

Communication Tool Telephone Survey Morrisville Pilot Site

Date of interview: _____

Name of agency: _____

Hello and thank you for participating in this survey.

We are assessing how the new perinatal and pediatric communication tools are being used at your site, as well as any issues that you have experienced during your use of these tools. I will be asking you a variety of questions to better understand the strengths and barriers of these tools when in practice. Please answer each question as best as you can. If you have any questions, please feel free to interrupt me. All of your responses are confidential.

Before we begin, I would like to tape record your answers to each of the questions to make sure that I capture each response in its entirety. May I have your permission to do so?

- Yes
- No (***Do not tape-record remainder of call***)

Next I would like to get some personal information from you.

May I have your name?

May I have your job title?

1. Are you currently using the new perinatal and/or pediatric communication tools as part of the delivery of services you provide?

- Yes
- No
- Don't know

2. Which communication tool do you use? (***Read***)

- Perinatal form
- Pediatric form
- Both
- Don't know/not sure

3. How long have you been using the new communication tool(s)?

_____ # of months/weeks (**Circle one**)

4. During an average week, how often do you use the new communication tool(s) in your practice?

_____ # of times per week

Next I am going to list some ways that the new communication tool(s) may have changed the flow of communication between your agency, the other Healthy Babies, Kids & Families partners, and the families receiving services. Please tell me if you have experienced any of the following changes since you started using the new communication tool(s).

5. The new communication tool(s) allowed for a quicker turn around time for referrals?

- Yes
- No ➔ **Skip to Question 6**
- Don't know ➔ **Skip to Question 6**

5.1 How did the new communication tool(s) shorten the referral turn-around time?

6. The new communication tool(s) increased efficiency in staff time?

- Yes
- No ➔ **Skip to Question 7**
- Don't know ➔ **Skip to Question 7**

6.1 How did the new communication tool(s) increase efficiency in staff time?

7. The new communication tool(s) increased the effectiveness between your agency and the various other agencies providing services?

- Yes
- No ➔ **Skip to Question 8**
- Don't know ➔ **Skip to Question 8**

7.1 Please tell me in what ways the new tool(s) increased the effectiveness between agencies?

8. The new communication tool(s) increased the completeness of information shared between your agency and the various other agencies providing services?

- Yes
- No ➔ **Skip to Question 9**
- Don't know ➔ **Skip to Question 9**

8.1 Please tell me in what ways the new tool(s) increased the completeness of information shared between agencies?

9. Are there any other changes in the flow of communication that you have seen?

- Yes
- No ➔ **Skip to Question 10**
- Don't know ➔ **Skip to Question 10**

9.1 Please describe.

10. In addition to risk-based assessment, does the new communication tool(s) capture family interests and concerns?

- Yes
- No
- Don't know ➔ **Skip to Question 11**

10.1 Does the new form capture family interests and concerns better than previous forms?

- Yes
- No ➔ **Skip to Question 10.3**
- Don't know ➔ **Skip to Question 11**

10.2 What type of family interests and concerns does the new tool capture that previous forms did not capture?

10.3 What could be improved about this form that would allow family interests and concerns to be captured better?

11. Do you like the new communication tool(s) better than the previously used Summary of Services form?

- Yes
- No ➔ **Skip to Question 11.2**
- Don't know ➔ **Skip to Question 12**

11.1 Why do you like it better?

11.2 Why don't you like it as much as the Summary of Services form?

12. Is the new communication tool(s) an adequate tool to use for all types of families, for example, high-risk families as well as low risk families?

- Yes
- No ➔ **Skip to Question 12.2**
- Don't know ➔ **Skip to Question 13**

12.1 What do you feel makes it an adequate tool for all types of families?

(Skip to Question 13)

12.2 What do you feel makes it an inadequate tool for all types of families?

12.3 What do you think could make it a better tool to use with high-risk families?

12.4 What do you think could make it a better tool to use with low-risk families?

13. How would you say the quality of information regarding clients has changed? Is the new communication tool ... **(READ)**

- Much better than other forms
- Somewhat better than other forms
- The same as other forms ➔ **Skip to Question 14**
- Somewhat worse than other forms ➔ **Skip to Question 13.2**
- Much worse than other forms ➔ **Skip to Question 13.2**

13.1 In what ways has the quality of client information become better by using the new communication tool(s)?

13.2 In what ways has the quality of client information become worse by using the new communication tool(s)?

14. A goal of the new communication tool is to provide a streamlined approach for communication by consolidating paperwork. I am going to list some forms that have been used in the referral system. Please tell me if the new communication tool has eliminated any of these forms in your work.

	Yes	No	Don't know	Don't use
14.1 1-5 Program Case Review/Discharge Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2 VDH 252w Authorization form for At Risk Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3 HCFA 485 Home Health Certification and Plan of Care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4 Obstetric Provider Benefit Assessment form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.5 Pediatric Provider Benefit Assessment form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.6 Summary of Service form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.7 Client Health Info/Client ID Form VDH 006w?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.8 Referral for Services Form VDH 208w?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.9 Healthy Babies Information Tracking Sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.10 Other?				
Name of form(s):				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are very interested in identifying how we can further improve the new communication tools. Your feedback would be greatly appreciated for these next few questions.

15. Do you think there is any important information missing on the perinatal communication tool?

- Yes
- No ➔ **Skip to Question 16**
- Don't know ➔ **Skip to Question 16**

15.1 What do you think is missing?

16. Do you think there is any information missing on the pediatric communication tool?

- Yes
- No ➔ **Skip to Question 17**
- Don't know ➔ **Skip to Question 17**

16.1 What do you think is missing?

17. Do you think there is any information on the new communication tools that is not useful?

- Yes
- No ➔ **Skip to Question 18**
- Don't know ➔ **Skip to Question 18**

17.1 What information do you feel is not useful?

18. Do you have any other recommendations to further improve these tools?

- Yes
- No ➔ ***Skip to end of survey***
- Don't know ➔ ***Skip to end of survey***

18.1 Please describe.

END:

The survey is complete. Thank you very much for your time. We greatly appreciate your input!