
■ STAFF QUESTIONNAIRE ON INTEGRATED CARE (IC)

General information

1. Age: _____ years

2. Sex: female
 male

3. Profession: (e.g. nurse, ergotherapist etc.)

4. Advanced training: (e.g. psychiatric nurse, sociotherapy, Ex-In-training etc.)

5. Number of total weekly working hours _____ weekly working hours

6. Estimated number of weekly working hours in integrated care
(IC) (not all colleagues are solely working in IC) _____ weekly working hours

7. What is your gross salary for one year? _____ Euro

8. How long have you already been working in IC? _____ / _____ years/months

9. In general, how long have you been working in mental
healthcare? _____ years

10. What is your motivation to work in IC? (multiple responses allowed)

- | | |
|--|--|
| <input type="checkbox"/> My employer provides IC. | <input type="checkbox"/> In IC I have more flexible working hours. |
| <input type="checkbox"/> In IC I can work independently. | <input type="checkbox"/> In IC I can realize my ideals/visions of mental healthcare. |

Other reasons (please list)

11. What is a burden of work in IC for you?

12. What enriches your work in IC?

Contacts to patients insured with Techniker Krankenkasse (TK patients) in November 2013

The following information should refer to the time period from November 1st to 30th, 2013. If you were absent for more than five days in November 2013 due to vacation or illness, please provide information from the last month in which you were absent for five or less days. For “month” you can either choose a calendar month or a similar time period, e.g. October 10th to November 9th, 2013. It is important that you can fairly well remember the time period in question.

The following questions focus exclusively on TK patients enrolled in IC (TK patients). Depending on the effort, you may estimate the answers for the following questions.

13. a) <u>How many TK patients</u> did you see face-to-face during the month in question?	_____	number of TK patients
b) <u>How many face-to-face contacts</u> to TK patients did you have in the month in question? (Please state the number of contacts.)	_____	number of face-to-face contacts
c) <u>Duration of all face-to-face contacts</u> to TK patients within the month in question: (Please state the total duration in hours.)	_____	number of hours of face-to-face contact
14. a) How many TK patients did you see in <u>home treatment</u> during the month in question? (Please state the number of TK patients.)	_____	number of TK patients
b) <u>How many home visits did you do</u> at TK patients' homes during the month in question?	_____	number of home visits
c) <u>Duration of all home visits</u> at TK patients' homes within the month in question: (Please state the total duration in hours.)	_____	number of hours of home visits
15. a) How many TK patients did you <u>contact via e-mail, telephone or mail</u> during the month in question? (Please state the number of TK patients.)	_____	number of TK patients
b) How many TK patients did you <u>exclusively</u> contact via e-mail, telephone or mail during the month in question? (Please state the number of TK patients.)	_____	number of TK patients
16. How many TK patients did you see relatives from during the month in question? (Please state the number of TK patients.)	_____	number of TK patients
17. How many TK patients were assigned to you in the month ¹ in question?	_____	number of TK patients
18. How many TK patients <u>assigned to you did you not contact</u> , neither face-to-face nor e-mail, telephone or mail during the month in question? (Please insert the number of TK-patients.)	_____	number of TK patients
19. How many TK patients <u>assigned to you</u> did you talk about with the physician responsible for their mental healthcare during the month in question?	_____	number of TK patients

¹ Patients who were assigned to you are the patients you are responsible for (e.g. you are the case manager of these patients).

<i>(Please state the number of TK patients.)</i>		
20. Of how many enrolled TK patients <u>assigned to you</u> , can reach the physician responsible for their mental healthcare in the following ways: <i>(Please state the number of TK patients.)</i>		
a. Always	_____	number of TK patients
b. Spontaneously during opening hours	_____	number of TK patients
c. During planned appointments	_____	number of TK patients
d. Not reachable	_____	number of TK patients

Cooperations

21. How often did you approximately cooperate with the following services or providers during the **twelve months starting from December 1st, 2012 to November 30th, 2013?**

	usually always	often	seldom	never	not available
a. Outpatient psychiatrist					
b. Psychiatric outpatient clinic					
c. General practitioner					
d. Psychiatric hospital/department					
e. Day clinic					
f. Day care center					
g. Psychiatric home care					
h. Psychotherapist					
i. Sociotherapist					
j. Ergotherapist					
k. Physiotherapist					
l. Home care					
m. Social worker					
n. Household assistant					
o. Sociopsychiatric service					
p. Assisted living					
q. Residential home					
r. Counseling center					
s. Work rehabilitation service					
t. Integration service					
u. Job center					
v. Patients' employer					
w. Training center					
x. Honorary service					
y. Club, church, similar services (e.g. sports club, language course, choir)					
z. Self-help groups					

	usually always	often	seldom	never	not available
Others (please list) aa. _____					
Others (please list) bb. _____					
Others (please list) cc. _____					

22. As of November 30th, 2013: For how many TK patients assigned to you could you arrange the following services or providers? (Services or providers that were already used by the patient before enrollment should not be considered here.)

