Provider Survey

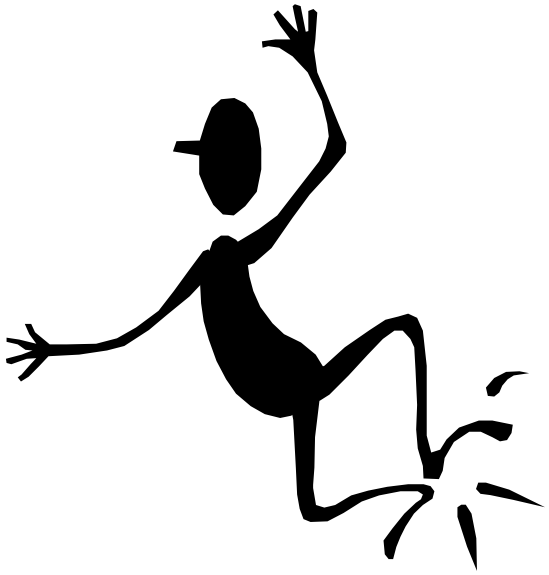
Foot Care System Assessment Tool

"Impact of a Quality Management Intervention upon Foot Care Outcomes" Study

Our Definitions

High risk foot conditions are defined in this survey as peripheral neuropathy, peripheral vascular disease, abnormal biomechanics, (i.e. foot deformities, bunions, hammer toes, claw toes, evidence of increased pressure forming hyperkeratosis (callus), hard and soft corns, tailors bunions, and Charcot foot), a history of foot ulcers, and prior amputation.

Foot ulcers are not included in this definition but are specified separately in the questions.



We know you are overjoyed to see yet another survey……but this took only 10 minutes on average to complete during our pilot tests. Surely you could spare 10 minutes? We really appreciate you sharing your opinions and views about your facility's foot care program with us.

Section A: Coordination Strategies

Instructions: Please indicate to what extent each of the following items provides you with information or guidance for diabetic foot care on a typical day at the VA medical center or satellite/CBOC clinic. Please circle the number of the response that best reflects your judgment. Some of the questions may not fit your situation. In that case, you may indicate that by marking "not applicable" or "not available". You may also skip a question if you choose.

		Not At All	*To a Little Extent*	*To a Moderate Extent*	*To a Great Extent*	*To a Very Great Extent*	*Not Available Not Applicable*
1.	Patient record - paper chart	1	2	3	4	5	n/a
2.	Patient record - electronic (i.e. computerized) version	1	2	3	4	5	n/a
3.	Computerized clinical reminders	1	2	3	4	5	n/a
4.	Nursing care plans	1	2	3	4	5	n/a
5.	Clinical protocols, clinical pathways or care maps	1	2	3	4	5	n/a
6.	Orientation to the PACT program	1	2	3	4	5	n/a
7.	Policies of foot care program	1	2	3	4	5	n/a
8.	Professional journals, texts and other reference materials	1	2	3	4	5	n/a
9.	Professional education program or meeting at the medical center (e.g. grand rounds)	1	2	3	4	5	n/a
10.	Professional education program or conference held outside the medical center	1	2	3	4	5	n/a
11.	Discharge planning meetings	1	2	3	4	5	n/a
12.	Meetings to review quality of care (e.g. mortality and morbidity conferences)	1	2	3	4	5	n/a
13.	Patient rounds with just my discipline	1	2	3	4	5	n/a
14.	Patient rounds with interdisciplinary team (physicians, nurses, rehabilitation therapists, social workers, etc)	1	2	3	4	5	n/a
15.	Patient care conferences with just my discipline	1	2	3	4	5	n/a
16.	Joint patient care conferences involving multiple disciplines	1	2	3	4	5	n/a

Section B: Communication Network

Instructions: Please indicate to what extent discussion with various team members provides you with information or guidance for diabetic foot care on a typical day at the VA medical center or satellite/CBOC clinic. Please circle the number of the response that best reflects your judgment.

Discussion with:	***Not At All***	***To a Little Extent***	***To a Moderate Extent***	***To a Great Extent***	***To a Very Great Extent***	***Not Available Not Applicable***
1. …the Director of the PACT program	1	2	3	4	5	n/a
2. ...the Coordinator of the PACT program	1	2	3	4	5	n/a
3. ...a staff nurse	1	2	3	4	5	n/a
4. ...my supervisor	1	2	3	4	5	n/a
5. ...a podiatrist	1	2	3	4	5	n/a
6. …a prosthetist or pedorthist	1	2	3	4	5	n/a
7. …a rehabilitation or physical therapist or kinesiologist	1	2	3	4	5	n/a
8. …a rehabilitation medicine specialist or physiatrist	1	2	3	4	5	n/a
9. ....a ward clerk	1	2	3	4	5	n/a
10. ....patient's primary physician (e.g. internist, endocrinologist, or nurse practitioner)	1	2	3	4	5	n/a
11. ....a vascular surgeon	1	2	3	4	5	n/a
12. .... an orthopedic surgeon	1	2	3	4	5	n/a
13. ....a plastic surgeon	1	2	3	4	5	n/a
14. ….a general surgeon	1	2	3	4	5	n/a
15. ....a nurse manager	1	2	3	4	5	n/a
16. ....case manager	1	2	3	4	5	n/a
17. ....a certified diabetes educator	1	2	3	4	5	n/a
18. ....a wound care specialist nurse	1	2	3	4	5	n/a
19. ….an infectious disease specialist	1	2	3	4	5	n/a
20. ....home health nurse	1	2	3	4	5	n/a
21. ....a surgical resident	1	2	3	4	5	n/a
22. ....a podiatry resident	1	2	3	4	5	n/a
23. ....a rehabilitation medicine resident	1	2	3	4	5	n/a

