Providence? (Please include all employment with Providence St. Joseph Health.)

- _____ years, _____ months **[short answer]**
5. How many hours do you typically work per week? **[short answer]**
6. Overall, how satisfied are/were you with your current or most recent job at Providence?
- ☐ Very dissatisfied
 - ☐ Somewhat dissatisfied
 - ☐ Neither satisfied or dissatisfied
 - ☐ Somewhat satisfied
 - ☐ Very satisfied

B. Communication from Providence and Compassus

7. I have received timely and clear information from Providence and/or Compassus leadership about what changes to expect if Compassus takes over management of home health and hospice services in Oregon.
- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Neutral
 - ☐ Agree
 - ☐ Strongly agree
 - ☐ Not applicable
 - ☐ Prefer not to answer
8. My questions and concerns about changes that might occur if Compassus takes over management of home health and hospice services in Oregon have been adequately addressed by either Providence or Compassus.
- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ Neutral
 - ☐ Agree
 - ☐ Strongly agree
 - ☐ Not applicable
 - ☐ Prefer not to answer
9. What types of changes *has Providence or Compassus told you* to expect if Compassus takes over management of home and health hospice operations in Oregon? Please indicate whether you have been told to expect no change, minor changes, or major changes in each of the below listed areas.

	No Change	Minor Changes	Major Changes	No information provided	Don't know/Not applicable
Patient care protocols					
Patient enrollment					

Patient discharge					
Range of services offered to patients					
Agency locations					
Staffing in your department/unit					
Care coordination/case management					
Quality management					
Organizational structure					
Suppliers of products or services					
Electronic Medical Record systems					
Pay					
Benefits					
Scheduling/ expected weekly hours					
Number of patients under your care					
Time you spend caring for patients					
Administrative workload					
Overall workload					

10. Please share any additional thoughts or comments around communication from Providence or Compassus leadership about the proposed change of management to Compassus. **[long answer]**

C. Outlook on the proposed change in management

11. What is your general feeling about the proposed change in management to Compassus?

- ☐ Very negative
- ☐ Somewhat negative
- ☐ Neutral
- ☐ Somewhat positive
- ☐ Very positive
- ☐ Don't know
- ☐ Prefer not to answer

12. What do you believe *will change* (if anything) if Compassus takes over management of home health and hospice operations in Oregon? Please indicate any change you believe will happen for each area listed below.

	Gets worse	Stays the same	Gets better	Not sure	Not applicable
Patient care and services					
Patient outcomes (e.g., readmissions)					
Patient safety					
Patient experience					
Availability of specialized services					
Availability of services in rural areas					
Working conditions					
Level of staffing					
Number of patients under your care					
Time you spend caring for patients					
Administrative workload					
Overall workload					
Pay					
Benefits					

13. Please share any additional information on concerns you may have if Compassus takes over the management of home health and hospice operations in Oregon. **[long answer]**

14. I believe the proposed change in management will help me to do my job well.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree
- ☐ Not applicable
- ☐ Prefer not to answer

15. I believe my job satisfaction will _____ if Compassus takes over management in Oregon.

- ☐ Decrease
- ☐ Stay the same
- ☐ Increase
- ☐ Don't know
- ☐ Not applicable
- ☐ Prefer not to answer

16. I am *considering* leaving my job due to concerns about Compassus taking over the management of Providence's home health and hospice services in Oregon.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Not applicable
- ☐ I have already left due to concerns about Compassus taking over

17. If your response to question 16 was "yes", or "I have already left...", what kinds of concerns are causing you to consider leaving your job or caused you to leave?

Please check all that apply.

- ☐ Increased workload
- ☐ Reduced pay or benefits
- ☐ Staffing changes
- ☐ Reduced job satisfaction
- ☐ Diminished quality of care
- ☐ Other

18. If your response to question 17 was "other", please share the reason(s) you are considering leaving or have already left your job. **[long answer]**

19. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

20. Are there any other thoughts you would like to share with OHA? **[long answer]**