

# Survey

My institution or organization plans to be a participant in the Transportable Physician Orders for Patient Preferences (TPOPP) Coalition. (If yes, please enter the name of your institution.)

Yes  No

Please enter the name of your institution or organization

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Please check the type of institution or organization:

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS
- Medical Practice
- Assisted Living
- Other

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**Institutional or Organizational Champions:**

To implement TPOPP, the TPOPP team suggest each institution or organization identify key individuals known as "Champions" to lead the way. These "Champions" may be in the role of a physician, nurse, social worker, chaplain, or administrative partner to shepherd TPOPP through the policy approval process. If your institution or organization has identified your champion(s) please provide their contact information below.

I have identified champions to lead this coalition at my institution.

- Yes
- No

Champion Name 1 \_\_\_\_\_

Title

- MD
- RN
- NP
- PA
- SW
- Chaplain
- Other

Phone \_\_\_\_\_

Email \_\_\_\_\_

Champion Name 2 \_\_\_\_\_

Title

- MD
- RN
- NP
- PA
- SW
- Chaplain
- Other

Phone \_\_\_\_\_

Email \_\_\_\_\_

I have not had the opportunity to identify our champions, but I plan to have champion(s) identified by:

\_\_\_\_\_  
(Please enter date in the following format:  
01/22/2012)

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**Institutional or Organizational Program Coordinator:**

**Identification of a Program Coordinator is not required but highly recommended by the TPOPP team. A Program Coordinator may be a champion or champions listed above or it may be a separate individual who is a physician, nurse, social worker, chaplain, or administrative personnel. The role of the Program Coordinator will be to ensure TPOPP is part of the standardized practices and policies within your institution or organization. They will be instrumental in quality improvement activities and capturing TPOPP data at your institution or organization once TPOPP is implemented.**

I have identified a TPOPP Program Coordinator at my institution.

- Yes  
 No

My Program Coordinator has been identified as one of my champion(s). Please identify which champion(s) has been identified or if the Program Coordinator IS NOT one of the champions.

- Champion 1  
 Champion 2  
 Champion 1 and Champion 2  
 Is Not One of the Champions

Name

\_\_\_\_\_

Title

- MD  
 RN  
 NP  
 PA  
 SW  
 Chaplain  
 Other

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

I plan to have a TPOPP Program Coordinator identified at my institution by:

\_\_\_\_\_  
(Please enter date in the following format:  
01/22/2012)

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**Executive Level Feasibility:**

**To implement TPOPP, the TPOPP team suggest each institution or organization obtain executive level approval in support of the TPOPP coalition prior to implementation.**

Has support for participation in the TPOPP coalition been formally addressed at the executive level committee at your institution?

- Yes
- No

I plan to have the TPOPP Program formally addressed at the executive level committee at my institution by:

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(Please enter date in the following format:  
01/22/2012)

**Identification of Community Partners:**

**As part of the implementation of TPOPP, the TPOPP team suggest each institution or organization identify 5 key Community Partners. Identification of your Community Partners will allow the TPOPP team to contact those partners to formally introduce them to the Bi-State TPOPP Coalition and to offer education and training on TPOPP. Your Community Partners may be acute care institutions, long term care institutions, skilled nursing facilities, home care, hospice, or EMS providers.**

I have identified our primary (top 5) community partners for our institution.

- Yes
- No
- I don't know my community partners

I plan to have community partners identified by:

\_\_\_\_\_  
(Please enter date in the following format: 01/22/2012)

Community Partner Name 1

\_\_\_\_\_

Type of Community Partner 1

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS

Contact Name

\_\_\_\_\_

Community Partner Phone Number

\_\_\_\_\_

Community Partner Email

\_\_\_\_\_

Community Partner Fax

\_\_\_\_\_

Community Partner Name 2

\_\_\_\_\_

Type of Community Partner 2

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS

Contact Name

\_\_\_\_\_

Community Partner Phone Number

\_\_\_\_\_

Community Partner Fax

\_\_\_\_\_

Community Partner Email

\_\_\_\_\_

Community Partner Name 3

\_\_\_\_\_

Type of Community Partner 3

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS

Contact Name

\_\_\_\_\_

Community Partner Phone Number

\_\_\_\_\_

Community Partner Fax \_\_\_\_\_

Community Partner Email \_\_\_\_\_

Community Partner Name 4 \_\_\_\_\_

Type of Community Partner 4

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS

Contact Name \_\_\_\_\_

Community Partner Phone Number \_\_\_\_\_

Community Partner Fax \_\_\_\_\_

Community Partner Email \_\_\_\_\_

Community Partner Name 5 \_\_\_\_\_

Type of Community Partner 5

- Acute Care
- LTC
- SNF
- Home Care
- Hospice
- EMS

Contact Name \_\_\_\_\_

Community Partner Phone Number \_\_\_\_\_

Community Partner Fax \_\_\_\_\_

Community Partner Email \_\_\_\_\_

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## Electronic Medical Record

**As a partner in the TPOPP Bi-State Coalition, the TPOPP team is determining how each institution will be able to track their TPOPP data for quality improvement and evaluation. We would appreciate you letting us know if you have access to an EMR and what type.**

Does your institution have an EMR?

Yes

No

Name of EMR

\_\_\_\_\_