Additional File 3: Hospital Based Massage Therapy Questionnaire (English version)

Completed by: _____________________________________________________________
Position: ______________________________________ Date: ______________________

SECTION 1: DELIVERY OF MASSAGE THERAPY SERVICES

Question 1-1: What areas of the hospital are massage therapy services incorporated in? Check all that apply:

- [ ] Department or unit, name: ________________________________
- [ ] Clinic, name: ________________________________________
- [ ] Institute, name: ______________________________________
- [ ] Program, name: ______________________________________
- [ ] Wellness or CAM center, name: _________________________
- [ ] Stand alone massage therapy clinic: _______________________
- [ ] Other, please specify: _________________________________

Question 1-2: In addition to massage therapists, what health care professionals provide patient care in this/these areas? Check all that apply:

<table>
<thead>
<tr>
<th>Area</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
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</thead>
<tbody>
<tr>
<td>Doctor</td>
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<td>Nurse</td>
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<td>Physiotherapist</td>
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<td>Occupational Therapist</td>
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<td>Social worker</td>
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<td>Psychologist</td>
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<td>Nutritionist/dietician</td>
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<td>Speech Language Pathologist</td>
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<td>Pharmacist</td>
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<td>Spiritual care provider</td>
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<td>Respiratory therapist</td>
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<td>Recreational therapist</td>
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<td>Midwife</td>
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<tr>
<td>Other, please specify:</td>
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</tbody>
</table>
Question 1-3: How long has massage therapy been provided at your hospital?

- ____________ (years)
- ____________ (other)
- Do not know
- Other:

Question 1-4: Who has access to the massage therapy services in your hospital? Check all that apply:

- In-patients
- Out-patients – individuals attending a specific hospital program
- Community clients
- Hospital employees
- Other, please specify: ________________________________
- Do not know

Question 1-4b – Of the massage therapy client groups indicated in question 1.4, indicate the percentage each makes up out of all massage therapy clients:

- In-patients - % of all MT clients: ______________
- Out-patients - % of all MT clients: ______________
- Community clients - % of all MT clients: ______________
- Hospital employees % of all MT clients: ______________
- Other, please specify - % of all MT clients: ________________________________
- Do not know

Question 1-5: Approximately what percentage of all patients (in-patients and out-patients) receives massage therapy?

- ______________

Question 1-6: What are the reason(s) for providing massage therapy at your hospital? Check all that apply:

- Holistic philosophy of care of the institution
- Revenue generation
- Patient satisfaction
- Patient demand
- Evidence on the effectiveness of MT
- Employee request
- Physician request
- Other health care providers’ request
- Other, please specify: ________________________________
Question 1-7: How are patients informed about massage therapy at your hospital? Check all that apply:

- At admission – admission materials regarding hospital programs and services
- Advertising – internal (brochures, screen ads, hospital newsletter)
- Health care providers
- Other, please specify: __________________________

Question 1-8: Where are massage therapy services/treatments provided in your hospital? Check all that apply:

- Patient room
- Therapy room
- Designated massage therapy space (room, clinic)
- Wellness/CAM center
- Other, please specify: __________________________

Question 1-9: When are massage therapy services provided at your hospital? Check all that apply:

- Monday to Friday- day (9-5pm)
- Monday to Friday – evenings (after 5pm)
- weekend
- Statutory holidays
- Other: please specify: __________________________

Question 1-10: How many massage therapists are currently working at your hospital?

- __________

Question 1-11: What is the employment status of the massage therapist(s) at your hospital? Check all that apply:

- hospital employee
  - full time
  - part time
  - casual
- independent contractor
- other: __________________________

Question 1-12: How many hours of treatment does each massage therapist provide per week (on average) at your hospital?

- less than 5
- 6-10
- 11-15
- 16-20
- 21-25
- more than 25
- exact number: ___________
- don’t know
Question 1-13: What is the fee schedule for massage therapy services at your hospital? Indicate all that apply:

- 15 mins - $________
- 30 mins - $________
- 45 mins - $________
- 60 mins - $________
- 90 mins - $________
- No charge
- Other: ______________________________________________________________

Question 1-14: How are massage therapy services funded (financed) at your hospital? Check all that apply:

- By the patient - out of pocket
- 3rd party (private insurance) – extended health care (e.g. employer; blue cross)
- 3rd party (Private insurance) - car insurance (motor vehicle accident insurance),
- 3rd party (private insurance) – workers’ compensation
- Global hospital budget
- Charity/charitable fund – external
- Hospital foundation – internal
- Specific project or grant
- No charge - provided on a volunteer basis
- Other: ______________________________________________________________

Question 1-15: How are massage therapists reimbursed for the services they provide at your hospital? Check all that apply:

- By the hospital
- Directly by the patient
- By patient and the hospital
- Directly by 3rd party insurance
- Invoice the hospital
- Other, please specify: __________________________________________________

Question 1-16: How and what amount are massage therapists paid at your hospital?

