

HBPC Toolkit Evaluation

The purpose of this survey is to gather feedback from HBPC clinicians and leadership to continue to improve the HBPC Toolkit. We would like your perspective about the Toolkit's ease of use, clarity of design, and comprehensiveness of the information. Thank you for your time!

BACKGROUND

Please indicate the name of your VAMC:

((Note: All results will be de-identified and only reported in the aggregate.))

How long have you been with VA?

- < 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- 21 years or more

How long have you been with the HBPC program?

- < 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- 21 years or more

I am the Program Manager at my HBPC program:

- Yes
- No

Please indicate how long you have been in this position:

Please indicate your role in disaster preparedness with your HBPC program:

Please indicate your discipline:
(Choose One)

- Physician
- Nurse Practitioner
- Registered Nurse
- Social Work
- Physical Therapist
- Occupational Therapist
- Psychologist
- Dietician
- Other

Please specify:

CURRENT DISASTER PREPAREDNESS

How would you rate your current disaster preparedness program?

- Not Robust Somewhat Robust
- Very Robust

How often do you generally have to implement your disaster preparedness protocol at your facility? (Choose One)

- More than 5 times a year
- 3-5 times a year
- 1-2 times a year
- Once every few years
- Have never had to implement the protocol (Never implemented the program)

Please indicate who is responsible for writing and revising the disaster preparedness portion of your Standard Operating Procedures (SOP)? (Please check as many as are applicable)

- Program Manager
- Physician
- Nurse Practitioner
- Registered Nurse
- Social Work
- Physical Therapist
- Occupational Therapist
- Psychologist
- Dietician
- Other

Please specify:

Please indicate which service groups are responsible for disaster preparedness activities (including evaluation, assessment, and follow up of patients) at your site.

- Program Manager
- Physician
- Nurse Practitioner
- Registered Nurse
- Social Work
- Physical Therapist
- Occupational Therapist
- Psychologist
- Dietician
- Other

When a box is checked, a subsequent box will pop up, asking you to indicate the percentage that group is responsible for these activities. Please make sure the total (for all service groups) adds up to 100%.

For example:
Nurse Practitioner: 20%
Registered Nurse: 60%
Physical Therapist: 20%

Please specify name of "Other" discipline:

Please specify percentage the Program Manager is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage the Physician is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage the Nurse Practitioner is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage Registered Nurses are responsible for these activities:

_____ (value should be 0-100)

Please specify percentage Social Work is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage Physical Therapy is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage Occupational Therapy is responsible for these activities:

_____ (value should be 0-100)

Please specify percentage the Psychologist is responsible for these activities:

(value should be 0-100)

Please specify percentage the Dietician is responsible for these activities:

(value should be 0-100)

Please specify percentage [eval_resp_other] is responsible for these activities:

(value should be 0-100)

Total sum

(Must add up to 100%)

Please rate the HBPC Toolkit's following qualities:

	Not Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful
Clarity of design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensiveness of information (content)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL IMPRESSION OF THE TOOLKIT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with the statements listed below:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The topics covered were relevant to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This toolkit will be helpful in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL THOUGHTS ABOUT THE TOOLKIT

What did you like most about the toolkit?

What aspects of the toolkit could be improved?

How often do you see yourself using this Toolkit?

- Never
- Moderately
- Extensively

Please explain how you see yourself using the Toolkit?

FUTURE ACTIVITIES

What type of support around implementing the Toolkit at your site, or other disaster preparedness resources, would be useful to you?
