Staff Engagement Survey

Developmental Disabilities (DD) in the ED

1. What is your role in the ED (e.g., RN, MD, NP, Registration, Resident, SW, Physician Assistant, Crisis Worker, etc.)?

_____

2. In the last year, have you been involved in caring for a patient with a suspected DD? **YES or NO**

3. Are you aware of any strategies to help identify if a patient may have a DD? **YES or NO**

If yes, please share any of these strategies: _____

4. When caring for a patient with a suspected DD, how often do you: (1= never, 2=sometimes, 3= often)

A. Document DD in the chart: **1 2 3**

B. Communicate the DD verbally to your colleagues (even if not the presenting problem): **1 2 3**

C. Check to see if noises, lights, smells, or touch can trigger challenging behavior: **1 2 3**

D. Seek out appropriate accommodations: **1 2 3**

E. Adapt your approach: **1 2 3**

F. Adapt your process at discharge (e.g., clearly explain what happened during visit & next steps, ensure patient is connected with services in the community, connect with caregivers): **1 2 3**

5. Which of the following are examples of adapting your approach? (check all that apply)

□ Lower your voice
□ Consider body language
□ Carefully explain procedures
□ Ask patient/caregiver for helpful strategies
□ All of the above

6. When caring for a patient with DD, do you feel:
(1=strongly disagree; 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

a. Comfortable discussing the individual's disability with the patient or caregiver?	1 2 3 4 5
b. Knowledgeable about comorbidities and care issues in DD?	1 2 3 4 5
c. Familiar with community resources for people with DD? (e.g. developmental services, Community Networks of Specialized Care, funding opportunities like the RDSP or Passport Funding, etc.)	1 2 3 4 5
d. Skilled in adapting your communication and approach to a person with DD?	1 2 3 4 5
e. Equipped with proper resources to make desired accommodations? (e.g., time,	1 2 3 4 5

7. Place an **x** next to the statement that most closely reflects your position toward improving care for patients with DD:

□ Improving care for people with DD is important, but I'm not sure I have the time or resources to commit to it.
□ I plan to be involved in implementing tools in our department.
□ Our department does not need the initiative. People with DD already receive excellent care.
□ I am already well connected and enthusiastic about the initiative and tools.

Thank you for your time.