



# PROGRAM STATUS REPORT (BASELINE)

Disseminated October 2008

**Introduction:** This survey is being conducted by the VISN 8 Patient Safety Center (PSC) located in Tampa, FL to evaluate the ***VHA Safe Patient Handling Initiative***. We need honest opinions to be able to evaluate the ***VHA Safe Patient Handling Initiative***.

**Instructions:** Only you, as the Facility Champion, can tell us which program elements were implemented successfully and which ones were not. The designated Facility Champion for this initiative is responsible for completing this questionnaire. Please direct all questions concerning this survey to Carrie Sullivan at the contact information listed below.

**Please complete and submit this survey  
by the specified deadline of the  
DUSHOM correspondence by faxing with  
cover page, emailing with encryption, or  
mailing via a traceable method to:**

Carrie Sullivan  
James A Haley VA Hospital  
Patient Safety Center of Inquiry (118M)  
11605 N. Nebraska Avenue  
Tampa, FL 33612-5738  
[carrie.sullivan@va.gov](mailto:carrie.sullivan@va.gov)  
Phone: 813.558.3935  
Fax: 813.558.3990

**SECTION A: Background Information**

**Provide the following basic information about you and your facility. PLEASE PRINT NEATLY.**

- 1. Today's date: \_\_\_\_\_
- 2. Your facility number: \_\_\_\_\_
- 3. Your name: \_\_\_\_\_

4. Please place a checkmark (√) next to the discipline that best describes your background. Please checkmark (√) only one:

	<b>Discipline</b>
_____	Nursing
_____	Therapist (PT, OT, KT)
_____	Safety, industrial hygiene
_____	Other (Specify): _____

5. Please place a checkmark (√) next to the highest degree that you have earned. Please checkmark (√) only one:

	<b>Degree</b>
_____	High school diploma
_____	Associates degree
_____	Bachelors degree
_____	Graduate degree
_____	Other (Specify): _____

6. Is your VAMC recognized as a Magnet Organization by the American Nursing Credentialing Center? Please checkmark (√) either no or yes:

NO <input type="checkbox"/>	YES <input type="checkbox"/>
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7. What is the percentage of patient caregivers represented by a union at your facility?

Percentage: _____	<b>%</b>
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**Please continue to the next page.**

8. Please indicate how many facilities there are in your healthcare system, how many facilities are you reporting on and their facility names, and the name of the person reporting on the remaining facilities in your health care system.

a. Number of facilities in your HCS:		
b. Number of facilities you are including in the this report:		
c. List the facility names you are reporting on:		
d. <u>Hospitals</u>	e. <u>CBOC's</u>	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
f. <u>If you are not reporting on all of the facilities in your healthcare system, please list the name of the person who is reporting on the remaining facilities:</u>		a. First Name: _____ b. Last Name: _____

**SECTION B: Facility Champion Information**

9. Is it clear to whom you report at your facility? Please checkmark (√) either no or yes:

NO <input type="checkbox"/>	YES <input type="checkbox"/>
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- a. If yes, please place a checkmark (√) next to whom you report. Please check all that apply:

_____	1. Nurse Executive
_____	2. Other Service Chief, (Specify) _____
_____	3. Facility Director
_____	4. Associate Director
_____	5. Other (Specify) _____

10. Is there a direct link between the facility champion and the safety committee (i.e., does the facility champion serve on the safety committee, receive minutes, etc.)? Please checkmark (√) either no or yes:

NO <input type="checkbox"/>	YES <input type="checkbox"/>
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**Please continue to the next page.**

11. Use the rating scale below to estimate the degree to which the following elements of the facility champion have been implemented. Please checkmark (√) one response per element:

Element	0% IMPLEMENTED	25% IMPLEMENTED	50% IMPLEMENTED	75% IMPLEMENTED	100% IMPLEMENTED
a. The position description has been developed	<input type="checkbox"/>				
b. A person was selected for this position	<input type="checkbox"/>				
c. There are clear role expectations	<input type="checkbox"/>				
d. Succession planning is in place to manage turnover in the position	<input type="checkbox"/>				
e. Facility champion has been oriented to role	<input type="checkbox"/>				

12. As the facility champion, how effective are you in implementing the VHA Safe Patient Handling Initiative? Please checkmark (√) one response:

EXTREMELY EFFECTIVE	SOMEWHAT EFFECTIVE	NEITHER EFFECTIVE NOR INEFFECTIVE	SOMEWHAT INEFFECTIVE	EXTREMELY INEFFECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION C: Peer Leader Information

13. Please indicate the degree to which the following elements of the peer leader position have been implemented. Please checkmark (√) one response per area:

Area	0% IMPLEMENTED	25% IMPLEMENTED	50% IMPLEMENTED	75% IMPLEMENTED	100% IMPLEMENTED
a. The position description has been developed	<input type="checkbox"/>				
b. Persons have been selected for this position on each shift in all clinical areas	<input type="checkbox"/>				
c. There are clear role expectations	<input type="checkbox"/>				
d. Succession planning is used to manage turnover in the position	<input type="checkbox"/>				
e. Peer leaders have been oriented to role	<input type="checkbox"/>				
f. Peer leaders have been trained on their role	<input type="checkbox"/>				

**Please continue to the next page.**

14. How effective do you feel the peer leaders in implementing the VHA Safe Patient Handling Initiative? Please checkmark (✓) one response; checkmark (✓) not applicable if you don't yet have any peer leaders:

EXTREMELY EFFECTIVE	SOMEWHAT EFFECTIVE	NEITHER EFFECTIVE NOR INEFFECTIVE	SOMEWHAT INEFFECTIVE	EXTREMELY INEFFECTIVE	NOT APPLICABLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION D: Marketing and Feedback Information**

15. Please indicate the degree to which the following elements of the marketing strategy have been implemented. Please checkmark (✓) one response per area:

Area	0% IMPLEMENTED	25% IMPLEMENTED	50% IMPLEMENTED	75% IMPLEMENTED	100% IMPLEMENTED
a. A marketing plan has been developed to promote the initiative to stakeholder groups	<input type="checkbox"/>				
b. The plan is being implemented	<input type="checkbox"/>				

**SECTION E: Program Support**

16. How supportive do you feel the following persons/groups are regarding the VHA Safe Patient Handling Initiative? Please checkmark (✓) one response per person/group; checkmark (✓) don't know if you are unsure:

Person/Group	EXTREMELY SUPPORTIVE	SOMEWHAT SUPPORTIVE	NEITHER SUPPORTIVE NOR UNSUPPORTIVE	SOMEWHAT UNSUPPORTIVE	COMPLETELY UNSUPPORTIVE	DON'T KNOW
a. VISN leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Facility senior leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your clinical managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safety Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please continue to the next page.**

**SECTION F: Barriers and Facilitators**

17. Please identify the any barriers and facilitators to program implementation that you face in implementing the safe patient handling program at your facility. For this evaluation we define barriers as things that get in the way of implementing the program. Facilitators are those things that make implementation easier. Please use the extra space below if you need more room.

Facilitators	Barriers

**Please submit the completed survey to Carrie Sullivan.**