Data for Improvement and Clinical Excellence (DICE)

Post-Feedback Report Survey

General Information and Instructions:

BEFORE COMPLETING THIS SURVEY, please make sure you have received a copy of the feedback report that was distributed in your unit last week. If not, ask for a copy from the Research Assistants administering this survey and take a few minutes to have a look at it.

This is an anonymous survey. None of the questions in this survey let us know who you are, and we are not asking you to identify yourself.

This survey has three sections:

Section A asks you some questions about yourself - which unit you work on, what your job title is, and how long you have been working in this area. We ask these questions so that we can compare answers among people who work in different jobs and on different units.

Section B asks you about the DICE feedback report that was distributed in your facility a week ago. We ask about how much of the report you read, understood, and how useful you felt it was. We also ask several questions to find out how you think you might use the information in the reports. If you work on or cover more than one unit in your usual work, please respond to the questions in this section based on the reports for all units. Otherwise, please respond to the questions in this section based on the report for the unit you usually work on.

Section C asks questions about whether you plan to change any of the ways you find out if a resident is having pain, which only applies to people who give direct care to residents.
Section A: A few questions about you

1. Which unit do you work on? (Check ONE if you usually only work on one unit; if you usually work on several units-- for example, as a recreational therapy assistant-- then check ALL that apply)
   _____ a. Unit 1
   _____ b. Unit 2
   _____ c. Unit 3
   _____ d. Other (Please specify): ________________________________

Answer Question 2 only if you usually work on several units

2. In which unit do you work on MOST OF THE TIME or the unit you are MOST FAMILIAR with? (Check ONE answer.)
   _____ a. Unit 1
   _____ b. Unit 2
   _____ c. Unit 3
   _____ d. Other (Please specify): ________________________________

3. What is your position title? (Check ONE; if you have more than one position, check the one that you work most often)
   _____ a. Care Manager
   _____ b. Registered Nurse
   _____ c. Licensed Practical Nurse
   _____ d. Health Care Aide/Personal Care Attendant
   _____ e. Social Worker
   _____ f. Physical Therapist/Assistant
   _____ g. Recreational Therapist/Assistant
   _____ h. Occupational Therapist/Assistant
   _____ i. Pharmacist
   _____ j. Dietitian
   _____ k. Other (Please specify): ________________________________

4. How long have you been working in long term care?
   If more than 1 year, how many years? _________
   or
   If less than 1 year, how many months? _________

5. How long have you been working on this unit?
   If more than 1 year, how many years? _________
   or
   If less than 1 year, how many months? _________
Section B: What do you think about the DICE feedback report?

We distributed a report that shows information about residents on your unit based from the RAI-MDS 2.0, the system that is used to collect data about residents in nursing homes every three months.

If you work on or cover more than one unit, please answer these questions based on the feedback reports for all the units you work on or cover.

1. Did you receive the report(s)? (Check ONE answer.)
   - a. Yes
   - b. No (Ask for a copy(s) to look at to complete this survey)

2. For which unit(s) did you receive the report?
   - a. Unit 1
   - b. Unit 2
   - c. Unit 3
   - d. Other (Please specify):

3. How much of the report did you read? (Check the letter that reflects how much of the report(s) you’ve read; check ONE answer.)
   - a. Less than half
   - b. About half
   - c. More than half
   - d. All of it

4. How well do you feel you understood the information that was in the report(s) about residents on your unit? (Check the letter that fits how well you understood the information; check ONE answer.)
   - a. Less than half
   - b. About half
   - c. More than half
   - d. All of it

5. How useful did you find the report? (Check ONE answer.)
   - a. Not useful
   - b. Somewhat useful
   - c. Useful
   - d. Very useful
6. Do you think the report showed that your unit is doing well or not? (Check ONE answer.)

If you are working on more than one unit, think of the unit you work MOST OF THE TIME or the unit you are MOST FAMILIAR with.

_____ a. The information mostly showed that my unit is doing better than the other 8 units in the study.

_____ b. The information mostly showed that my unit is not doing as well as the other 8 units in the study.

_____ c. The information mostly showed that my unit is doing about the same as the other 8 units in the study.

_____ d. Can’t Tell (Please describe): ____________________________________________________________

__________________________________________________________________________________________

7. Did you discuss the report with another staff member, either on your unit, or someone who works somewhere else in the facility?

_____ a. Yes (Go to Question 7.1)

_____ b. No (Go to Question 8)

7.1 If YES in Question 7, why did you talk to another staff member?

(Check ALL that apply.)

