

Instructions to Staff for Distributing Client Satisfaction Surveys

In order to evaluate how effective the new model of service delivery is, we need to compare the opinions of families with a child who received services prior to the introduction of the new model with those who received services under the new model.

The questionnaires will be distributed in 2 phases. Phase 1 will target families who received assessment and intervention under the old model. Phase 2 of the evaluation will be distributed to families of children referred and assessed under the new model.

Questionnaires should be printed double-sided and stapled across the long margin above the title. The name of the service can be inserted prior to printing.

Instructions

- During Phase 1 (Insert date) questionnaires are to be distributed only to parents/carers of clients who were:
 - referred to the centre before (Insert date) and
 - were older than 12 months of age at the time of referral and
 - have been assessed as having a developmental issue/s and
 - are now receiving ongoing intervention from the service.
- During Phase 2 (Insert date) questionnaires are to be distributed only to parents/carers of clients who were:
 - referred to the centre after (Insert date) and
 - were older than 12 months of age at the time of referral and
 - have been assessed as having a developmental issue/s
- Questionnaires may be distributed to parents/carers by either administration staff or clinical staff. Each service needs to determine the most efficient method for their team.
- A suggested script to use when approaching parents/carers is:

'In order to help us evaluate our service and to ensure we are meeting the needs of children with developmental issues and their families, would you mind participating in this short survey. Your participation is voluntary and confidential. It should only take 5 – 10 minutes to complete. Please place your completed survey in the envelope provided and return it to the front desk when you are finished. If you have any questions about how to complete the survey, please ask me.

Thank you for taking the time to complete this survey.'
- Please provide each parent/carer with a questionnaire on a clipboard, a pen and an envelope to put the form in when they have finished.
- A parent should only complete the questionnaire once. The person handing out the questionnaire will therefore need to check that the parent/carer has not completed one on a previous visit.
- The parent/carer should complete the questionnaire and hand it back before they leave the centre if at all possible. Questionnaires taken home are unlikely to be returned.
- The most obvious time for the parent/carer to complete the questionnaire is while they are waiting for their child's appointment. However, it may be completed after the child's appointment or during the appointment if appropriate.
- Interpreters should be asked to help parents/carers complete the form if language is an issue.
- Please keep completed surveys in a safe place for collection by (Insert name).

Pre-Implementation Staff Survey - Child Development Service

1. Introduction

Please read carefully and answer ALL questions unless otherwise stated.

Please note that all responses will be kept confidential!

2. Clinical Intake & Triage

1. Which category best describes your current role in this service? You may select more than 1 response.

- | | |
|---|---|
| <input type="checkbox"/> Clinical Intake Officer | <input type="checkbox"/> Other Medical Service Provider |
| <input type="checkbox"/> Allied Health Service Provider | <input type="checkbox"/> Team Leader/Service Manager/Director |
| <input type="checkbox"/> Community-based Paediatrician | <input type="checkbox"/> Discipline Director |
| <input type="checkbox"/> Hospital-based Paediatrician | |

Other (please specify)

2. Does your Service currently have a formal Clinical Intake process?

- Yes
- No

Please elaborate

3. Please indicate below how many hours you currently spend on intake/triage/prioritisation processes?

- | | |
|---|--|
| <input type="radio"/> None | <input type="radio"/> 2-3 hours weekly |
| <input type="radio"/> Up to 1 hour weekly | <input type="radio"/> 3-4 hours weekly |
| <input type="radio"/> 1-2 hours weekly | <input type="radio"/> More than 4 hours weekly |

Other (please specify)

Pre-Implementation Staff Survey - Child Development Service

4. Please rate your response to the following statements:

	Agree	Neither agree nor disagree	Disagree
I am satisfied with the current intake process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the current process for identifying the specific needs of clients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the current process for managing complex referrals <4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the current process for managing complex referrals >4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the current process for managing non-complex referrals <4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the current process for managing non-complex referrals >4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you are unsatisfied, how would you suggest improving your existing process?

3. Multidisciplinary Service Delivery

Formal multidisciplinary team discussion may also be referred to as Case Discussion, Clinical Discussion or Case Conference.

1. To what percentage of your clients would you deliver multidisciplinary assessment and/or intervention?

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="radio"/> <10% | <input type="radio"/> 40-50% | <input type="radio"/> 80-90% |
| <input type="radio"/> 10-20% | <input type="radio"/> 50-60% | <input type="radio"/> >90% |
| <input type="radio"/> 20-30% | <input type="radio"/> 60-70% | |
| <input type="radio"/> 30-40% | <input type="radio"/> 70-80% | |

2. How often do you attend formal multidisciplinary Case Discussion

- | | |
|-----------------------------------|--|
| <input type="radio"/> Never | <input type="radio"/> Monthly |
| <input type="radio"/> Weekly | <input type="radio"/> Only as required |
| <input type="radio"/> Fortnightly | |

Other (please specify)

Pre-Implementation Staff Survey - Child Development Service

3. With reference to your team's current process for multidisciplinary Case Discussion, please rate your level of response to the following statements:

	Agree	Neither agree nor disagree	Disagree
I am satisfied with the current process for multidisciplinary Case Discussion of complex clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that the Case Coordinator/Manager has a defined role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that all disciplines are represented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that meetings are regularly scheduled and attendance is seen as a priority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that effective time-management strategies are in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you have any suggestions for improving your team's process for formal multidisciplinary Case Discussion?

