Appendix 12.1: Stakeholder satisfaction survey—cover letter

Enquiries to:
Telephone:
Facsimile:

Dear _______________

Re: Changes to Queensland Health’s Model of Care for children with developmental difficulties and their families/carers.

The Child Development Service located at ____________________________ is currently evaluating the impact of the implementation of a new Developmental Model of Care on stakeholders who have referred to this service.

Our records indicate that you forwarded a referral to this service during the period ________________________. It would be greatly appreciated if you could take the time to feedback your comments on the new Developmental Model of Care by completing the Satisfaction Survey available at the following link:

Add Survey Monkey link here

Please note that all responses will be kept confidential.

This Survey should only take 5 minutes and will be accessible until COB ___________________.

Yours sincerely

Team Leader
/

Office         Postal         Phone         Fax
Queensland Health
Child Development Service
Appendix 12.2: Stakeholder satisfaction survey (page 1/3)

Post-Implementation Stakeholder Satisfaction Survey - Child Development

1. Introduction

The Survey is seeking feedback about changes to service delivery for children with developmental difficulties and their families who access your local Queensland Health Child Development Service/s.

Please note that all responses will be kept confidential.

2. Demographics

Please answer ALL questions unless otherwise stated.

1. Please complete the following details?

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Organisation</th>
<th>Email address (optional)</th>
<th>Phone contact (optional)</th>
</tr>
</thead>
</table>

2. To which of the following local Qld Health Child Development Services have you referred clients? You may select more than one response.

- [ ] Child Development Service - A
- [ ] Child Development Service - B
- [ ] Child Development Service - C
- [ ] Child Development Service - D

3. Model of Care

1. Are you aware that a new Model of Care for the management of children with developmental difficulties and their families has recently been implemented by your local Qld Health Child Development Service/s?

- [ ] Yes
- [ ] No

2. If you answered Yes to the preceding question, please indicate how you FIRST found out about the new Model of Care?

- [ ] Presentation from local Child Development Service
- [ ] Information Flyer
- [ ] Service Letter or Brochure
- [ ] Intranet
- [ ] Comments from client/family
- [ ] Advice from Central Intake Unit/Clinical Intake Officer at time of referral

Other (please specify)
Appendix 12.2: Stakeholder satisfaction survey (page 2/3)

### Post-Implementation Stakeholder Satisfaction Survey - Child Development

3. With regard to the Implementation of the new Model of Care in your local Child Development Service/s, please rate your level of satisfaction with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied that stakeholders were involved in consultation PRIOR to the commencement of the implementation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied that stakeholders have been involved in consultation DURING the implementation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied that stakeholders are involved in providing feedback FOLLOWING the implementation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with the new process for identifying the specific needs of clients and families</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with the new process for managing referrals of clients &lt;4 years of age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with the new process for managing referrals of clients &gt;4 years</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

4. Has the new Model of Care impacted on how YOU make a referral to your local Child Development Service/s?

- ☐ Yes
- ☐ No

In what way? (Please elaborate)

5. If you answered Yes to the preceding question, please describe how you now manage those clients (deemed ineligible under the new Model of Care to receive services from the local Child Development Service/s)?


6. Has the new Model of Care impacted on your service/practice in any other way?

- ☐ Yes
- ☐ No

In what way? (Please elaborate)
### Post-Implementation Stakeholder Satisfaction Survey - Child Development

7. Does your service/practice currently have a formal process in place for referring clients to your local Child Development Service/s - e.g. electronic referral template?

- [ ] Yes
- [ ] No

*Please elaborate*

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8. Prior to this Satisfaction Survey, have you been provided with an opportunity to formally feedback your concerns about the new Model of Care for Qld Health Child Development Services?

- [ ] Yes
- [ ] No

*Please elaborate*

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*9. Please outline what you perceive as the benefits/advantages of the new Model of Care?*

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*10. Please outline what you perceive as the issues/disadvantages of the new Model of Care?*

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*11. In relation to the new Model of Care for Child Development Services, is there anything you feel needs to be modified/adapted to allow better service delivery/outcomes for children with developmental difficulties and their families?*

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