

Clinician Survey on Quality Improvement,
Best Practice Guidelines and Information Technology

Rural Health Information, Technology Cooperative, Davenport WA

This is a questionnaire designed to be completed by physicians, clinical staff, and nurses across a health care system. The tool includes questions to assess user's perceptions and the current state of electronic health records.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified or used as is without additional permission from the authors.

Rural Health Information Technology Cooperative

Clinician Survey on Quality Improvement, Best Practice Guidelines, and Information Technology

Conducted for:
The Rural Healthcare Quality Network



Conducted by:
The American Institutes for Research



About this Survey

Thank you for your interest in our survey. Responding to this survey should require about 10-15 minutes of your time. Your participation in this study is entirely voluntary. We encourage you to answer all questions but you are free not to answer any question. There will be no consequences or loss of any benefits to which you are otherwise entitled for declining to participate.

After completing the survey, you will be entered for a chance to win a \$50 Visa/Mastercard gift card if we achieve a 50 percent response rate, or a \$75 gift card if we achieve a 75 percent response rate.

The American Institutes for Research's (AIR) Institutional Review Board (IRB) has reviewed and approved the protocol for this study to ensure that adequate safeguards are in place to protect your rights and privacy. AIR is taking several measures to protect the confidentiality of your responses. AIR will permanently separate survey responses from any record of user identity, and will only provide aggregated information to the Rural Healthcare Quality Network (RHQN) and the Agency for Healthcare Research and Quality (AHRQ). Any documents or reports resulting from this study will only describe information that is aggregated at the network level. AIR will not reveal any information that can be used to identify a hospital, or an individual respondent's identity.

If you have questions about this survey or the study, you may contact the Project Director, Dr. Steve Garfinkel, at the American Institutes for Research, 101 Conner Drive, Suite 301, Chapel Hill, NC 27514, by phone (919) 918-2306, or by e-mail at sgarfinkel@air.org.

Survey Instructions

◆ Answer ALL questions by checking the box that corresponds to your answer. For example:

1. Please rate your agreement or disagreement with the following statement about this hospital. Mark your answer by checking the box.

	Strongly disagree ▼	Disagree ▼	No opinion ▼	Agree ▼	Strongly agree ▼
Emergency room care is a top priority in this hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Have you worked at this hospital for the past 12 months or more?

- Yes
 No

◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

3. Do you spend any time working in the emergency department?

- Yes
 No → If No, Go to Question 5

Clinician Survey on Quality Improvement, Practice Guidelines, and Information Technology

Leadership Support for Quality Improvement

1. How much do you agree with each of the following statements? Please check **ONE** box on each line.

	Strongly disagree ▼	Disagree ▼	No opinion ▼	Agree ▼	Strongly agree ▼
1a. Hospital administrators consistently participate in activities to improve the quality of care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Hospital administration seriously considers staff suggestions for improving the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Hospital administrators are strong advocates for quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Hospital Environment

2. How much do you agree with each of the following statements? Please check **ONE** box on each line.

	Strongly disagree ▼	Disagree ▼	No opinion ▼	Agree ▼	Strongly agree ▼
2a. People here are encouraged to use their own initiative to develop better methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. New ideas are highly valued here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Innovation and creativity are encouraged here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best Practice Guidelines

This section asks about your experiences with and opinions of best practice guidelines.

3. Best practice guidelines are a set of recommendations, based on evidence, that are designed to help practitioners make decisions about appropriate health care for specific conditions. Best practice guidelines for Acute Myocardial Infarction (AMI) in the emergency department (ED) have been developed by a number of national organizations such as American Hospital Association (AHA), NIH, JCAHO, and CMS. These guidelines include recommendations on administering Aspirin, Beta blockers, and thrombolytic agents and conducting EKGs. On a scale 0 to 10, how would you rate your understanding of best practice guidelines for AMI care in the ED?

