#### 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 TeamSTEPPS-Teamwork Perceptions Questionnaire (TPQ)<sup>1</sup> and the Organizational Readiness to Change Assessment.<sup>2</sup> 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 <a href="http://www.unmc.edu/patient-safety/teamwork.htm">http://www.unmc.edu/patient-safety/teamwork.htm</a>.

#### 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.

<sup>&</sup>lt;sup>1</sup> American Institutes for Research (AIR). TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) Manual. Washington, DC: AIR; 2010. <a href="http://teamstepps.ahrq.gov/Teamwork">http://teamstepps.ahrq.gov/Teamwork</a> Perception Questionnaire.pdf. Accessed August 9, 2013.

<sup>&</sup>lt;sup>2</sup> 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:
<ul> <li>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.</li> </ul>

## **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.

Dietitian - Registered (RD)  Housekeeping  Laboratory Personnel (Procure samples in patient room)  Medication Aide  Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)		Patient Safety Officer  Pharmacist (RPh)  Pharmacy Technician  Physical Therapist (PT)  Physical Therapist Assistant (PTA)  Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Dietitian - Registered (RD)  Housekeeping  Laboratory Personnel (Procure samples in patient room)  Medication Aide  Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse  PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)		Pharmacist (RPh)  Pharmacy Technician  Physical Therapist (PT)  Physical Therapist Assistant (PTA)  Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Housekeeping  Laboratory Personnel (Procure samples in patient room)  Medication Aide  Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse  PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)	0 0 0 0 0 0	Pharmacy Technician  Physical Therapist (PT)  Physical Therapist Assistant (PTA)  Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Laboratory Personnel (Procure samples in patient room)  Medication Aide  Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse  PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)		Physical Therapist (PT)  Physical Therapist Assistant (PTA)  Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Medication Aide  Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse  PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)		Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Nurse - Licensed Practical (LPN or LPN-C)  Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse  PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)	0 0 0	Physician (MD)  Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Nurse - Registered (RN)  Nurse Practitioner (NP) or Advanced Practice Registered Nurse PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)	0 0	Physician Assistant (PA-C)  Quality Improvement Professional/Specialist
Nurse Practitioner (NP) or Advanced Practice Registered Nurse PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)	0	Quality Improvement Professional/Specialist
PRN)  Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)	0	
Nursing Assistant - Certified (CNA)  Occupational Therapist (OTR)		
Occupational Therapist (OTR)		Radiologic Technologist (RRT)
	0	Respiratory Therapist (CRT)
Occupational Therapist Assistant - Certified (COTA)	0	Risk Manager
am a member of my hospital's fall risk reducti Yes	on	team.
O No		

## Section B: Team Structure

## Think about how your hospital approaches fall risk reduction...

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
0	О	0	0	0	O
0	O	O	0	0	O
0	0	0	0	0	O
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	O	0	O
	Disagree  O  O  C  C	Disagree  C C C C C C C C C C C C C C C C C C	Disagree Disagree Neither  C	Disagree Disagree Neither Agree  C	Disagree Disagree Neither Agree Agree  O O O O O O O O O O O O O O O O O O

# SECTION C: Leadership

## Think about how your unit/department approaches fall prevention.....

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
8. My supervisor/manager considers staff input when making decisions about fall risk reduction.	0	O	O	0	0	O
<ol><li>My supervisor/manager provides opportunities to discuss the unit/department's performance after a patient fall.</li></ol>	O	O	0	0	0	O
10. My supervisor/manager takes time to meet with staff to discuss the fall risk reduction program.	0	0	0	0	0	O
11. My supervisor/manager ensures that adequate resources (e.g., staff, supplies, equipment, information) are available to support the fall risk reduction program.	O	O	O	0	O	0
12. My supervisor/manager successfully resolves conflicts involving the fall risk reduction program.	0	0	0	0	0	O
13. My supervisor/manager models appropriate team behavior in support of the fall risk reduction program.	0	O	0	0	0	0
14. My supervisor/manager ensures that staff are aware of any situations or changes that may affect the fall risk reduction program.	0	0	0	0	0	O

# SECTION D: Situation Monitoring

## Think about how your hospital approaches fall risk reduction.....

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
15. Staff effectively anticipate each other's needs when implementing fall risk reduction interventions.	0	0	0	0	0	0
16. Staff monitor each other's performance when implementing fall risk reduction interventions.	O	O	O	0	0	0
17. Staff exchange relevant information to decrease the risk of falls as it becomes available.	O	O	O	0	0	0
18. Staff continuously scan the environment for important information to decrease the risk of falls.	O	O	O	0	0	0
19. Staff share information regarding potential complications that may increase a patient's risk of falls (e.g., change in status, previous fall).	O	O	O	0	0	0
20. Staff meet to reevaluate a patient's fall risk reduction plan of care when aspects of the situation have changed.	O	O	O	0	0	0
21. Staff correct each other's mistakes to ensure that fall risk reduction procedures are followed properly.	O	0	0	0	0	0

