

Teamwork Perceptions Questionnaire—Fall Risk Reduction

August 2013

Survey Introduction and Purpose

As a result of participating in the University of Nebraska Medical Center's CAPTURE Falls (Collaborative and Proactive Teamwork Used to Reduce Falls) project, your facility participated in a confidential survey in March and April of 2013. This survey was developed by adapting and combining items from the TeamSTEPS-Teamwork Perceptions Questionnaire (TPQ)¹ and the Organizational Readiness to Change Assessment.² The purpose of the survey is to learn how healthcare providers and other hospital staff think teamwork, leadership, and organizational culture support fall risk reduction in your facility. Those eligible to participate in the survey were individuals who provide direct patient care, regularly provide services in patient rooms, belong to the Fall Risk Reduction Team, or are considered a manager or supervisor.

Senior leaders, quality improvement personnel, and members of the Fall Risk Reduction Team should review your facility's results from this survey. Survey results should be used to:

- understand how respondents think teamwork, leadership, and organizational culture support fall risk reduction,
- increase awareness that teamwork, leadership, and organizational culture affect fall risk reduction,
- identify opportunities for improvement in teamwork, leadership, and organizational culture to support fall risk reduction,
- evaluate perceptions of change over time in how these three factors are used to support fall risk reduction (we will repeat this survey at the same time next year),
- compare your facility's survey results to those of a peer group consisting of the 17 small rural hospitals participating in the project.

Survey Response

Your facility's response rate is indicated on the summary report. A response rate of 50% or greater indicates that survey results are likely to be representative of those surveyed; a response rate of 60% or greater is ideal.

Survey Dimensions

Part I—Teamwork support for fall risk reduction, 35 items grouped into 5 dimensions

1. team structure
2. team leadership
3. team situation monitoring
4. team mutual support
5. team communication

Part II—Leadership/organizational culture support for fall risk reduction, 23 items grouped into 4 dimensions

1. management/senior leadership
2. hospital staff
3. opinion leaders
4. hospital resources

Part III—Perceptions of change in the hospital's fall risk reduction practices compared to one year ago, 1 item and open-ended comments reported verbatim. A copy of the survey is posted on the CAPTURE Falls website <http://www.unmc.edu/patient-safety/teamwork.htm>.

Scoring

The results of the survey are reported as a "percent positive," which is the percentage of responses rated Agree/Strongly Agree, or Better/Much Better.

Survey Review and Recommendations

Members of the CAPTURE Falls research team will review the results of this survey and discuss recommendations and opportunities for improvement with your Fall Risk Reduction Team during your next CAPTURE Falls quarterly call in October. We encourage your leadership team to attend this meeting to participate in the review and discussion.

¹ American Institutes for Research (AIR). TeamSTEPS Teamwork Perceptions Questionnaire (T-TPQ) Manual. Washington, DC: AIR; 2010. http://teamstepps.ahrq.gov/Teamwork_Perception_Questionnaire.pdf. Accessed August 9, 2013.

² Helfrich CD, Li Y, Sharp ND, Sales AE. Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework. Implementation Science. 2009;4(38):1-13.

Instructions for the Teamwork Perceptions Questionnaire -- Fall Risk Reduct...

This is a confidential survey that asks your opinions about how your hospital uses teamwork to decrease the risk of patient falls. This survey is intended for all personnel who have direct contact with patients and/or regularly perform services in patient rooms. It will take less than 15 minutes to complete. We will not report individual responses to your hospital. Responses will be reported by position only if there are five or more respondents for that position.

Use the following definition of a fall when completing this survey:

- A **fall** is a sudden, unintended, uncontrolled, downward displacement of a patient's body to the ground or other object. This definition includes unassisted falls and assisted falls (i.e., when a patient begins to fall and is assisted to the ground by another person). This definition excludes near falls (loss of balance that does not result in a fall) and falls resulting from a purposeful action or violent blow.

SECTION A : Your Position

To maintain your anonymity, only combined responses for positions with 5 or more respondents will be reported to your hospital. We will combine the data across 18 hospitals for the final report.

Mark the ONE answer that best describes your position.

- | | |
|--|---|
| <input type="radio"/> Administration/Management | <input type="radio"/> Patient Safety Officer |
| <input type="radio"/> Dietitian - Registered (RD) | <input type="radio"/> Pharmacist (RPh) |
| <input type="radio"/> Housekeeping | <input type="radio"/> Pharmacy Technician |
| <input type="radio"/> Laboratory Personnel (Procure samples in patient room) | <input type="radio"/> Physical Therapist (PT) |
| <input type="radio"/> Medication Aide | <input type="radio"/> Physical Therapist Assistant (PTA) |
| <input type="radio"/> Nurse - Licensed Practical (LPN or LPN-C) | <input type="radio"/> Physician (MD) |
| <input type="radio"/> Nurse - Registered (RN) | <input type="radio"/> Physician Assistant (PA-C) |
| <input type="radio"/> Nurse Practitioner (NP) or Advanced Practice Registered Nurse (APRN) | <input type="radio"/> Quality Improvement Professional/Specialist |
| <input type="radio"/> Nursing Assistant - Certified (CNA) | <input type="radio"/> Radiologic Technologist (RRT) |
| <input type="radio"/> Occupational Therapist (OTR) | <input type="radio"/> Respiratory Therapist (CRT) |
| <input type="radio"/> Occupational Therapist Assistant - Certified (COTA) | <input type="radio"/> Risk Manager |
| <input type="radio"/> Other (please specify) | |

I am a member of my hospital's fall risk reduction team.

- Yes
- No

Section G. Context for Fall Risk Reduction Continued

In my hospital, when there is agreement that change needs to happen in relation to fall risk reduction:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
55. We have the necessary support in terms of budget or financial resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. We have the necessary support in terms of training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. We have the necessary support in terms of facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. We have the necessary support in terms of staffing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As compared to one year ago, our hospital's current fall risk reduction practices seem...

- Don't know/Not applicable Much worse Worse About the same Better Much better

In the previous question you responded that your hospital's fall risk reduction practices were [Q12] as compared to last year. Please explain your reasoning below.



Please tell us anything else you would like us to know about fall risk reduction in your hospital.

Thank you for completing this questionnaire. If you have questions, please contact Anne Skinner, Research Coordinator, at the University of Nebraska Medical Center, by phone (402-559-8221) or e-mail (askinner@unmc.edu).

Please click **Done** to submit