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.

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 home care or supportive living site (called the ‘site’ in most of the survey) you work in, 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 in different sites.

Section B asks you about the DICE feedback report that was distributed in your site. 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 report. If you work in or cover more than one site in your usual work, please respond to the questions in this section based on the site report that you received.

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

Note: We use the term “client” here but do recognize that many supportive living or lodge sites use the term “resident”. When you see the term “client” used and if you are in supportive living where you use the term “resident”, then the word “client” will refer to your “resident”.
Section A: A few questions about you

1. Which home care or supportive living site do you work in? (If you work in more than one site; please only list your primary place of work).

__________________________________________________________________________

2. What is your position title? (Check ONE; if you have more than one position, check the one that you work most often)
   _____ a. Case 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): ____________________________________________

3. How long have you been working in home care or supportive living?
   If more than 1 year, how many years? _________ (example: 7 years)
   or
   If less than 1 year, how many months? _________ (example: 11 months)

4. How long have you been working in this site?
   If more than 1 year, how many years? _________ (example: 2 years)
   or
   If less than 1 year, how many months? _________ (example: 5 months)
Section B: What do you think about the DICE feedback report?

We distributed a report that shows information about clients in your site based on the Resident Assessment Instrument-Home Care (RAI-HC), the tool that is used to collect data about clients in home care and supportive living.

If you work in or cover more than one site, please answer these questions based on the feedback report for the site that you received.

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

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

3. How well do you feel you understood the information that was in the report about clients in your site? (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

4. How much do you feel that the information in the report accurately reflects the way your site is? (Check ONE answer.)
   ____ a. Does not reflect my site at all
   ____ b. Partially reflects my site
   ____ c. Reflects my site very well
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 site is doing well or not? (Check ONE answer.)
   _____ a. The information mostly showed that my site is doing better than the other sites in the study.
   _____ b. The information mostly showed that my site is not doing as well as the other sites in the study.
   _____ c. The information mostly showed that my site is doing about the same as the other sites in the study.
   _____ d. Can’t Tell (Please describe):
       ___________________________________________________________
       ___________________________________________________________
       ___________________________________________________________

7. Did you discuss the report with another staff member, either in your site, or someone who works somewhere else in the zone? (Check ONE answer.)
   _____ a. Yes (Go to Question 7.1 and 7.2)
   _____ b. No (Go to Question 8)

7.1 If YES in Question 7, what type of staff member did you discuss the report with? (Check ALL that apply.)
   _____ a. Peer (someone else who does the same type of job as you do)
   _____ b. Your direct supervisor
   _____ c. A case manager
   _____ d. A home care manager
   _____ e. Others (Please specify): ____________________________________________
7.2 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 clients 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 RAI-HC)? (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 would you 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 would you 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 clients

_____ c. Information about how other sites 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 clients? (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 clients? (Check **ALL** that apply.)

_____ a. Change the way you assess clients

_____ b. Change the way you assist clients in their activities of daily living

_____ c. Change the daily schedule for clients

_____ d. Change policies that affect clients or client care

_____ e. I would not change my care practices on my own but the information from the feedback report can be used by other health care providers (e.g. a Case Manager, supervisor or others) to make changes to client care

_____ f. Other kinds of change (Please describe): ________________________________
______________________________________________________________________________
______________________________________________________________________________
Section C: Intent to Change Care Practices

Do you provide direct client 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 clients you take care of are having pain (Circle ONE number between 1 and 7 for each statement):

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

   1  2  3  4  5  6  7
Very unlikely     Very likely

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

   1  2  3  4  5  6  7
Very unlikely     Very likely

3. If I assess or monitor 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 or monitor level of pain, I will have to deal with a client more often:

   1  2  3  4  5  6  7
Very unlikely     Very likely

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

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

   1 2 3 4 5 6 7
Very unlikely       Very likely

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

   1 2 3 4 5 6 7
Extremely undesirable       Extremely desirable

8. Doing something positive for the client is:

   1 2 3 4 5 6 7
Extremely undesirable       Extremely desirable

9. Assessing or monitoring level of pain for each client early and often is:

   1 2 3 4 5 6 7
Extremely undesirable       Extremely desirable

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

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

11. Doing what experts in home care and supportive living do is important to me:

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

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

    1 2 3 4 5 6 7
Not at all important       Extremely important
<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
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<tbody>
<tr>
<td>People who are important to me think that I should NOT assess or monitor level of pain among the clients I care for:</td>
<td>1</td>
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<td>7</td>
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<tr>
<td>Strongly disagree</td>
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<td>I expect to assess or monitor level of pain in each client I care for every shift:</td>
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<tr>
<td>Strongly disagree</td>
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<td>I feel under social pressure to assess or monitor clients’ level of pain:</td>
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<td>Strongly disagree</td>
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<td>I am confident that I can assess or monitor clients’ level of pain if I want to:</td>
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<td>Strongly disagree</td>
<td>Strongly agree</td>
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<td>Whether I assess or monitor clients’ level of pain is entirely up to me:</td>
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<td>Strongly disagree</td>
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<td>I want to assess or monitor clients’ level of pain every shift:</td>
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<td>Strongly disagree</td>
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<td>It is expected of me that I assess or monitor clients’ level of pain:</td>
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<td>Strongly disagree</td>
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<tr>
<td>I intend to assess or monitor clients’ level of pain during each shift:</td>
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<td>Strongly disagree</td>
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21. Out of the next 10 clients you care for, for how many would you expect to assess or monitor 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.

Date completed: __________________________________________________________