- a. Outpatient psychiatrist: _____ number of TK patients
- b. Psychiatric outpatient clinic: _____ number of TK patients
- c. General practitioner: _____ number of TK patients
- d. Psychiatric hospital/department: _____ number of TK patients
- e. Day clinic: _____ number of TK patients
- f. Day care center: _____ number of TK patients
- g. Psychiatric home care: _____ number of TK patients
- h. Psychotherapist: _____ number of TK patients
- i. Sociotherapist: _____ number of TK patients
- j. Ergotherapist: _____ number of TK patients
- k. Physiotherapist: _____ number of TK patients
- l. Home care: _____ number of TK patients
- m. Sociopsychiatric service: _____ number of TK patients
- n. Household assistant: _____ number of TK patients
- o. Assisted living: _____ number of TK patients
- p. Residential home: _____ number of TK patients
- q. Counseling center: _____ number of TK patients
- r. Work rehabilitation service: _____ number of TK patients
- s. Integration service: _____ number of TK patients
- t. Self-help groups: _____ number of TK patients
- u. Social worker: _____ number of TK patients
- v. Job center: _____ number of TK patients
- w. Payed work: _____ number of TK patients
- x. Training: _____ number of TK patients

- y. Internship: _____ number of TK patients
- z. In honorary services: _____ number of TK patients
- aa. Club, church, similar services
(e.g. sports club, language course): _____ number of TK patients
- Others (please list)
- bb. _____ number of TK patients
- Others (please list)
- cc. _____ number of TK patients
- Others (please list)
- dd. _____ number of TK patients

Services

Depending on the effort, you may estimate the answers for the following questions.

23. How many TK patients assigned to you received the following services from **July 1st to September 30th, 2013**? The services named need not have been provided solely by yourself. (If you do not provide a service, please insert 99.)

- a. Psychoeducation: _____ number of TK patients
- b. Intensive care: _____ number of TK patients
- c. Stabilization: _____ number of TK patients
- d. Crisis intervention (ambulatory): _____ number of TK patients
- e. Psychiatric home care: _____ number of TK patients
- f. Home treatment (only to be answered if different from psychiatric home care): _____ number of TK patients
- g. Socioterapy: _____ number of TK patients
- h. Psychotherapy: _____ number of TK patients
- i. Case meetings: _____ number of TK patients
- j. Network dialogues²: _____ number of TK patients
- k. Counseling for relatives³: _____ number of TK patients
- l. Contact to patients' general physician: _____ number of TK patients
- m. Contact to patients' physician responsible for mental healthcare: _____ number of TK patients
- n. Contact to patients' psychotherapist: _____ number of TK patients

² Meetings, where the patient and at least one other person from his social network, next to the case manager, evaluate or plan mental healthcare. Network dialogues are normally planned meetings.

³ Counseling for relatives is a structured service within IC, focusing on relatives and not on patients (presence of patient not necessary).

Others (please list)

o. _____ number of TK-patients

Others (please list)

p. _____ number of TK-patients

24. How many TK patients assigned to you received a copy of their treatment plan? _____ number of TK-patients

25. How many TK patients assigned to you have been enrolled in IC for three months or longer? _____ number of TK-patients

26. How many TK patients assigned to you received a copy of their crisis plan within the first three months after enrollment in IC? _____ number of TK-patients

Distribution of work tasks

27. Referring to a "typical week", please estimate the amount of working time you spend on the following tasks. Please include all tasks for enrolled patients, regardless of whether the patient is assigned to you or insured with the TK. (Please do not extend 100 %.)

a. Face-to-face contact with patients _____ %

b. Other contact with patients (e.g. telephone, e-mail) _____ %

c. Coordination of care (without patient contact) including case or team meetings, supervision _____ %

d. Services for relatives/network dialogues _____ %

e. Documentation and administration _____ %

f. Driving for home visits _____ %

Others (please list)

g. _____ %

Others (please list)

h. _____ %

Sum	100	%
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Supervision and advanced training

The following questions cover the last twelve months from December 1st, 2012 to November 30th, 2013.

28. How many hours of supervision did you receive in the last twelve months? _____ number of hours

29. Who carried out this supervision? (*multiple responses allowed*)

- Superior External
 Psychiatrist (internal)

Others (*please list*)

30. How many hours of advanced training did you receive in the last twelve months? _____ number of hours

- a. How many hours of training on systemic care did you receive in the last twelve months? _____ number of hours
- b. How many hours of training on Need Adapted Treatment did you receive in the last twelve months? _____ number of hours
- c. How many hours of training on other care concepts did you receive in the last twelve months (e.g. care concept of IVPNetworks)? _____ number of hours

Please state _____ number of hours

Please state _____ number of hours

31. Your suggestions for improving IC of TK:

32. With the following questions we would like to know more about your working conditions and job satisfaction. We make use of questions from validated and well-established questionnaires used regularly for surveys. Please mark (with a cross) to what extent you agree with the following statements on your working conditions.

	strongly disagree	disagree	agree	strongly agree
a. I have constant time pressure due to a heavy work load.				
b. I have many interruptions and disturbances while performing my job.				
c. Over the past few years, my job has become more and more demanding.				
d. I receive the respect I deserve from my superior or a respective relevant person.				
e. My job promotion prospects are poor.				
f. I have experienced or I expect to experience an undesirable change in my work situation.				
g. My job security is poor.				
h. Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.				
i. Considering all my efforts and achievements, my job promotion prospects are adequate.				
j. Considering all my efforts and achievements, my salary/income is adequate.				
k. I get easily overwhelmed by time pressures at work.				
l. As soon as I get up in the morning I start thinking about work problems.				
m. When I get home, I can easily relax and 'switch off' work.				
n. People close to me say I sacrifice too much for my job.				
o. Work rarely lets me go, it is still on my mind when I go to bed.				
p. If I postpone something that I am supposed to do today, I'll have trouble sleeping at night.				

33. Please mark to what extent you are satisfied with the following working conditions. (scale 1 – 7, with: 1 = strongly dissatisfied; 7 = strongly satisfied).

	strongly dissatisfied				strongly satisfied		
	1	2	3	4	5	6	7
a. The physical work conditions							
b. The freedom to choose your own method of working							
c. Your fellow workers							
d. The recognition you get for good work							
e. The amount of responsibility you are given							
f. Your rate of pay							
g. Your opportunity to use your abilities							
h. Your job hours							
i. The amount of variety in your job							
j. Now, taking everything into consideration, how do you feel about your job as a whole?							

Thank you!