

Giving Voice to Quality

A consumer education project of the National Citizens' Coalition for Nursing Home Reform

Quality Care Practices Preclude Restraint Use

June 29, 2006

Conference Call Participant Evaluation

THIS EVALUATION WILL ONLY TAKE 5 MINUTES

1. **Did you participate in the Restraint Use Conference Call?**
 Yes
 No
2. **Why did you decide to participate in the call?**
 Friend invited you
 Facility person/nurse invited you
 Ombudsman/advocate invited you
 You recently were in a situation where you wanted to know more about restraint use
 You are trying to educate yourself on issues related to nursing home living
 You had free time, and it sounded interesting
3. **Are you a:**
 Family Member and/or member of a family council
 Resident and/or member of a resident council
 Member of an independent citizen advocacy organization
 Ombudsman
 Staff at a nursing home or assisted living facility
 Other _____
4. **How long have you been in, or involved with, nursing homes?**
_____ (years, months, or days)
5. **Did you experience any problems getting on the call or hearing the presentation?**
 Yes
 No
 Other problems _____
6. **Was the length of this call**
 Too short
 Too long
 Just the right amount of time
7. **Did you know about the appropriate use of restraints before the call?**
 Yes
 No
8. **Did the call help you understand restraint use?**
 Yes
 No
 N/A
9. **Were the written materials you received useful?**

Please return this evaluation to "Giving Voice to Quality" at 1828 L St., NW, Suite 801, Washington DC, 20036, or ksnell@nccnhr.org or fax to 202.332.2949

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- Yes
- No
- I have not received any written materials

10. Have you visited the NCCNHR website?

- Yes – How often?
_____ times a month
- No

11. Did you learn concrete strategies for promoting good restraint practices?

- Yes, it gave me the main ideas I need to use to advocate.
- Yes, it gave me some ideas but I would like more.
- No, I didn't get any ideas about how to advocate.
- Other

12. Who have you talked to about what you learned on the call? _____

13. Would you like to participate in future conference calls?

- Yes
- No

14. How will you use what you learned on the call? (Check all that apply.)

- To try and get better care for myself
- To try to get better care for my loved one
- With other nursing home residents or the resident council
- With other family members or members of the family council
- With Ombudsmen
- With members of your independent citizen group
- Nursing home staff and administrator
- I do not plan to use the information
- Other _____

15. What topics would like addressed during future calls?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

16. Do you have suggestions about how we can make this project better?

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Please add any additional comments related to the conference call here.

Name
(Optional) _____

Facility or Program
(Optional) _____

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