

Experience With Care

Experience with TCN program

ID #: _____ Date: _____

Interviewer initials: _____

PT CG

Instructions for Interview: Read the text to the patient exactly as written. Ask the person to choose a response from the list provided. If there is any uncertainty, choose the “neutral” response.

“I am going to read to you some statements about the Advance Practice Nurse services you received. (Insert name of TCN) was the Advanced Practice Nurse or TCN that saw you and your (relationship to PT or CG). After each statement, I would like you to tell me how much you agree with the statement. Your options are: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree. If a question does not apply to you, please tell me. Do you have any questions?” [Answer any questions.]

“OK. Here is the first statement. (INSERT STATEMENT #1) Do you strongly disagree, disagree, neither agree nor disagree, agree, strongly agree with that statement?”

Experience with Care items	SD	D	N	A	SA
1. The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.	1	2	3	4	5
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	1	2	3	4	5
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.	1	2	3	4	5
4. The first home visit was scheduled at a convenient time.	1	2	3	4	5
5. In general, I(WE) received the number of visits that I expected to.	1	2	3	4	5
6. I was told how I could reach the TCN.	1	2	3	4	5
7. The TCN was available by telephone to answer my questions.	1	2	3	4	5
8. I was told the hours that the TCN was available.	1	2	3	4	5
9. I was told what to do in the event of an emergency.	1	2	3	4	5
10. The services of the TCN helped me to manage my (or INSERT RELATIONSHIP) illness better.	1	2	3	4	5
11. The health care services I (or INSERT RELATIONSHIP) received from the TCN helped me (or INSERT RELATIONSHIP) get better more quickly than I (or HE/SHE) otherwise would have.	1	2	3	4	5
12. The TCN took my preferences and those of my family member into account when planning my (or INSERT RELATIONSHIP) care.	1	2	3	4	5
13. The TCN who visited me (or INSERT RELATIONSHIP and I) was professional appearing.	1	2	3	4	5
14. The TCN who visited me (or INSERT RELATIONSHIP and I) was on time.	1	2	3	4	5

15. The TCN who visited me (or INSERT RELATIONSHIP and I) seemed to be in a hurry.	1	2	3	4	5
16. I would willingly use the TCN service again if needed.	1	2	3	4	5
17. I would recommend the TCN service to family and friends.	1	2	3	4	5
18. I feel that I was (or INSERT RELATIONSHIP and I were) discharged too soon by the TCN.	1	2	3	4	5
19. The reason I was (or INSERT RELATIONSHIP and I were) discharged was clearly explained to me by the TCN.	1	2	3	4	5
20. The TCN provided me with a good understanding of the things I am responsible for in managing my (or my INSERT RELATIONSHIP) health.	1	2	3	4	5
21. The TCN made me clearly understand the purpose for taking each of my (or INSERT RELATIONSHIP) medications.	1	2	3	4	5
22. The services of the TCN helped me to manage my (or INSERT RELATIONSHIP) illness better.	1	2	3	4	5
23. The TCN helped me (or INSERT RELATIONSHIP) get well more quickly than I otherwise would have.	1	2	3	4	5

24. Next, I would like to ask you about your experience with the visiting TCN. Similar to before, I will ask you how much you agree with each statement about the TCN. After each statement, ask if the person would like to hear the list of choices. If “yes”, read responses: **strongly disagree, disagree, neutral, agree, strongly agree.**

My TCN... <i>(repeat at the beginning of each statement)</i>	SD	D	N	A	SA
... treated me with dignity and respect.	1	2	3	4	5
... explained the procedures that were performed.	1	2	3	4	5
... kept me updated on my (or INSERT RELATIONSHIP) progress.	1	2	3	4	5
... helped me feel less nervous about my (or INSERT RELATIONSHIP) medical condition.	1	2	3	4	5
... answered my medical questions patiently.	1	2	3	4	5
... clearly explained my (or INSERT RELATIONSHIP) medication instructions.	1	2	3	4	5
... seemed to have knowledge and expertise about my (or INSERT RELATIONSHIP) medical condition.	1	2	3	4	5
... explained my (or INSERT RELATIONSHIP) condition in terms that I understood.	1	2	3	4	5
... communicated effectively with my family.	1	2	3	4	5
... spent enough time with me.	1	2	3	4	5
... gave me clear instructions on how to care for myself (or INSERT RELATIONSHIP) after discharge.	1	2	3	4	5

25. This next question is about your overall satisfaction with the care you received from the TCN. On a scale from 1 to 10, with “1” being “Extremely Dissatisfied”, and “10” being “Extremely Satisfied” how satisfied were you with the care the TCN provided to you?

1 2 3 4 5 6 7 8 9 10

Experience with hospital discharge

I am going to ask you some questions about your experience with care since you were discharged from the hospital OK. Here is the first statement. (INSERT STATEMENT #1) Do you strongly disagree, disagree, agree, strongly agree with that statement?"

	SD	D	A	SA
Overall Experience with Care				
1. I was given enough notice by the staff as to when I would be discharged.	1	2	3	4
2. I was involved in deciding what services I would need.	1	2	3	4
3. I was not asked how I would be managing his/her daily activities.	4	3	2	1
4. My questions and concerns about follow-up services in the home were answered.	1	2	3	4
5. I feel I was discharged too soon.	4	3	2	1
6. There was a person with whom I felt comfortable in discussing our home care needs.	1	2	3	4
Discharge Instructions				
7. The information I received about managing my care was helpful.	1	2	3	4
8. I feel that I did not have enough time to discuss my questions and concerns.	4	3	2	1
9. My care instructions were explained to me.	1	2	3	4
10. I know what symptoms I should report immediately.	1	2	3	4
11. I feel that I did not receive enough health teaching.	4	3	2	1
12. I was included in discussions about managing my care.	1	2	3	4
Medications, Diet and Activity Teaching				
13. My medicines were explained to me by a doctor or a nurse.	1	2	3	4
14. I do not know what my medicines are supposed to do for me.	4	3	2	1
15. The prescribed medications and treatments have made me feel better at home.	1	2	3	4
16. I do not know when to report changes in my weight.	4	3	2	1
17. I received enough information about diet and salt intakes.	1	2	3	4
18. No one talked to me about my daily routines at home.	4	3	2	1
19. I learned to balance my daily activities with periods of rest.	1	2	3	4
Follow-up Services at Home				
20. I was given the names and phone numbers of the doctors I should continue to see.	1	2	3	4
21. I received the name and phone number of the home care nurse.	1	2	3	4
22. The nurse did not visit me at my home soon enough.	4	3	2	1
23. The services arranged for me at home met my needs.	1	2	3	4
24. Medical Equipment and supplies were available to meet my needs.	1	2	3	4
25. Transportation to medical appointments was a problem for me.	4	3	2	1