Teamwork Perceptions Questionnaire—Fall Risk Reduction

Survey Introduction and Purpose

This survey was developed by adapting and combining items from the TeamSTEPPS-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

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.

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[1] American Institutes for Research (AIR). TeamSTEPPS 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

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. 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.

Mark the ONE answer that best describes your position.

Mark	Position	Mark	Position
☐	Administration/Management	☐	Patient Safety Officer
☐	Dietitian – Registered (RD)	☐	Pharmacist (PharmD)
☐	Housekeeping	☐	Pharmacy Technician
☐	Laboratory Personnel (procure samples in patient room)	☐	Physical Therapist (PT, DPT)
☐	Medication Aide	☐	Physical Therapist Assistant (PTA)
☐	Nurse – Licensed Practical (LPN or LPN-C)	☐	Physician (MD)
☐	Nurse – Registered (RN)	☐	Physician Assistant (PA-C)
☐	Nurse – Practitioner (NP) or Advanced Practice Registered Nurse (APRN)	☐	Quality Improvement Professional/Specialist
☐	Nursing Assistant – Certified (CNA)	☐	Radiologic Technologist (RRT)
☐	Occupational Therapist (OTR; OTD)	☐	Respiratory Therapist (CRT)
☐	Occupational Therapist Assistant – Certified (COTA)	☐	Risk Manager
☐	Other (please specify)		

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

Mark	Response
☐	Yes
☐	No

Section B: Team Structure

Think about how your hospital approaches fall risk reduction…

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
1. The skills of all hospital staff overlap sufficiently so that work related to fall risk reduction can be shared when necessary.	☐	☐	☐	☐	☐	☐
2. All hospital staff are held accountable for their actions related to fall risk reduction.	☐	☐	☐	☐	☐	☐
3. Staff within my unit/department share information that enables timely decision-making about fall risk reduction by the direct patient care team.	☐	☐	☐	☐	☐	☐
4. My unit/department makes efficient use of resources related to fall risk reduction (e.g., staff, supplies, equipment, information).	☐	☐	☐	☐	☐	☐
5. Staff within my unit/department understand their roles and responsibilities related to fall risk reduction.	☐	☐	☐	☐	☐	☐
6. My unit/department has clearly articulated goals for fall risk reduction.	☐	☐	☐	☐	☐	☐
7. My unit/department operates at a high level of efficiency when it comes to fall risk reduction.	☐	☐	☐	☐	☐	☐

Section C: Leadership

Think about how your unit/department approaches fall risk reduction…

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
8. My supervisor/manager considers staff input when making decisions about fall risk reduction.	☐	☐	☐	☐	☐	☐
9. My supervisor/manager provides opportunities to discuss the unit/department's performance after a patient fall.	☐	☐	☐	☐	☐	☐
10. My supervisor/manager takes time to meet with staff to discuss the fall risk reduction program.	☐	☐	☐	☐	☐	☐
11. My supervisor/manager ensures that adequate resources (e.g., staff, supplies, equipment, information) are available to support the fall risk reduction program.	☐	☐	☐	☐	☐	☐
12. My supervisor/manager successfully resolves conflicts involving the fall risk reduction program.	☐	☐	☐	☐	☐	☐
13. My supervisor/manager models appropriate team behavior in support of the fall risk reduction program.	☐	☐	☐	☐	☐	☐
14. My supervisor/manager ensures that staff are aware of any situations or changes that may affect the fall risk reduction program.	☐	☐	☐	☐	☐	☐

Section D: Situation Monitoring

Think about how your hospital approaches fall risk reduction…

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
15. Staff effectively anticipate each other's needs when implementing fall risk reduction interventions.	☐	☐	☐	☐	☐	☐
16. Staff monitor each other's performance when implementing fall risk reduction interventions.	☐	☐	☐	☐	☐	☐
17. Staff exchange relevant information to decrease the risk of falls as it becomes available.	☐	☐	☐	☐	☐	☐
18. Staff continuously scan the environment for important information to decrease the risk of falls.	☐	☐	☐	☐	☐	☐
19. Staff share information regarding potential complications that may increase a patient's risk of falls (e.g., change in status, previous fall).	☐	☐	☐	☐	☐	☐
20. Staff meet to reevaluate a patient's fall risk reduction plan of care when aspects of the situation have changed.	☐	☐	☐	☐	☐	☐
21. Staff correct each other's mistakes to ensure that fall risk reduction procedures are followed properly.	☐	☐	☐	☐	☐	☐