Section C. Resources and Information Support

Instructions: For each of the following statements, please circle the number of the response that best reflects your judgements about diabetic foot care at your VA medical center or satellite/CBOC clinic. Some of the questions may not fit your situation. In that case, you may indicate that by marking "not applicable" or "not available". You may also skip a question if you choose.

	Strongly Disagree	*Disagree*	*Neither Disagree Nor Agree*	*Agree*	*Strongly Agree*	*Not Available Not Applicable*
1. Our facility has enough providers with expertise to care for patients with high risk foot conditions.	1	2	3	4	5	n/a
2. There is adequate clinic space for high risk foot care.	1	2	3	4	5	n/a
3. The waiting time for an appointment for high risk foot care is too long.	1	2	3	4	5	n/a
4. There is adequate provision of nail and callus care for patients that need it.	1	2	3	4	5	n/a
5. The therapeutic footwear and prosthetic supplies are available when needed.	1	2	3	4	5	n/a
6. Patient self-care supplies (i.e. mirrors) are available when needed.	1	2	3	4	5	n/a
7. The appropriate equipment and supplies I need to do my work are available when I need them.	1	2	3	4	5	n/a
8. Our facility has sufficient operating room time and staffing to schedule elective procedures before they develop into limb-threatening emergencies.	1	2	3	4	5	n/a
9. Expert home health nursing is available to provide ulcer care.	1	2	3	4	5	n/a
10. Consultants are readily available to assist when a limb-threatening emergency occurs.	1	2	3	4	5	n/a
11. I can quickly identify a patient's foot risk status from the patient's chart (i.e. a sticker, flow sheet, or problem list).	1	2	3	4	5	n/a
12. I can quickly and accurately identify when a patient is due for another foot exam.	1	2	3	4	5	n/a
13. We have an effective system to identify patients who miss appointments and give them another appointment.	1	2	3	4	5	n/a
14. The clinical reminders provide accurate and useful information for foot exams and care.	1	2	3	4	5	n/a
15. I receive information in a timely fashion on patients who have been seen by a different service.	1	2	3	4	5	n/a
16. Primary care providers receive adequate and timely information on their patients who have been treated for ulcers or undergone amputation.	1	2	3	4	5	n/a

Section D. Coordination Strategies

Instructions: For each of the following statements, please circle the number of the response that best reflects your judgements about diabetic foot care at your VA medical center. . Some of the questions may not fit your situation. In that case, you may indicate that by marking "not applicable" or "not available". You may also skip a question if you choose.

	Strongly Disagree	*Disagree*	*Neither Disagree Agree*		*Strongly Agree*	*Not Available Not Applicable*
1. The clinical process tools (i.e. guidelines, pathways, care maps) are useful for managing persons with high risk foot conditions.	1	2	3	4	5	n/a
2. The clinical process tools (i.e. guidelines, pathways, care maps) on ulcer management are practical and useful.	1	2	3	4	5	n/a
3. There is good agreement at our facility on how to manage high risk foot conditions.	1	2	3	4	5	n/a
4. There is good agreement at our facility on how to manage diabetic foot ulcers.	1	2	3	4	5	n/a
5. When I am uncertain about how to handle a patient care issue, I know where to turn for information.	1	2	3	4	5	n/a
6. The knowledge and skills of our facility staff are adequate for the patient care problems we encounter in this facility.	1	2	3	4	5	n/a
7. The primary care providers and endocrinologists identify high risk foot conditions accurately.	1	2	3	4	5	n/a
8. Our facility staff provide expertise in ulcer care.	1	2	3	4	5	n/a
9. Our facility staff provide expertise in vascular surgery.	1	2	3	4	5	n/a
10. Our facility staff provide expertise in footwear and prosthetics.	1	2	3	4	5	n/a
11. There is good understanding of job responsibilities among those who provide care for high risk foot conditions.	1	2	3	4	5	n/a
12. There is good understanding of job responsibilities among those who provide care for foot ulcers	1	2	3	4	5	n/a
13. There is good agreement on where to refer patients with high risk foot conditions for definitive care.	1	2	3	4	5	n/a
14. There is good agreement where to refer patients with non-healing or complicated foot ulcers.	1	2	3	4	5	n/a
15. There are a lot of inappropriate referrals from primary care providers to high risk foot care providers.	1	2	3	4	5	n/a

