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 | t, 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 N | 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=som A. Document DD in the chart: 1 2 3 | netimes, 3= often) |
| B. Communicate the DD verbally to your colleagues (even if not the presenting pro | oblem): 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 patient is connected with services in the community, connect with caregivers): | t & next steps, ensure 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 5. When caring for a patient with DD, do you feel: (1=strongly disagree; 2=disagree, 3=neutral, 4=agree, 5=strongly agree) | |
| Constant land in the state of t | · |
| a. Comfortable discussing the individual's disability with the patient or caregiver? | 12345 |
| 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? | 12345 |
| 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 impatients with DD: | proving care for |
| Improving care for people with DD is important, but I'm not sure I have the time of commit to it. | or resources to |
| ☐ I plan to be involved in implementing tools in our department. | |
| □ Our department does not need the initiative. People with DD already receive exce | ellent care. |
| □ I am already well connected and enthusiastic about the initiative and tools. | |