_____ i. I wanted to find out what they thought about the report.

_____ ii. I wanted to get their advice about how to make things better for residents based on the report.

_____ iii. Other reason (Please tell us what this reason is):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
8. Does getting this feedback report make you more interested in other types of data (for example, other domains from the MDS-RAI 2.0)? (Check ONE answer.)

_____ a. Yes  (Go to Question 8.1)
_____ b. No  (Go to Question 9)

8.1 If YES in Question 8, what other kinds of information are you interested in?

_________________________________________________________

_________________________________________________________

_________________________________________________________

9. After reading the report, are there other information that you would like to know from the report? (Check ONE answer.)

_____ a. Yes  (Go to Question 9.1)
_____ b. No  (Go to Question 10)

9.1 If YES in Question 9, what other information you would like to know from the report that would be most helpful to you? (Check ONE answer.)

_____ a. Information about the reasons for the information in the report
(Why things are the way they are)

_____ b. Information about best practices for specific kinds of care for residents

_____ c. Information about how other units or facilities have addressed similar kinds of concerns

_____ d. Information about whether things are changing over time

_____ e. Other kinds of information (Please describe):

_________________________________________________________

_________________________________________________________

_________________________________________________________
10. Did the report give you information that you could use to make changes in the way you take care of residents? (Check ONE answer.)

_____ a. Yes (Go to Question 10.1)
_____ b. No (Go to Section C)

10.1 If YES in Question 10, what changes would you like to make in how you take care of residents? (Check ALL that apply.)

_____ a. Change the way you assess residents
_____ b. Change the way you assist residents in their activities of daily living
_____ c. Change the daily schedule for residents
_____ d. Change activities available for residents
_____ e. Change policies that affect residents or resident care
_____ f. Other kinds of change (Please describe): ________________________________
    _______________________________________________________________________
    _______________________________________________________________________
Section C: Intent to Change Care Practices

Do you provide direct patient care?

_____ a. Yes (Answer Questions 1 to 21 and fill out the GENERAL COMMENTS section on the last page)

_____ b. No (DO NOT answer Questions 1 to 21; Please write your GENERAL COMMENTS in the box provided on the last page)

All questions refer to changing how you find out if residents you take care of are having pain (Circle ONE number between 1 and 7 for each statement):

1. If I assess resident pain levels, I will feel that I am doing something positive for the resident:

   1  2  3  4  5  6  7
   Very unlikely  Very likely

2. It causes a lot of worry and concern for a resident if I assess their pain level:

   1  2  3  4  5  6  7
   Very unlikely  Very likely

3. If I assess level of pain, I will detect any problems at an early stage:

   1  2  3  4  5  6  7
   Very unlikely  Very likely

4. If I assess level of pain, I will have to deal with a resident more often:

   1  2  3  4  5  6  7
   Very unlikely  Very likely

5. The methods I use to assess level of pain are not very accurate:

   1  2  3  4  5  6  7
   Very unlikely  Very likely
6. When I am assessing level of pain, I feel rushed:

1 2 3 4 5 6 7
Very unlikely Very likely

7. Having to deal with a resident more often is:

1 2 3 4 5 6 7
Extremely undesirable Extremely desirable

8. Doing something positive for the resident is:

1 2 3 4 5 6 7
Extremely undesirable Extremely desirable

9. Assessing level of pain for each resident early and often is:

1 2 3 4 5 6 7
Extremely undesirable Extremely desirable

10. Doing what other caregivers **like me** in my unit/facility do is important to me (for example, if you are an RN, think about other RNs in your facility):

1 2 3 4 5 6 7
Not at all important Extremely important

11. Doing what experts in long term care do is important to me:

1 2 3 4 5 6 7
Not at all important Extremely important

12. The approval of the residents I take care of is important to me:

1 2 3 4 5 6 7
Not at all important Extremely important
13. People who are important to me think that I should NOT assess level of pain among the residents I care for:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

14. I expect to assess level of pain in each resident I care for every shift:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

15. I feel under social pressure to assess residents’ level of pain:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

16. I am confident that I can assess residents’ level of pain if I want to:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

17. Whether I assess residents’ level of pain is entirely up to me:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

18. I want to assess residents’ level of pain every shift:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

19. It is expected of me that I assess residents’ level of pain:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree

20. I intend to assess residents’ level of pain during each shift:

1  2  3  4  5  6  7
Strongly disagree  Strongly agree
21. Out of the next 10 residents you care for, for how many would you expect to assess level of pain? (Circle ONE of the numbers between 0 and 10 below)

0 1 2 3 4 5 6 7 8 9 10

GENERAL COMMENTS:

This is the end of the survey. Thank you.