

**PEDIATRIC PALLIATIVE CARE PROJECT
PROVIDER SURVEY**

Date: ____/____/____

Provider's Project ID# _____



- Thank you for participating in our project to provide excellent care for children with serious illnesses. This assessment has three parts: Part I asks about general care issues, Part II asks about project components and Part III asks about overall impressions of the project. Parts II and III will not be assessed until you have had a patient enrolled in the project for three months.
- To help us improve the project, we would like your feedback. Your answers will remain confidential; only aggregate data will be used for analysis and reporting.
- When you are asked to evaluate certain aspects of the project (part II), please indicate not only your satisfaction with each aspect, but also their value to you in caring for the child and family.
- Thank you very much for your time and effort on behalf of this project.

PROVIDER DEMOGRAPHICS

A. Type of practice (*check one*): ____ Pediatrics ____ Pediatrics Specialty ____ Family Practice ____ Other

B. Number of years in practice: ____ yrs.

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Part I. Provider Care Assessment

COMMUNICATION:

HOW COMFORTABLE ARE YOU WITH THE FOLLOWING:		Very Uncomfortable		Neutral		Very Comfortable
1	Communicating findings of a life-limiting/terminal illness to pediatric patients & families?	1	2	3	4	5
2	Discussing care options for life-limiting illnesses with pediatric patients and families?	1	2	3	4	5
3	Working with Hospice & Home Health workers to coordinate care of pediatric patients with life-limiting illnesses?	1	2	3	4	5
4	Communicating with Hospice Case Manager?	1	2	3	4	5
5	Communicating with Insurance Case Manager?	1	2	3	4	5

COMMENTS FOR ABOVE RATINGS:

PAIN & SYMPTOM MANAGEMENT:

HOW KNOWLEDGEABLE ARE YOU WITH THE FOLLOWING:		Not at All Knowledgeable		Neutral		Very Knowledgeable
6	Effective control of pain in children with life-limiting illnesses?	1	2	3	4	5
7	The type of information needed from children with life-limiting illnesses in order to effectively control pain and increase comfort?	1	2	3	4	5
8	How to acquire information needed from children in order to effectively control pain and increase comfort?	1	2	3	4	5

COMMENTS FOR ABOVE RATINGS:

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Part II. Project Components

USEFULNESS:

HOW USEFUL WERE THE FOLLOWING COMPONENTS OF THE PROJECT IN YOUR CARE OF CHILDREN WITH LIFE-LIMITING ILLNESSES?:		Not at All Useful		Neutral		Very Useful
9	Training seminar	1	2	3	4	5
10	Enrollment office visit	1	2	3	4	5
11	Consultation with Palliative Care Project Team	1	2	3	4	5
12	Decision-making tool	1	2	3	4	5
13	Pain & symptom algorithms	1	2	3	4	5
14	Clinical assessment and monitoring tool	1	2	3	4	5
15	Project web-site	1	2	3	4	5
16	Co-case management	1	2	3	4	5

COMMENTS FOR ABOVE RATINGS:

17. What is the most useful component or feature of the project?

18. What is the least useful component or feature of the project?

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Part III. Overall Assessment

THINKING OF THE PROJECT AS A WHOLE, HOW WOULD YOU ANSWER THE FOLLOWING:		Absolutely Not	Probably Not	Neutral	Probably Yes	Absolutely Yes
19	Would you enroll another suitable child patient into this project in the future?	1	2	3	4	5
20	Would you recommend this project to another physician?	1	2	3	4	5
21	Will your experience with the project change how you care in the future for children with serious illness and their families	1	2	3	4	5
22	Are you fully satisfied with the project?	1	2	3	4	5

COMMENTS FOR RATINGS *(If any ratings are below 3, why?):*

23. What have you learned from the project?

24. Please indicate any suggestions for improvement for the project and/or any additional comments.

Again, thank you for your participation in this project and your time in completing this survey.