- per hour: $________
- per treatment: $________
- per treatment: split of MT fee: ____________________
- Other: ____________________

Question 1-17: What qualifications do massage therapists need to have in order to provide massage therapy services at your hospital? Check all that apply:

- License to practice
- Practice and liability insurance
- 2200-hour training completed
- Other, please specify: __________________________________________________
Question 1-18: Who is responsible for verifying the credentials of massage therapists at your hospital? Check all that apply:

- Human resource personnel
- Program/unit manager or director
- Professional practice leader (PPL)
- Other, please specify: ______________________

Question 1-19: In addition to massage therapists, who else provides massage therapy services at your hospital? Check all that apply:

- Massage therapy students
- Nurses
- Physiotherapists
- Other, please specify: ______________________
- None (only licensed massage therapists)

Question 1-20: Who can refer to massage therapy at your hospital? Check all that apply:

- Patient - self-referral
- Internal referral - physician
- Internal referral - nurse
- Internal referral – allied health professionals
- External referral - physician
- External referral - nurse
- External referral – allied health professional
- Other, please specify: ______________________

Question 1-21: Is a doctor’s order required for a patient to receive massage therapy at your hospital?

- Yes
- No

Question 1-22: Do massage therapists have access to patient charts at your hospital?

- Yes
- No

Question 1-23: On which chart(s) do massage therapists document regarding the patient care they provide at your hospital? Check all that apply:

- Multi-disciplinary/team charts
- Independent massage therapy charts
- Other: ______________________
Question 1-24: Do massage therapists contribute to patient reports at your hospital?

☐ Yes
☐ No

Question 1-25: Do massage therapists participate in meetings related to patient care at your hospital?

☐ Yes
☐ No

Question 1-26: Are massage therapists members of patient care teams at your hospital? Check one:

☐ Yes – go to question 1-27
☐ No - go to question 1-28

Additional comments:

Question 1-27: What healthcare providers are on the patient care teams where massage therapists are included? Check all that apply:

☐ Doctor
☐ Nurse
☐ Physiotherapist
☐ Occupational Therapist
☐ Social worker
☐ Psychologist
☐ Nutritionist/dietician
☐ Speech Language Pathologist
☐ Pharmacist
☐ Spiritual care provider
☐ Respiratory therapist
☐ Recreational therapist
☐ Midwife
☐ Other, please specify: ____________________________
Question 1-28: Do you have any other thoughts or comments about massage therapy at your hospital? Please write them in the space provided below:

SECTION 2 – HOSPITAL DESCRIPTORS

Question 2-1: What type of hospital do you operate? Check all that apply:

☐ Teaching hospital
☐ Small community hospital
☐ Medium community hospital
☐ Large community hospital
☐ Other, please specify: ________________________________
☐ Do not know

Question 2-2: Does your hospital have an area (or areas) of specialization? Check all that apply:

☐ Chronic care
☐ Psychiatric/mental health
☐ Alcohol and drug addiction
☐ Rehabilitation
☐ Women’s health
☐ Children’s/pediatrics
☐ Military
☐ Convalescent
☐ Other, please specify: ________________________________
☐ Do not know

Question 2-3: Is the hospital affiliated with a university?

☐ No
☐ Yes, please provide university name: ________________________________
☐ Do not know
Question 2-4: What is the business model of your hospital? Check one:

- [ ] Not-for-profit
- [ ] For profit
- [ ] Other, please specify: ________________________________
- [ ] Do not know

Question 2-5: What is the annual budget of your hospital? Check one:

- [ ] Under $10 million
- [ ] Over $10 million to $100 million
- [ ] Over $100 million to $500 million
- [ ] Over $500 million to 1 billion
- [ ] Over $1 billion
- [ ] Other: ________________
- [ ] Do not know

Question 2-6: What is the total number of designated patient beds in your hospital? Check one:

- [ ] Less than 100
- [ ] 101-400
- [ ] 401-800
- [ ] Over 800
- [ ] Other: ________________
- [ ] Do not know

Question 2-7: What is the number of clinical staff at your hospital?

- [ ] ________________
- [ ] Do not know

Thank you for your time in completing the 

Hospital-Based Massage Therapy Questionnaire

*For the French versions, please contact the corresponding author*