Section E: Mutual Support

Think about how your hospital approaches fall risk reduction…

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
22. Staff assist fellow staff to decrease the risk of falls during a high workload.	☐	☐	☐	☐	☐	☐
23. Staff request assistance from fellow staff to implement fall risk reduction interventions when they feel overwhelmed.	☐	☐	☐	☐	☐	☐
24. Staff caution each other about potentially dangerous situations that may increase the risk of patient falls.	☐	☐	☐	☐	☐	☐
25. Feedback between staff about fall risk reduction is delivered in a way that promotes positive interactions and future change.	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐
28. Staff resolve their conflicts about fall risk reduction, even when the conflicts have become personal.	☐	☐	☐	☐	☐	☐

Section F: Communication

Think about how your hospital approaches fall risk reduction…

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
29. Information about fall risk reduction is explained to patients and their families in lay terms.	☐	☐	☐	☐	☐	☐
30. Staff relay relevant information about fall risk reduction in a timely manner.	☐	☐	☐	☐	☐	☐
31. When communicating with patients about fall risk reduction, staff allow enough time for questions.	☐	☐	☐	☐	☐	☐
32. Staff use common terminology when communicating with each other about fall risk reduction.	☐	☐	☐	☐	☐	☐
33. Staff verbally verify information about a patient's fall risk that they receive from each other.	☐	☐	☐	☐	☐	☐
34. Staff follow a standardized method of sharing fall risk information when handing off patients.	☐	☐	☐	☐	☐	☐
35. Staff seek fall risk reduction information from all available sources.	☐	☐	☐	☐	☐	☐

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...

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
36. Management rewards clinical innovation and creativity to improve fall risk reduction.	☐	☐	☐	☐	☐	☐
37. Management solicits opinions of clinical staff regarding decisions about fall risk reduction.	☐	☐	☐	☐	☐	☐
38. Management sees ways to improve patient education and increase patient participation in fall risk reduction.	☐	☐	☐	☐	☐	☐
39. Management provides effective management for continuous improvement of fall risk reduction.	☐	☐	☐	☐	☐	☐
40. Management clearly defines areas of responsibility and authority for clinical managers and staff to improve fall risk reduction.	☐	☐	☐	☐	☐	☐
41. Management promotes teamwork to solve problems related to fall risk reduction.	☐	☐	☐	☐	☐	☐
42. Management promotes communication about fall risk reduction among units and departments.	☐	☐	☐	☐	☐	☐
43. Management provides staff with information on fall risk reduction performance measures and guidelines.	☐	☐	☐	☐	☐	☐
44. Management establishes clear goals for fall risk reduction.	☐	☐	☐	☐	☐	☐
45. Management provides staff members with feedback/data on the impact of decisions on fall risk reduction.	☐	☐	☐	☐	☐	☐
46. Management holds staff members accountable for achieving results in fall risk reduction.	☐	☐	☐	☐	☐	☐

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

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
47. Staff members have a sense of personal responsibility for fall risk reduction.	☐	☐	☐	☐	☐	☐
48. Staff members cooperate to maintain and improve effectiveness of fall risk reduction.	☐	☐	☐	☐	☐	☐
49. Staff members are willing to innovate and/or experiment to improve fall risk reduction.	☐	☐	☐	☐	☐	☐
50. Staff members are receptive to change in fall risk reduction procedures.	☐	☐	☐	☐	☐	☐

Section G: Context for Fall Risk Reduction Continued

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.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
51. Opinion leaders believe that current fall risk reduction practices can be improved.	☐	☐	☐	☐	☐	☐
52. Opinion leaders encourage and support changes in practice patterns to improve fall risk reduction.	☐	☐	☐	☐	☐	☐
53. Opinion leaders are willing to try new fall risk reduction interventions.	☐	☐	☐	☐	☐	☐
54. Opinion leaders work cooperatively with management to make appropriate changes in fall risk reduction.	☐	☐	☐	☐	☐	☐

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

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/Not Applicable
55. We have the necessary support in terms of budget or financial resources.	☐	☐	☐	☐	☐	☐
56. We have the necessary support in terms of training.	☐	☐	☐	☐	☐	☐
57. We have the necessary support in terms of facilities.	☐	☐	☐	☐	☐	☐
58. We have the necessary support in terms of staffing.	☐	☐	☐	☐	☐	☐

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 [response to previous item] 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.