

# Center for Practice Innovation Clinician and Staff Survey:

As part of your practice's participation in the American College of Physicians' Center for Practice Innovation, we ask that all of the clinicians and staff in each office complete a brief online survey about their practice and their satisfaction working in the practice. The survey is completely anonymous, and all of your answers will be kept confidential. There are seven sections. Each of the sections targets a different aspect of your practice, and your role in it. The data collected from this survey will be used to guide our suggestions to your practice, and to monitor your success over time. The survey will take approximately 15 minutes to complete.

We want your honest opinions. The Center staff will never report any practice-specific data back to the office because in a small practice it would be very easy to trace responses to individuals. The data collected will only be reported in combination with other practices. Please contact one of the members of the CPI Staff at 800-338-2746 or through email at [cpi@acponline.org](mailto:cpi@acponline.org) if you have any questions or concerns.

1. Introduction					
Please select your practice from the scroll down list: (practices are listed by: lead physician name, city, and state)					
Please select your practices time zone:		Eastern	Central	Mountain	Pacific

2. Practice <sup>3</sup>							
A) Indicate how well each of the following is currently accomplished at your practice:	Works Well	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering Phones							
Appointment System							
Messaging							
Scheduling Procedures							
Order Diagnostic Testing							
Reporting Diagnostic Test Results							
Prescription Renewal							
Making Referrals							
Pre-authorization for Services							
Billing/Coding							
Phone Advice							
Orientation of Patients to Your Practice							
New Patient Work-ups							
Minor Procedures							
Education for Patients/Families							
Prevention Assessment/Activities							
Chronic Disease Management							
Coordination of Patient Care							

### 3. Satisfaction

A) How would you rate the following aspects of your work environment:	Very Satisfied	Satisfied	Mildly Satisfied	Mildly Dissatisfied	Dissatisfied	Very Dissatisfied
Opportunities for growth through education / additional training <sup>2</sup>						
Utilization of your abilities <sup>2</sup>						
Amount of time you are able to spend with each patient <sup>2</sup>						
Degree of responsibility you have <sup>2</sup>						
Assistance and support from your co-workers <sup>2</sup>						
B) How satisfied are you with each of the following aspects of care, for patients in your practice:						
Quality of healthcare <sup>2</sup>						
Stability of patient relationships <sup>2</sup>						
Ability to provide continuity of care for the patients <sup>2</sup>						
Your familiarity with the patients <sup>2</sup>						

C) How would you rate the following:	Excellent	Very Good	Good	Fair	Poor
Your morale and attitudes about working here <sup>3</sup>					
Other people's morale and attitudes about working here <sup>3</sup>					

D) Over the last 12 months, how often have you felt:	Never	Rarely	Somewhat	Usually	Always
Hurried or rushed <sup>2</sup>					
Stressed or overworked <sup>2</sup>					

### 4. Team Dynamics

A) For each of the following, please indicate how much you agree or disagree with the statement:	Strongly Agree	Agree	Neither Disagree or Agree	Disagree	Strongly Disagree
The entire staff of your practice works together like a team <sup>2</sup>					
Other staff have the skills and knowledge to back you up if necessary <sup>2</sup>					
This practice has enough people and resources to meet the needs of your patients <sup>2</sup>					
Each member of this practice makes a contribution to the practice's success <sup>2</sup>					
Practice members are encouraged to express alternative viewpoints about service and clinical quality issues <sup>2</sup>					

<b>5. Quality Improvement:</b>					
<b>A) For each of the following, please indicate how much you agree or disagree with the statement:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Disagree or Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
You know how to measure the quality of your work <sup>1</sup>					
You collect data about the quality of your work <sup>1</sup>					
You know how to analyze (review) the quality of your work to see if changes are needed <sup>1</sup>					
You use these analyses for making decisions about your work <sup>1</sup>					
You know how well your practice is doing financially <sup>1</sup>					
You are recognized for your work <sup>1</sup>					

<b>6. Patient Centeredness</b>					
<b>A) For each of the following, please indicate how much you agree or disagree with the statement:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Disagree or Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
This practice does a good job of managing patients' concerns and suggestions <sup>3</sup>					
This practice does a good job of assessing current patient needs and expectations <sup>2</sup>					
The staff promptly resolves patient complaints <sup>2</sup>					
Patients' complaints are studied to identify patterns and prevent the same problems from recurring <sup>2</sup>					
This practice uses data from patient complaints to improve services <sup>2</sup>					

<b>B) Does your practice do the following?</b>	<b>Definitely Yes</b>	<b>Somewhat Yes</b>	<b>Somewhat No</b>	<b>Definitely No</b>
Are patients asked for their ideas on their treatment plan? <sup>3</sup>				
Are patients asked to talk about any questions they are having with their medications? <sup>3</sup>				
Are patients asked about health habits in written or oral form? <sup>3</sup>				

<b>7. Demographics</b>					
<b>A) What is your current profession? <sup>2</sup></b>					
<input type="checkbox"/>	Physician	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Office Manager
<input type="checkbox"/>	Nurse Practitioner	<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Administrative Assistant
<input type="checkbox"/>	Physician's Assistant	<input type="checkbox"/> Other : _____			
<b>B) How long have you worked in your position? <sup>2</sup></b>			_____ Months _____ Years		
<b>C) What is your gender? <sup>2</sup></b>		<input type="checkbox"/> Female		<input type="checkbox"/> Male	

D) What is your age? <sup>2</sup>							
	18-24		30-34		40-44		50-55
	24-29		34-40		45-49		55 or older

E) How long did it take you to complete this survey?													
	5-10 min.		11-15 min.		16-20 min.		21-25 min.		26-30 min.		31-35 min.		36 min. or more

## 8. Thank You & Resources:

**Thank you for you time and effort in completing this survey:**

**Resources:**

- 1) "Are We Making Progress? An Assessment Tool From The Baldrige National Quality Program." NIST National Institute of Standard and Technology, Technology Administration US Department of Commerce. As accessed on [www.baldrige.nist.gov/Progress.htm](http://www.baldrige.nist.gov/Progress.htm)
- 2) Kaiser Permanente Georgia, 2004 Surveys for Primary Care Practitioners and Primary Care Support Staff
- 3) Outpatient Primary Care Green Book © 2001, Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005 as accessed on <http://www.clinicalmicrosystem.org/>

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