**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance Page 1 of 2

F-62590 (Rev. 07/08)

**POST ON-SITE REVIEW QUESTIONNAIRE**

**NURSE AIDE TRAINING PROGRAMS**

Completion of this form is voluntary. Copies of this form are available at: <http://dhs.wisconsin.gov/forms/DQAnum.asp>

|  |  |
| --- | --- |
| Name - Training Program       | On-site Review Date      |
| Training Program Address      | Date Questionnaire Completed      |
| On-site Review Reason [ ]  Certification [ ]  Complaint Investigation |

**Use the following scale and check the number that applies.**

**5** = Strongly Agree **4** = Agree **3** = Neutral  **2** = Disagree  **1** = Strongly Disagree  **NA** = Not Applicable

|  | **5** | **4** | **3** | **2** | **1** | **NA** | **Comment if 1 or 2 is checked.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A. ON-SITE REVIEW PROCESS**  |
| 1. On-site review process was clearly explained.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. On-site review did not interfere with the delivery of patient care in the clinical setting.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. On-site review assisted in your understanding of rules / regulations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. On-site review was completed in a reasonable amount of time.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. On-site review time frames and plan of correction process were explained.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Primary Instructor / student reaction to the on-site review was positive.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Communication with DQA Nurse Consultant was ongoing during on-site review.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Training Program had opportunity to discuss preliminary on-site review findings with the DQA Nurse Consultant.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Received knowledgeable response from DQA Nurse Consultant if training program requested clarification during on-site review.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. The on-site review was conducted in a professional manner.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. DQA Nurse Consultant interacted respectfully with training program staff

 and students. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |  |  |  |  |  |  |
| SECTION B. POST-ON-SITE REVIEW STATEMENT OF DEFICIENCY |
|  |  |  |  |  |  |  |  |
| 1. Deficiencies clearly explained the basis for findings of noncompliance.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies identified who, what, when, where and how, if applicable.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies included specific actions, errors, or lack of actions to explain findings of noncompliance.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies were documented by accurate information.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies clearly and concisely explained noncompliance with rules / regulations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Documentation in deficiencies helped training program develop a plan of correction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Changes in policies and / or procedures were made as a result of on-site review findings.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Additional Comments or Information About the On-site Review Process**      |
| **Recommend one change that would improve the on-site review experience.**      |