

Staff feedback form and sample letter



Developed by: National Ageing Research Institute (based on the Monash University Accident Research Centre pre and post intervention surveys)

Format: Letter and two-page feedback form

Availability: Download letter and feedback form < PDF version> < Word version>

This sample letter and feedback form enables organisations to obtain staff views on the falls prevention program introduced into their residential aged care facility. The two-page feedback form has 14 questions (seven multiple choice questions and seven open-ended questions) to obtain staff views in relation to falls and falls prevention.

Information obtained from the feedback form will assist you to evaluate your falls prevention program.

In 2009 the Department of Health funded Northern Health, in conjunction with National Ageing Research Institute, to review falls prevention resources for the Department of Health's website. The materials used as the basis of this generic resource were developed by National Ageing Research Institute under a Service Agreement with the Department of Human Services, now the Department of Health. Other resources to maintain health and wellbeing of older people are available from www.health.vic.gov.au/agedcare

Working together to prevent falls

< Facility Name >
Falls Prevention Program

Dear Staff,

Our facility has recently introduced a Falls Prevention Program to reduce resident falls.

We would like to obtain your views on the program and in relation to falls generally. We would greatly appreciate you taking the time to complete the attached (two sided) feedback form.

Please be assured that your feedback will be **anonymous**, there will be no information identifying you in any report.

Please return the completed questionnaire in the < eg. envelope provided > by the < date > .

In anticipation, we thank you for completing this questionnaire. The project team appreciate the time you have taken to complete this survey and for your ongoing support throughout the project.

Regards,

< Name >

< Position >

**Note: Questions 10 and 11 are project specific,
and can be deleted or modified
to reflect individual project components**

< Facility Name >
Falls Prevention Program

Staff feedback form

1. Do you feel that the Falls Prevention Program in the facility made you more aware of falls risks and falls prevention strategies? (please circle one)

Strongly agree *Agree* *Neither agree or disagree* *Disagree* *Strongly Disagree*

2. Do you feel that the Falls Prevention Program in the facility raised resident awareness of falls risks and falls prevention strategies? (please circle one)

Strongly agree *Agree* *Neither agree or disagree* *Disagree* *Strongly Disagree*

3. Do you feel that most falls in the older people you care for can be prevented? (please circle one)

Strongly agree *Agree* *Neither agree or disagree* *Disagree* *Strongly Disagree*

4. Do you believe that falls are just a natural part of growing older? (please circle one)

Strongly agree *Agree* *Neither agree or disagree* *Disagree* *Strongly Disagree*

5. Do you feel that preventing falls is an important part of your job? (please circle one)

Strongly agree *Agree* *Neither agree or disagree* *Disagree* *Strongly Disagree*

6. After a resident has fallen, do you discuss with them ways to prevent future falls?

Always *Usually* *Sometimes* *Seldom* *Never*

7. Looking back on the falls that have occurred in the facility over the past year, and given the information you now know about falls and falls prevention, could you list some causes of falls in the facility?

8. In relation to the causes you identified in the above question, could you describe some preventative actions that could have been taken to prevent the falls? *If the facility has not had any falls or minimal falls* what factors/practices have contributed to this.

9. Do you feel that the Falls Prevention Program in the facility had a positive impact on the rate of falls in the facility? (please circle one)

*Strongly
agree*

Agree

*Neither agree
or disagree*

Disagree

*Strongly
Disagree*

10. You completed a falls risk assessment for each resident and identified a number of risk factors. Which interventions have been implemented to date to address these risk factors. If interventions have not been implemented, what have been the major barriers to implementing these falls preventative strategies?

11. One of the major components in this project was physical activity. For those participating in the activity program did you notice any changes in the resident's physical abilities, mental well being or in any other respect? If so, please specify.

12. What have been some of the benefits you have obtained from participating in the falls prevention program?

13. Were there any aspects of the program you consider could have been done differently to improve outcomes?

14. Is there any additional information you wish to tell us?

Thank you for completing this questionnaire.

Please return it to < insert name eg. falls prevention co-ordinator> by < insert date> in the < eg. envelope provided> .

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