- 0 I have no understanding at all of best practice guidelines for AMI care in the ED
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 I am an expert in the best practice guidelines for AMI care in the ED

4. In your opinion, how often are these best practice guidelines followed in managing AMI patients who arrive in this hospital's emergency department?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Always

5. Best practice guidelines are a set of recommendations, based on evidence, that are designed to help practitioners make decisions about appropriate health care for specific conditions. Best practice guidelines for Community Acquired Pneumonia (CAP) have been developed by a number of national organizations such as AHA, NIH, JCAHO, and CMS. These guidelines include recommendations on administering antibiotics, influenza and pneumococcal vaccinations, and conducting oxygenation assessments. On a scale 0 to 10, how would you rate your understanding of best practice guidelines for CAP care in the hospital?

- 0 I have no understanding at all of best practice guidelines for CAP in the hospital
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 I am an expert in the best practice guidelines for CAP in the hospital

6. In your opinion, how often are those guidelines followed in the management of patients admitted for treatment of CAP in this hospital?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Always

7. How much do you agree with each of the following statements? Please check ONE box on each line.

	Strongly disagree ▼	Disagree ▼	No opinion ▼	Agree ▼	Strongly agree ▼
7a. Following best practice guidelines is good patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Best practice guidelines are good educational tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Best practice guidelines limit my ability to apply clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. There is enough evidence to support the use of best practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Best practice guidelines are hard to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Best practice guidelines are hard to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Using best practice guidelines is like practicing cookbook medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. Best practice guidelines are too rigid to apply to individual patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computers and Information Technology

8. How often do you access the Internet at home?

- Never or do not have Internet access at home
- Once every few months
- Once a month
- Once a week
- Several times a week
- Every day

9. How often do you access the Internet at work?

- Never or do not have Internet access at work
- Once every few months
- Once a month
- Once a week
- Several times a week
- Every day

10. How much do you personally use a computer for each of the following professional tasks? Please check ONE box on each line.

	Never perform this task ▼	Perform this task but never use a computer ▼	Sometimes use a computer ▼	Often use a computer ▼	Always use a computer ▼
10a. Documenting patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b. Accessing clinical data (e.g., x-rays, labs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c. Communicating with colleagues about issues related to patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d. Obtaining information on a specific patient's diagnosis or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e. Searching the medical or nursing literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How much do you agree with each of the following statements? Please check ONE box on each line.

	Strongly disagree ▼	Disagree ▼	No opinion ▼	Agree ▼	Strongly agree ▼
11a. The use of computers to share clinical information has improved the quality of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b. The use of computers to share information about conditions and possible treatments makes good clinical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11c. The Internet is important in providing clinicians access to up-to-date knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. On the whole, how experienced a computer user do you consider yourself?

- Not at all experienced
- Somewhat experienced
- Moderately experienced
- Very experienced
- Extremely experienced

About Your Work

13. In the past 6 months, how often have you participated in the following training or professional activities? Please check ONE box on each line.

	I have not participated in this activity ▼	Once ▼	Twice ▼	Three or four times ▼	Five or more times ▼
13a. Training on team building in health care settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. Training or video-conference on best practice guidelines for AMI in rural settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c. Training or video-conference on best practice guidelines for CAP in rural settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13d. Continuing Medical Education or Continuing Education Unit courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About Your Work

14. What is your staff position in this hospital? Mark ONE answer that best describes your staff position.

- Registered Nurse
- Physician Assistant/Nurse Practitioner
- Attending/Staff Physician
- Other, please specify: _____

15. What departments or units do you work at in this hospital? Mark ALL that apply.

- Acute care (inpatient)
- Long term care
- Assisted living
- Clinic (outpatient)
- Med / Surg
- Obstetrics
- Pediatrics
- Emergency department
- Telemetry / Intensive care unit
- Other, please specify: _____

16. How long have you worked in this hospital?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years or more

17. How long have you worked in your current specialty or profession?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years or more

About You

18. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or older

19. Are you male or female?

- Male
- Female

20. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

21. What is your race? Please choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Indian or Alaskan Native
- Other, please specify: _____

Thank you for completing the survey!

**Please fold and return your completed survey in
the enclosed postage-paid envelope.**