

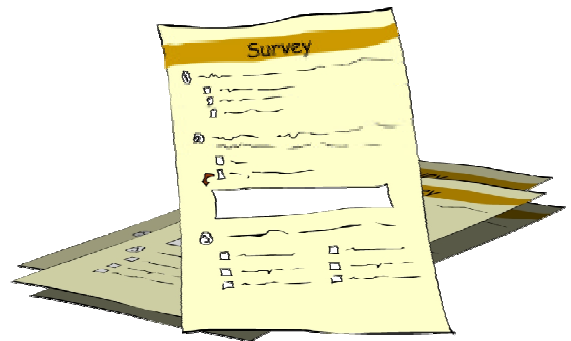
# Referral Source Survey - Rehabilitation Service

**Instructions:** The following survey is part of an evaluation of the referral process for rehabilitation services. Please do not put your name on the survey. For many of the questions, we are asking you to simply check the appropriate circle or box.



Example: Have you ever referred clients for rehabilitation service?  
 Yes    No

- Definitions:**
- Rehabilitation Service**..... *Services provided by Audiologists, Occupational Therapists, Physiotherapists or Speech Language Pathologists.*
  - Hospital Outpatient Rehabilitation Service (OPD)**..... *Services offered on an outpatient basis; this **excludes** inpatient rehabilitation services offered by the hospital.*
  - Stan Cassidy Centre for Rehabilitation (SCCR)**..... *A provincial centre providing tertiary neuro-rehabilitation services.*
  - Extra-Mural Program (EMP)**..... *Provincial home/community health care program.*
  - Referral Process**..... *The act of identifying and/or referring a client for rehabilitation service.*



*Thank You for Your Participation!*

## ***Descriptive Information***

1. My current occupation is...

- Physician (General Practitioner)
- Physician (Specialist)
- Teacher
- Public Health Nurse
- School District Student Service Coordinator
- Psychologist
- Social Worker
- Nursing Home Administrator
- Other (*Specify*)

2. I have been employed in the province for...

- Less than three years
- More than three years

3. How often do you refer clients for rehabilitation service offered by the following...

- OPD?**
- Very Often
  - Sometimes
  - Rarely
  - Never

→ Reasons why you have NEVER referred clients for rehabilitation services to OPD...

- Waiting time for rehabilitation service
- Not familiar with what rehabilitation services are available
- My clients do not require this rehabilitation service
- Unaware of how to refer for this rehabilitation service
- Required rehabilitation service is not available
- Other (*Specify*)

- EMP?**
- Very Often
  - Sometimes
  - Rarely
  - Never

→ Reasons why you have NEVER referred clients for rehabilitation services to EMP...

- Waiting time for rehabilitation service
- Not familiar with what rehabilitation services are available
- My clients do not require this rehabilitation service
- Unaware of how to refer for this rehabilitation service
- Required rehabilitation service is not available
- Other (*Specify*)

- SCCR?**
- Very Often
  - Sometimes
  - Rarely
  - Never

→ Reasons why you have NEVER referred clients for rehabilitation services to SCCR...

- Waiting time for rehabilitation service
- Not familiar with what rehabilitation services are available
- My clients do not require this rehabilitation service
- Unaware of how to refer for this rehabilitation service
- Required rehabilitation service is not available
- Other (*Specify*)

***Please continue with the survey if you have referred clients for rehabilitation service to any of the above. ➡***

# Referral Source Survey

## Referral Process

Q.1 Based on your experience with the referral process for rehabilitation services, please rate your agreement with each sentence below.

Statement 1. I know how to match my client needs with the appropriate rehabilitation service (e.g. audiology, occupational therapy, physiotherapy, speech language pathology)

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree

Statement 2. I know how to match my client needs with the appropriate rehabilitation service provider (e.g. OPD, EMP, SCCR)

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree     Not Applicable

Statement 3. I clearly understand the referral process for **OPD** rehabilitation service.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree     Not Applicable

Statement 4. I clearly understand the referral process for rehabilitation services offered by **EMP**.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree     Not Applicable

Statement 5. I clearly understand the referral process for the **SCCR**.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree     Not Applicable

Statement 6. I am satisfied with the referral process for **OPD** rehabilitation services.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree

Statement 7. I am satisfied with the referral process for rehabilitation services offered by the **EMP**.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree

Statement 8. I am satisfied with the referral process for the **SCCR**.

Strongly Disagree     Disagree     Unsure     Agree     Strongly Agree

# Referral Source Survey

2. Have you made any complaints about the **referral process** for rehabilitation services in your area since September of 1997?  No

Yes —→ If yes, please check below the nature of these complaints (*Check all that apply*)

|  | EMP                      | OPD                      | SCCR                     |
|--|--------------------------|--------------------------|--------------------------|
| <u>Issues with the referral form...</u>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Issues regarding <b>how</b> to access services...</u>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Issues regarding <b>who</b> to access for services...</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other (<i>Specify</i>):</u>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. List below any suggestions for improving the **referral process** for rehabilitation services at the following:

## Hospital outpatient rehabilitation services (OPD)

## Extra-Mural Program (EMP)

## Stan Cassidy Centre for Rehabilitation (SCCR)

# Referral Source Survey

## Satisfaction with Rehabilitation Services

Based on your clients' experience with rehabilitation services, please rate your agreement with each sentence below. Your comments regarding any issues would be appreciated.

### Statement 1. My clients wait too long for rehabilitation service.

|             |                       |                       |                       |                       |                       |                       |                  |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>EMP</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>OPD</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>SCCR</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |

### Statement 2. The rehabilitation service that my clients require is available from...

|             |                       |                       |                       |                       |                       |                       |                  |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>EMP</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>OPD</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>SCCR</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |

### Statement 3. Rehabilitation service providers have the necessary expertise to meet the needs of my clients.

|             |                       |                       |                       |                       |                       |                       |                  |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>EMP</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>OPD</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |
| <b>SCCR</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |
|             |                       |                       |                       |                       |                       |                       |                  |

# Referral Source Survey

**Statement 4. My clients benefit from receiving rehabilitation services from....**

|            |                       |                       |                       |                       |                       |                       |                  |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>EMP</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|            | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

|            |                       |                       |                       |                       |                       |                       |                  |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>OPD</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|            | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

|             |                       |                       |                       |                       |                       |                       |                  |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>SCCR</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

**Statement 5. Overall, I am satisfied with the rehabilitation services my clients receive from...**

|            |                       |                       |                       |                       |                       |                       |                  |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>EMP</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|            | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

|            |                       |                       |                       |                       |                       |                       |                  |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>OPD</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|            | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

|             |                       |                       |                       |                       |                       |                       |                  |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| <b>SCCR</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Comments:</i> |
|             | Strongly Disagree     | Disagree              | Unsure                | Agree                 | Strongly Agree        | Don't Know            |                  |

List below any suggestions you may have for improving rehabilitation services.

*Thank you for taking time to complete this survey!*