Eat, Drink & Be Merry Course Project Liaison's Evaluation

Please help us evaluate the Eat, Drink & Be Merry course by completing this survey. Please fax the completed survey to Principal Investigator Anna Rahman at (513) 529-1476 or mail it to her at 519 Stassi Lane, Santa Monica, CA 90402. If you have any questions, please contact Ms. Rahman at rahmanan@muohio.edu or (513) 258-4421. Thank you for your feedback.

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Pа	rtic	un	atio	n:

Number:				
2. Please indicate the positions of the Check all that apply:	e staff member	s (including yourself) who attended	l any one or more	of the teleconferences
Director of Nursing and/or A	ssistant Directo	or of Nursing		
Other nursing staff				
Certified nurse aides				
Medical director				
Facility administrator				
Other staff; please specify:				
3. For each standardized form below to better suit your facility's needs or answer for each form. Mealtime Intake Assessment Form				
to better suit your facility's needs or answer for each form. Mealtime Intake	adopted items	from it; or 3) did not use the form	in any fashion. Pl	ease circle the best
to better suit your facility's needs or answer for each form. Mealtime Intake Assessment Form Between-Meal Intake	Used as is	from it; or 3) did not use the form Modified or used select items	Did not use	Don't know
to better suit your facility's needs or answer for each form. Mealtime Intake Assessment Form Between-Meal Intake Assessment Form Mealtime Feeding Assistance	Used as is Used as is	Modified or used select items Modified or used select items	Did not use Did not use	Don't know Don't know
to better suit your facility's needs or answer for each form. Mealtime Intake Assessment Form Between-Meal Intake Assessment Form Mealtime Feeding Assistance Evaluation Form Between Meal Snack Evaluation	Used as is Used as is Used as is	Modified or used select items Modified or used select items Modified or used select items	Did not use Did not use Did not use	Don't know Don't know Don't know
to better suit your facility's needs or answer for each form. Mealtime Intake Assessment Form Between-Meal Intake Assessment Form Mealtime Feeding Assistance Evaluation Form Between Meal Snack Evaluation Form Quality Improvement Observation	Used as is Used as is Used as is Used as is	Modified or used select items Modified or used select items	Did not use Did not use Did not use Did not use	Don't know Don't know Don't know Don't know

Please rate the usefulness of each form (as we provided it to you) and the helpfulness of the coaching calls:

4.	Mealtime	Intake	Assessment	: Forn

Not at all Useful				Very Useful	Didn't Use
1	2	3	4	5	6

Not at all Useful	2	3	4	Very Useful 5	Didn't Use 6
6. Mealtime Feeding A	Assistance Evalu	ation Form			
Not at all Useful	2	3	4	Very Useful 5	Didn't Use 6
7. Between-Meal Snac	ck Evaluation Fo	orm			
Not at all Useful 1	2	3	4	Very Useful 5	Didn't Use 6
8. Quality Improveme	ent Observation	Form: Meals			
Not at all Useful 1	2	3	4	Very Useful 5	Didn't Use 6
9. Quality Improveme	ent Observation	Forms: Snacks			
Not at all Useful 1	2	3	4	Very Useful 5	Didn't Use 6
10. Weight Assessmen	t Form				
Not at all Useful 1	2	3	4	Very Useful 5	Didn't Use 6
Coaching Calls: 11. Please rate the he	elpfulness of the	between-teleco	nference	coaching calls	s:
Not at all Helpful 1	2	3	4	Very Helpful 5	
Project Outcomes:					
12. Did you and/or yo course?	our staff identify	more residents	s at risk	of unintention	al weight loss as a result of participating in this
Yes No Don't know					
13. Did you and/or yo participating in this co		more mealtime	assistan	oce to residents	s at risk of unintentional weight loss as a result of
Yes No Don't know					
14. Did you and/or yo participating in this co		more between-	meal sno	ucks to residen	ts at risk of unintentional weight loss as a result of
Yes No Don't know					

5. Between Meal Intake Assessment Form

15. In your opinion, l If yes, please explain:		been other bene	fits to the pr	ogram at the residen	it or staff level? Yes	S No
16. What are your/fa	acility futur	re plans regardi	ng the nutri	tion program (check a	all that apply)?	
Plan to expa	and the prog	gram to include m	ore residents	S		
Plan to expa	ınd the prog	gram to include m	nore meals, be	etween-meal time perio	ods and/or days of the we	eek
Plan to expa	ınd the prog	gram to include m	ore non-nurs	sing staff to help during	g/between meals	
Plan to maint	tain the pro	gram at its preser	nt level			
Plan to termi	nate the pro	ogram				
Don't know						
Other: (Pleas	se explain):					
Training Issues:						
17. In your opinion, improve nutritional o			w willing wa	as the staff at your nu	ursing home to change d	aily care routines to
Not at all willing				Very willing		
1	2	3	4	5		
18. In your opinion,	how engag	ged was your staf	ff in this cou	rse?		
Not at all engaged 1	2	3	4	Very engaged 5		
19. If we had asked y	your nursii	ng home to pay \$	95 to enroll	in this course, would	l your nursing home hav	ve enrolled?
Yes No Don't know;	no reply					
20a. Did you or your Drink & Be Merry co		unter problems	that made it	t difficult to implemen	nt the care practices rec	ommended in the Eat,
Yes No—Skip to 2 Don't know—						
20b. If yes, what	t problems	did you and/or	your staff en	ncounter? (Check all t	that apply.)	
Administrative The level of t Residents res	th staff absertaff resisted a re staff did natural reaining provisted or exp	enteeism adopting the new not support adopti vided in the cours oressed dislike for	ion of the nev se was too ad the new pra	lvanced; staff did not u	understand the instruction	S

21a. Did your nursing home undergo a visit from surveyors at some point during the Eat, Drink & Be Merry course (FebAugust, 2010)?
Yes No—Skip to 22 Don't know—Skip to 22
Don't know—Skip to 22
21b. If yes, in your opinion, did your nursing home's participation in the Eat, Drink & Be Merry course help or hurt you with the survey?
Our participation helped our survey results
Our participation hurt our survey results
Our participation had no effect on our survey results Don't know; can't evaluate
Training Needs:
22. Are there other topics on which you and your staff would like additional training? Please check all that apply.
Pressure sore prevention and management
Falls prevention
Pain assessment and management
Delirium assessment and management
Incontinence Management Preventing hospitalizations
Freventing hospitalizations End of life care
Other; please specify:
23. Is there anything we didn't ask about that you would like to share with us or that you think we should know?
Please tell a little about yourself:
24. What is your position?
Director of Nursing or Assistant Director of Nursing
Other nursing staff member; please specify your title:
Certified nurse aide
Medical director
Facility administrator
Other staff member; please specify:
25. What is the name of your nursing home?
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Thank you for your feedback. We sincerely appreciate your time.