4. Non-clinical Activities

1. Please indicate what percentage of your time is currently dedicated to the following non-clinical activities?

	None	<10%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	>80%
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Prevention & Promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Service Provision

Pre-Implementation Staff Survey - Child Development Service

1. Please rate your level of response to the following statements:

	Agree	Neither agree nor disagree	Disagree
I am satisfied with the quality of initial service provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the length of time families wait - from time of referral until they are completely aware of the services they will receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall consistency with which decisions are made about the services to be provided to families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the way in which Ax and Rx plans are coordinated across all relevant disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall quality of service offered to clients/families <4 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall quality of service offered to clients/families >4 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What do you currently perceive as barriers to providing evidence-based (EBP) early intervention services within this team?

3. What do you currently perceive as barriers to implementing a Best Practice Model of Care for managing referrals and providing services within Qld Health Child Development Services in general?

4. With regard to the proposed new Model of Care (MOC), please rate your level of response to the following statements:

	Agree	Neither agree nor disagree	Disagree
I feel confident in my understanding of the proposed new MOC and its potential impacts on the clinicians, clients/families and the Service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the proposed changes to the way in which families access entry into this Service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Parent Education

*In this section, Parent Education sessions include Parent Information sessions in addition to Group-based Therapeutic Intervention sessions.

1. How often are you involved in providing *parent education sessions?

Never

Infrequently

Regularly

Other (please specify)

Pre-Implementation Staff Survey - Child Development Service

2. Have you ever offered *parent education sessions outside normal business hours?

Yes

No

3. If you answered Yes to the preceeding question, can you please provide details including times, locations, provision of childcare, etc?

4. What do you currently perceive as barriers to the provision of *parent education sessions by your team?

Post-Implementation Staff Satisfaction Survey – Child Development Service

1. Introduction

Please read carefully and answer ALL questions unless otherwise stated. Some questions WILL require an answer.

Please note that all responses will be kept confidential!

2. Demographics

1. What is your profession?

- | | | |
|--|---|---|
| <input type="radio"/> Speech Pathologist | <input type="radio"/> Social Worker | <input type="radio"/> Other Medical Officer |
| <input type="radio"/> Occupational Therapist | <input type="radio"/> Early Intervention & Parenting Specialist | <input type="radio"/> Dietitian |
| <input type="radio"/> Physiotherapist | <input type="radio"/> Paediatrician | <input type="radio"/> Audiologist |
| <input type="radio"/> Psychologist | <input type="radio"/> Paediatric Fellow | |

Other (please specify)

2. Were you working for this team prior to the implementation of the new Developmental Model of Care?

- Yes
- No

3. Clinical Intake and Access

1. Which category best describes your current role in this team/service? You may select more than one.

- | | |
|---|---|
| <input type="checkbox"/> Clinical Intake Officer | <input type="checkbox"/> Other Medical Service Provider |
| <input type="checkbox"/> Allied Health Service Provider | <input type="checkbox"/> Team Leader/Service Manager/Director |
| <input type="checkbox"/> Community-based Paediatrician | <input type="checkbox"/> Discipline Director |
| <input type="checkbox"/> Hospital-based Paediatrician | |

Other (please specify)

Post-Implementation Staff Satisfaction Survey – Child Development Service

2. Please indicate below how many hours per week you currently spend on intake/triage/prioritisation processes?

- None
- Up to 1 hour weekly
- 1-2 hours weekly
- 2-3 hours weekly
- 3-4 hours weekly
- More than 4 hours weekly

Other (please specify)

3. Please indicate whether the time you currently spend on intake/triage/prioritisation processes has changed since the implementation of the new model?

- Increased
- Stayed the same
- Decreased

Please elaborate

4. Please rate your response to the following statements regarding the new model implemented:

	Agree	Neither agree nor disagree	Disagree
I am satisfied with the changes to the way in which families access entry into this Service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new Intake process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall consistency with which decisions are made about the services to be provided to families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the length of time families wait - from time of referral until Clinical Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new Intake process for identifying 'up front' the specific needs of clients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing complex referrals <4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing complex referrals >4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing non-complex referrals <4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing non-complex referrals >4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the way in which Ax and Rx plans are coordinated across all relevant disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall quality of service offered to clients/families <4 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall quality of service offered to clients/families >4 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Post-Implementation Staff Satisfaction Survey – Child Development Service

- * 5. If you are unsatisfied with any aspect of the new model (in the previous question), how would you suggest improving the process - from both a client/family and clinician's perspective?

4. Multidisciplinary Service Delivery

Formal multidisciplinary team discussion may also be referred to as Case Discussion, Clinical Discussion or Case Conference.

1. What percentage of your clients currently receive multidisciplinary assessment and/or intervention?

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="radio"/> None | <input type="radio"/> 30-40% | <input type="radio"/> 70-80% |
| <input type="radio"/> <10% | <input type="radio"/> 40-50% | <input type="radio"/> 80-90% |
| <input type="radio"/> 10-20% | <input type="radio"/> 50-60% | <input type="radio"/> >90% |
| <input type="radio"/> 20-30% | <input type="radio"/> 60-70% | |

2. Please indicate whether the percentage of your clients receiving multidisciplinary assessment and/or intervention has changed over the course of the Trial:

- Increased
- Stayed the same
- Decreased

Please elaborate

3. How many hours per week do you attend formal multidisciplinary team discussion about complex clients?

4. Approximately how many hours per week do you informally discuss complex clients with your colleagues?