

Advance Care Planning **Team Process Improvement Project**

Healthcare Provider Survey (Pre-Intervention)



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Healthcare Provider ACP Survey (Pre-Intervention)

We would greatly appreciate your participation in this questionnaire about advance care planning and goals of care designation in [enter location/setting]. It doesn't matter how much you know about these topics, we need your opinion as someone working in healthcare.

Advance care planning (ACP) and goals of care designation (GCD) are parts of a larger process.

We describe these terms as follows:

ACP is a way to help patients think, talk about and document wishes for their health care.

GCD are medical orders used to describe and communicate the general aim or focus of care including the preferred location of that care.

In this questionnaire, we are interested in:

- (1) Your professional perspectives and experience of ACP and GCD.
- (2) Your suggestions to improve awareness, acceptability and ease of use for ACP and GCD in Alberta.

This questionnaire will take approximately 5 minutes to complete.

If you have any questions or concerns please contact [clinic manager/study investigator].



TITLE:

SPONSOR:

INVESTIGATORS:

This consent form is only part of the process of informed consent. It should give you the basic idea of what the survey is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information.

WHAT IS THE PURPOSE OF THE SURVEY?

The purpose of this survey is to assess barriers/facilitators to Advance Care Planning and Goals of Care Designation engagement from the perspective of healthcare providers.

WHAT WILL I BE ASKED TO DO?

You will be asked to complete a survey regarding your clinical role, participation in Advance Care Planning and Goals of Care Designations as well as barriers and facilitators to this process.

WHAT TYPE OF PERSONAL INFORMATION WILL BE COLLECTED?

The survey will be anonymous and no names or identifying information will be collected.

ARE THERE RISKS OR BENEFITS IF I PARTICIPATE?

We do not anticipate any risks to you should you participate in this survey.

WHAT HAPPENS TO THE INFORMATION I PROVIDE?

Participation in this survey is completely voluntary. You are free to discontinue participation at any time without penalty. If you choose to withdraw during the survey, all information gathered to that point will be destroyed. All responses you provide will be completely anonymous and confidential.

Your agreement below indicates that you 1) understand to your satisfaction the information provided to you about your participation in this survey, and 2) agree to take part as a survey participant.

DO YOU AGREE TO PARTICIPATE?

- Yes
- No



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Section 1: About where you work

What is your primary professional role?

- Nurse
- Doctor
- Social Worker
- Other Allied Health Professional
- EMS provider
- Administrator
- Other

In what clinical setting do you primarily work?

- Cardiac in-patient unit
- Heart function out-patient clinic
- Heart function home-care
- Primary care clinic

Gender

- Male
- Female

For how many years have you been working in your professional role?

- I am a trainee/student/resident
- 0-2 years
- 2-5 years
- 5-10 years
- 10-15 years
- >15 years

How often do you have Advance Care Planning and Goals of Care Designation conversations?

- Never
- Monthly
- Weekly
- Daily

Section 3: Process

6. To what degree have you had difficulty accessing advance care planning and goals of care designation resources (guidebook, green sleeves, quiet space, human resources) in the last month?

Not at all	1	2	3	4	5	6	Every time	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please select any resources that you have had difficulty accessing in the last 1 month.

- Goals of Care Designation form
- Patient guides: Conversations Matter Guidebooks or Understanding goals of care designations brochure
- Green Sleeve
- Advance care planning tracking record
- Quiet space for discussion
- Other health care provider to support discussions (ex. social worker, spiritual advisor, palliative care provider)
- Access to translational services
- Other