

Attributes of Primary Health Care: Provider Survey

Who should answer this survey?

The survey should be filled in by **each** primary health care provider at the clinic, including all practitioners—not just physicians—who treat patients.

How should the survey be completed?

Answers should reflect, as much as possible, the views and practices of each provider in the practice, unless indicated otherwise.

Choose **one** answer per question, unless indicated otherwise.

A. Provider Demographics

Year of Birth: _____

Gender: Male Female

Profession (*choose the one that best describes you*):

- Physician Pharmacist
 Nurse practitioner Social worker
 Registered nurse Other (*please specify*): _____

Number of years practising: _____

Number of **half** days per week you see patients: _____

B. Structure and Organization of the Practice

Information Technology

1. Do you currently use electronic medical records (EMRs) in your practice?

- Yes No, but planning to adopt the use of EMRs within a year No

If you answered one of the “no” choices, skip to Question 4.



2. Which of the following do you do monthly, or more often, with the EMR in your practice?
(Choose all that apply.)
- Electronic ordering of tests (including ordering in the EMR and printing out requisitions)
 - Electronic prescribing of medication (including prescribing in the EMR and printing out prescriptions, faxing or sending a prescription from the EMR directly to a pharmacy)
 - Viewing electronic reports of patient test results ordered by you or your practice
 - Viewing electronic reports of patient test results ordered by another provider (MD or NP) outside your practice
 - Viewing electronic reports of patient hospital records (for example, a discharge summary)
 - Viewing electronic reports of patient imaging results
 - Other (please specify): _____
3. Please indicate how easy it is for you to do the following:
- | | Very easy | Somewhat easy | Neutral | Not very easy | Not at all easy |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Document information about a patient or patient visit using an EMR | <input type="checkbox"/> |
| b. Search for and find patient information within the EMR | <input type="checkbox"/> |

Quality and Safety Processes

4. Does your practice have an individual or a group responsible for leading quality improvement efforts in your practice? (Choose the statement that best describes your practice.)
- Yes, and the person/group is involved in a lot of activities
 - Yes, and the person/group is involved in a few activities
 - Yes, but the person/group is just starting
 - No, but the person/group will start soon
 - No, and there are no plans to do so
 - Don't know
5. Are you involved in any quality improvement initiatives in your practice?
(Choose the answer that best describes you.)
- | | |
|--|--|
| <input type="checkbox"/> Yes, regularly | <input type="checkbox"/> No, but plan to be soon |
| <input type="checkbox"/> Yes, infrequently | <input type="checkbox"/> No |

6. In the past month, has the following happened to any of your patients?
- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Patients did not have timely or appropriate follow-up of important abnormal test results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Patients received the wrong drug or wrong dose, or had preventable drug interactions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Patients <i>nearly</i> received the wrong drug or wrong dose, or had preventable drug interactions (for example, wrong medication was prescribed but another provider caught the error before the patient actually took the medication) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Patients received incorrect results for a diagnostic image or lab test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
7. Do you have a process in your practice for reporting medical errors?
- Yes No Don't know I think we have a process but I don't know how it works

Accountability

8. Does your practice have clear goals and/or a mission statement for the whole practice?
- Not aware of any
- There may be some, but they are not very clear to me
- Yes, but they are not very clear to me
- Yes, and they are somewhat clear to me
- Yes, and they are very clear to me
9. From what sources do you currently receive feedback on your *individual* performance? (Choose all that apply.)
- Colleagues
- Manager
- Practice profile generated by your practice
- Performance reports from regional health authority
- Performance reports from provincial health authority
- Other (please specify): _____

- | | Never | Once a year | Twice a year | Four times a year | Monthly |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. How often do you receive feedback on your <i>individual</i> performance? | <input type="checkbox"/> |
| 11. How often do you receive feedback on the following elements of your <i>practice's</i> performance? | | | | | |
| a. Screening activities (for example, colon cancer screening rates) | <input type="checkbox"/> |
| b. Practice profile information (for example, number of patients with diabetes) | <input type="checkbox"/> |
| c. Disease management activities (for example, percentage of patients with hypertension who have had a blood pressure reading done in the past 12 months) | <input type="checkbox"/> |
| d. Access to care (for example, wait time for next available appointment) | <input type="checkbox"/> |
| e. Patient satisfaction | <input type="checkbox"/> |

Health Human Resources Roles and Responsibilities

12. How much of your scope of practice (that is, the complete set of skills you are trained to use) do you actually use *over the course of a year*?
- I use little of my full scope of practice
- I use about half of my full scope of practice
- I use most of my full scope of practice
- I use my full scope of practice
13. How efficiently are your skills used?
- Not at all Not very efficiently Sometimes efficiently, sometimes not Usually efficiently Always or almost always efficiently
14. Do you practise with a team (that is, work with other physicians, nurses or other allied health professionals at the same practice site)?
- Yes No

If you answered "no," skip to Question 17.