	Strongly Disagree	*Disagree*	*Neither Disagree Agree*	*Strongly Agree*	*Not Available Not Applicable*
16. Patients with high risk foot conditions are referred to the appropriate providers in a timely fashion.	1	2	3	4	5	n/a
17. Patients with non-healing ulcers are referred to the appropriate providers in a timely fashion.	1	2	3	4	5	n/a
18. There is a single source for coordination and management of all high risk foot care problems.	1	2	3	4	5	n/a
19. Patients with complicated foot conditions can be seen by all the appropriate services on the same day.	1	2	3	4	5	n/a
20. Patients often receive conflicting information from different consultants about their status and options.	1	2	3	4	5	n/a
21. The discharge planning following hospitalization for ulceration is effective.	1	2	3	4	5	n/a
22. Rehabilitation staff are included when considering an amputation.	1	2	3	4	5	n/a
23. The discharge planning following amputation is effective.	1	2	3	4	5	n/a
24. Patients with ulcers receive adequate follow up care to prevent a recurrence.	1	2	3	4	5	n/a
25. Patient education on foot care is readily available.	1	2	3	4	5	n/a
26. The foot care education our high risk patients receive is adequate and effective.	1	2	3	4	5	n/a
27. Patients with foot ulcers are receive adequate and effective education on how to prevent a recurrence.	1	2	3	4	5	n/a
28. The nursing staff promote patient foot care.	1	2	3	4	5	n/a
29. In general, all the providers involved in foot care work well together.	1	2	3	4	5	n/a
30. Podiatrists and surgeons work well together.	1	2	3	4	5	n/a
31. Podiatrists and primary care providers work well together.	1	2	3	4	5	n/a
32. Rehabilitation services and surgery work well together.	1	2	3	4	5	n/a
33. Prosthetics(and/or pedorthics) and podiatry work well together.	1	2	3	4	5	n/a
34. The surgical staff communicate well with rehabilitation staff regarding patient care issues.	1	2	3	4	5	n/a
35. The communication between the infectious disease consultant and the surgical team is open and honest.	1	2	3	4	5	n/a
36. Communication among the providers of ulcer care is open and honest.	1	2	3	4	5	n/a

	Strongly Disagree	*Disagree*	*Neither Disagree Agree*	*Strongly Agree*	*Not Available Not Applicable*
37. Communication among the providers of high risk foot care is open and honest.	1	2	3	4	5	n/a
38. Communication between the providers of high risk foot care and providers of primary care/endocrinology is open and honest.	1	2	3	4	5	n/a
39. Communication between podiatrists and other surgeons is open and honest.	1	2	3	4	5	n/a
40. Patient rounds enhance communication among providers.	1	2	3	4	5	n/a
41. Case conferences enhance communication among providers.	1	2	3	4	5	n/a
42. The team meetings are helpful in making our team function more effectively.	1	2	3	4	5	n/a
43. Surgical attendings provide effective supervision of surgical house staff.	1	2	3	4	5	n/a
44. Rehabilitation medicine attendings provide effective supervision of rehabilitation medicine house staff.	1	2	3	4	5	n/a
45. Podiatry attendings provide effective supervision of podiatry house staff.	1	2	3	4	5	n/a

Section E: Background Information

1. Please indicate your professional discipline:
   a. endocrinologist
   b. certified diabetes educator
   c. general internist, family physician, or geriatrician
   d. infectious disease specialist
   e. nurse practitioner doing primary care
   f. physician assistant
   g. physical therapist
   h. pedorthist
   i. podiatrist
   j. primary care clinic nurse
   k. prosthetist
   l. orthotist
   m. surgeon (please specify: orthopedics, general, vascular, plastic, other _____)
   n. rehabilitation medicine specialist
   o. other - please specify _____

2. In a typical week, how many hours do you spend caring for these four types of problems in diabetic patients?
   _____hrs Patients with no known foot abnormalities.
   _____hrs Managing high risk foot conditions (see definition above).
   _____hrs Managing foot ulcers
   _____hrs Providing surgical or rehabilitation management of amputations

3. Your setting is best described (please circle one): medical center satellite clinic CBOC

Part F: We'd like your opinion -

1. Does your facility have a "champion" for diabetic foot care, that is, someone who cares greatly about the issue and is constantly trying to improve the program and obtain more resources and services?
   If yes, who is that person?_____

2. What are the major strengths of your facility's foot care program? What makes your program successful?

3. What aspects of your facility's foot care program could be improved?

4. What are the barriers to improving foot care?