# SECTION E: Mutual Support

## Think about how your hospital approaches fall risk reduction...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
22. Staff assist fellow staff to decrease the risk of falls during a high workload.	0	О	O	0	0	O
23. Staff request assistance from fellow staff to implement fall risk reduction interventions when they feel overwhelmed.	0	O	O	0	0	O
24. Staff caution each other about potentially dangerous situations that may increase the risk of patient falls.	0	0	0	0	0	O
25. Feedback between staff about fall risk reduction is delivered in a way that promotes positive interactions and future change.	0	O	0	0	0	0
26. Staff advocate for patients who are at risk for falls even when their opinion conflicts with that of a senior member of the unit/department.	0	0	0	0	0	O
27. When staff have a concern about a patient's risk of falling, they challenge others until they are sure the concern has been heard.	O	0	0	0	0	0
28. Staff resolve their conflicts about fall risk reduction, even when the conflicts have become personal.	O	0	0	O	0	O

## **SECTION F: Communication**

## Think about how your hospital approaches fall risk reduction...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
29. Information about fall risk reduction is explained to patients and their families in lay terms.	0	О	0	0	0	O
30. Staff relay relevant information about fall risk reduction in a timely manner.	O	O	O	0	0	O
31. When communicating with patients about fall risk reduction, staff allow enough time for questions.	0	О	0	0	0	O
32. Staff use common terminology when communicating with each other about fall risk reduction.	O	O	O	0	0	O
33. Staff verbally verify information about a patient's fall risk that they receive from each other.	0	0	0	0	0	O
34. Staff follow a standardized method of sharing fall risk information when handing off patients.	0	0	0	0	0	0
35. Staff seek fall risk reduction information from all available sources.	0	0	0	0	0	O

## **Section G. Context for Fall Risk Reduction**

# Think about how your hospital management team (e.g., Administrator/CEO, Officers, Directors, Department Managers, etc.) approaches fall risk reduction...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
36. Management rewards clinical innovation and creativity to improve fall risk reduction.	0	O	0	0	0	O
37. Management solicits opinions of clinical staff regarding decisions about fall risk reduction.	0	O	0	0	O	O
38. Management seeks ways to improve patient education and increase patient participation in fall risk reduction.	0	O	0	0	0	O
39. Management provides effective management for continuous improvement of fall risk reduction.	0	O	0	0	O	O
40. Management clearly defines areas of responsibility and authority for clinical managers and staff to improve fall risk reduction.	0	O	0	0	0	O
41. Management promotes teamwork to solve problems related to fall risk reduction.	0	O	O	0	0	0
42. Management promotes communication about fall risk reduction among units and departments.	0	O	0	0	0	O
43. Management provides staff with information on fall risk reduction performance measures and guidelines.	0	O	0	0	O	O
44. Management establishes clear goals for fall risk reduction.	0	0	0	0	0	0
45. Management provides staff members with feedback/data on the impact of decisions on fall risk reduction.	0	O	O	0	0	O
46. Management holds staff members accountable for achieving results in fall risk reduction.	0	O	0	0	0	O

#### **Section G. Context for Fall Risk Reduction Continued**

#### Think about how your hospital approaches fall risk reduction...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
47. Staff members have a sense of personal responsibility for fall risk reduction.	0	0	0	0	0	O
48. Staff members cooperate to maintain and improve effectiveness of fall risk reduction.	0	O	0	O	0	O
49. Staff members are willing to innovate and/or experiment to improve fall risk reduction.	0	0	0	0	0	O
50. Staff members are receptive to change in fall risk reduction procedures.	0	0	0	0	0	O

# Think about informal opinion leaders in your hospital. These are individuals who are not in management but whose behavior and ideas have a strong influence on others.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/Not Applicable
51. Opinion leaders believe that current fall risk reduction practices can be improved.	0	O	0	0	0	O
52. Opinion leaders encourage and support changes in practice patterns to improve fall risk reduction.	O	O	O	0	0	O
53. Opinion leaders are willing to try new fall risk reduction interventions.	0	0	0	0	0	O
54. Opinion leaders work cooperatively with management to make	0	0	0	0	0	0

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Don't Know/No Applicab
5. We have the necessary support in terms of budget or financial esources.	0	0	0	0	0	O
6. We have the necessary support in terms of training.	0	0	0	0	0	0
7. We have the necessary support in terms of facilities.	0	0	0	0	0	0
8. We have the necessary support in terms of staffing.	0	0	0	0	0	0
s compared to one year ago, our hospital's	current fa	ll risk r	eduction	n pract	ices se	em
Don't know/Not  Much worse  Worse	○ About	the same	C Better		C Much	n better

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

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 <b>Done</b> to submit