C. Team Functioning

15. Indicate how satisfied you are with the following:
- | | Not at all satisfied | Not very satisfied | Neutral | Somewhat satisfied | Very satisfied |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How members of the practice communicate among themselves about patients and the practice | <input type="checkbox"/> |
| b. The level of understanding others have of my scope of practice | <input type="checkbox"/> |
| c. My level of understanding of my role with the team | <input type="checkbox"/> |
| d. My level of understanding of the role of others within the team | <input type="checkbox"/> |
| e. The frequency with which the team is able to meet as a group | <input type="checkbox"/> |
| f. The collaboration across practice team members in setting goals and plans for patient care (regarding patients who are cared for by more than one member of the practice team) | <input type="checkbox"/> |

Management and Practice Governance

16. How satisfied are you with your participation in administrative decision-making within the practice?

- Not at all satisfied
 Not very satisfied
 Neutral
 Somewhat satisfied
 Very satisfied

Organizational Adaptiveness

17. Indicate your level of agreement/ disagreement with the following statements:
- | | Strongly disagree | Somewhat disagree | Undecided | Somewhat agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My colleagues provide useful ideas and practical help to enable me to do the job to the best of my abilities | <input type="checkbox"/> |
| b. Team members are prepared to question decisions being made/direction being taken by the practice | <input type="checkbox"/> |
| c. The practice is always seeking to improve through the development of new ways of doing or organizing things | <input type="checkbox"/> |
| d. It's hard to make changes in this practice because we are so busy seeing patients | <input type="checkbox"/> |

Provider Satisfaction

18. Indicate your level of satisfaction with the following aspects of your primary care practice:

	Not at all satisfied	Not very satisfied	Neutral	Somewhat satisfied	Very satisfied
a. My ability to remain knowledgeable and current with the latest developments in my field of practice	<input type="checkbox"/>				
b. The freedom I have to make clinical decisions that meet my patients' needs	<input type="checkbox"/>				
c. The time I have available to spend with each patient	<input type="checkbox"/>				
d. My income from clinical practice	<input type="checkbox"/>				
e. Overall experience with practising my profession	<input type="checkbox"/>				

D. Health Care Service Delivery

Coordination of Care and Collaboration

19. To what extent are you able to coordinate with service organizations in the community concerning planning and providing care for your most complex patients (for example, those with multiple chronic conditions or significant social issues impacting their health)?

- Unable to
 Occasionally able to
 Usually able to
 Able to always or almost always when necessary

20. I believe I am aware of all other health care provider consultations and hospitalizations or emergency room visits for _____% of my patients.

- 0%–20%
 20%–40%
 40%–60%
 60%–80%
 80%–100%

21. For your more complex patients receiving health care from multiple providers outside your practice . . .

	No, not at all	No, not really	Undecided	Yes, to some extent	Yes, to a very great extent
a. Are you able to communicate with the other providers involved in a timely manner to advance the care of the patient?	<input type="checkbox"/>				
b. Do all providers caring for these patients have the same information available to them when working with the patient?	<input type="checkbox"/>				
c. Do you collaborate with other providers in establishing goals for treatment or management and plans?	<input type="checkbox"/>				

- 22. During the past month, did the following occur with any of your patients?**
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A patient's medical record(s) or other relevant clinical information was/were not available at the time of the patient's scheduled visit | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tests or procedures had to be repeated because findings were unavailable | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A patient experienced problems because care was not well coordinated across multiple sites or providers | <input type="checkbox"/> | <input type="checkbox"/> |

- 23. After your patient has been discharged from the hospital, on average, how long does it take before you receive a full discharge report from the hospital?**
- Less than 48 hours
 5–14 days
 More than 30 days
 2–4 days
 15–30 days
 Rarely receive a full report from the hospital

- 24. Are you an MD or NP?**

Yes No

(If you answered "no," do not answer questions 25 and 26. Thank you for your participation!)

- 25. Choose the statement that best describes the time frame in which your patient is seen once you have referred a patient to specialty care:**
- Sufficiently fast for optimal patient care
 Appointment delay is suboptimal but does not hinder ability to care for patient
 Appointment delay hinders ability to care for patient efficiently
 Appointment delay has negative effect on patient health or health outcomes
- 26. When you refer a patient to specialty care, how fast is most referral result information returned?**
- Sufficiently fast for optimal patient care
 Referral result information delay is suboptimal but does not hinder ability to care for patient
 Referral result information delay hinders ability to care for patient efficiently
 Referral result information delay has negative effect on patient health or health outcomes

Thank you for your participation!

Your answers are very important in developing a better understanding of primary health care performance.

End of the survey

Thank you for your collaboration!

Bibliography

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