



If you choose to have your members complete a hard copy of the 9 Month Practice Member Survey, here are the options to submit them:

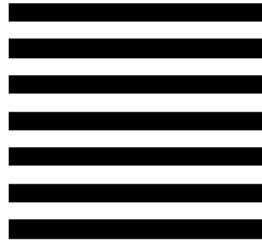
1. Scan & Email to [EvidenceNow.Southwest@ucdenver.edu](mailto:EvidenceNow.Southwest@ucdenver.edu)
2. Fax at 303.724.9747 with **ATTN:** Deina Barton or Dionisia De La Cerda
3. Send by mail with provided free Business Reply Label attaching to your package so that there is no shipping charge to you or your practice.

**BUSINESS REPLY LABEL**  
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**Thank you very much for your participation, time, and effort you contribute to the EvidenceNow Southwest project. Please remember we need at least a 70% completion rate for member surveys.**

If you have questions about these surveys or the survey instructions, please contact your Practice Facilitator or reach out to us at [EvidenceNow.Southwest@ucdenver.edu](mailto:EvidenceNow.Southwest@ucdenver.edu)

**Date: 08-21-2015**

**Valid for Use Through:**

**Study Title: EvidenceNOW Southwest**

**Principal Investigator: W. Perry Dickinson, MD**

**COMIRB No: 15-0403**

**Version Date: 08-21-2015**

**Version No: 2**

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You are being asked to be in this research study because you are a staff member or provider in a practice participating in a project to test different ways of helping primary care practices to build capacity for quality improvement, change management, and implementation of patient-centered research findings.

If you join the study, you will be asked to complete surveys about the practice's organization, your experience as a staff member or provider, and how the practice delivers patient care. You may also be asked to participate in a semi-structured interview about your experiences with the implementation of different approaches to offering practice transformation support. Questions about barriers and facilitators to practice change and attitudes about care provided will be requested. You may choose to not to answer certain questions, if desired.

This study is designed to learn more about the value of adding patient engagement strategies to the more standard approaches to practice transformation for reducing cardiovascular risks in primary care practices.

Possible discomforts or risks include a minimal risk of loss of confidentiality. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by using unique identifying codes for each participant and will be accessible only by the evaluation team; and by reporting only aggregated data so that it is not possible to link an individual and his or her responses. In very small practices, it is possible that the information about you is more identifiable.

This research is being paid for by the Agency for Health Care Research and Quality.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have questions, you can call Perry Dickinson, MD at 303-724-9746. You can call and ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB ( the responsible Institutional Review Board). Their number is (303) 724-1055.



## Practice Member Survey – 9 Month

The purpose of this survey is to understand your perceptions of your work environment following the 9-month practice facilitation period. No one will see any of your answers linked to your name. All responses to this survey will be reported only as summary results. Please answer each question by checking one box, like this  or this . If you are unsure about how to answer a question, please give the best answer you can.

1. **Date:** \_\_\_\_\_
2. **Practice name:** \_\_\_\_\_
3. **Practice Zip code** \_\_\_\_\_

**Please rate your level of agreement with the following statements about your practice.**  
(select only one response)

		<b>Strongly Disagree(1)</b>	<b>Disagree (2)</b>	<b>Neutral(3)</b>	<b>Agree(4)</b>	<b>Strongly Agree(5)</b>
4.	Mistakes have led to positive changes here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I have many opportunities to grow in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	People in our practice actively seek new ways to improve how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	People at all levels of this office openly talk about what is and isn't working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Leadership strongly supports practice change efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	After trying something new, we take time to think about how it worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Most of the people who work in our practice seem to enjoy their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	It is hard to get things to change in our practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	This practice is a place of joy and hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	This practice learns from its mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Practice leadership promotes an environment that is an enjoyable place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	People in this practice operate as a real team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Strongly Disagree</b> (1)	<b>Disagree</b> (2)	<b>Neutral</b> (3)	<b>Agree</b> (4)	<b>Strongly Agree</b> (5)
16.	When we experience a problem in the practice, we make a serious effort to figure out what's really going on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Leadership in this practice creates an environment where things can be accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	We regularly take time to reflect on how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Most people in this practice are willing to change how they do things in response to feedback from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I can rely on the other people in this practice to do their jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Difficult problems are solved through face-to-face discussions in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Members of this practice are able to bring up problems and tough issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This set of questions helps us understand your perceptions of how your practice addresses patients' needs. Please indicate your level of agreement with the following statements.**  
(select only one response)

		<b>Strongly Disagree</b> (1)	<b>Disagree</b> (2)	<b>Neutral</b> (3)	<b>Agree</b> (4)	<b>Strongly Agree</b> (5)
23.	Our practice does a good job of assessing patient needs and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Our practice uses data from patients to improve care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Our practice uses data on patient expectations and/or experience when developing new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**For the next two questions, please think about how your practice addresses unmet social needs of the patients in your practice.**

26. How often does your practice currently ask patients about unmet social needs that can affect their health, such as housing, food security, childcare, transportation, legal assistance, or help with paying bills? (select only one response)

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Sometimes
- <sub>4</sub> Always

27. At this moment, how confident are you in your practice's ability to link patients with unmet social needs to resources in the community? (select only one response)

- <sub>1</sub> Not at all confident
- <sub>2</sub> Somewhat *not* confident
- <sub>3</sub> Somewhat confident
- <sub>4</sub> Very confident

**Using your own definition of burnout, please indicate which of the following statements best describes how you feel about your situation at work.** (select only one response)

- 28.
- <sub>1</sub> I enjoy my work. I have no symptoms of burnout
  - <sub>2</sub> Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
  - <sub>3</sub> I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
  - <sub>4</sub> The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot
  - <sub>5</sub> I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

29. **What is your role in this practice?** (select only one option)

- <sub>1</sub> Physician (MD, DO)
- <sub>2</sub> Nurse Practitioner or Physician Assistant
- <sub>3</sub> Clinical staff (e.g., RN, LPN, MA, CMA, Behavioral health providers)
- <sub>4</sub> Non-clinical staff (e.g., receptionist, billing staff)
- <sub>5</sub> Office manager
- <sub>6</sub> Other

↳ 29a. If "Other" role was checked, please specify: \_\_\_\_\_

**30. How many years have you worked in this practice?**

Please round to the nearest year. If you have worked in the practice less than one year, please indicate that by checking that response option.

\_\_\_\_\_ years OR  I have worked in this practice less than one year.

**31. How many hours per week do you work at this practice?**

\_\_\_\_\_ hours/week

**32. Please provide any additional comments about the support provided by ENSW:**

*Thank you for taking the time to complete this survey.*