## Working Hours Survey — SOLO PROVIDER

### Practice Information

- **Site ID(s)**
- **Family Physician/PHC NP’s First and Last Name:**
- **Family Physician/PHC NP’s Phone Number**
- **Family Physician/PHC NP’s Fax Number**
- **Family Physician/PHC NP’s Location**
- **Postal Code**
- **Group Name**

### Call Result:

**SURVEY COMPLETED:**
- Live person answered. Number of rings_________
  - On hold for _______ minutes (*Skip to “If person Answers” Section*)

**AFTER 5 ATTEMPTS, COULD NOT COMPLETE. REASON:**
- Answering machine picked up. Number of rings_______
- Number Not in Service
- Wrong Number
- Family Physician/PHC NP no longer there. How long have they been gone?
  - Don’t know
  - _______ months
- Refused
- Other. Please specify_________________________________________________________

### If person answers….

*Hi, is this the office of Dr.________/ Name of PHC NP? If yes, continue…*

*Hello, my name is XXX and I am calling from Dalhousie University. We are conducting a study in conjunction with the Nova Scotia Department of Health and Wellness and Capital District Health Authority. We have previously sent a letter*
to your practice about this study and I have a short number of questions to ask that should only take a few minutes. Is this the best time?

(optional responses: ● We will not ID individual offices; ● Letter was sent to the family physician/primary health care nurse practitioner who had the option of declining to participate; ● We are asking a few questions that any patient might ask about getting an appointment or services offered)

If Yes, continue with Question A1...

If No, record best time to call ______________________________________________________________________

1. What is the name of this practice? (ensure correct spelling) __________________________________________
2. What is the fax number at this practice? ______________________________________________________
3. What is the postal code of this practice? _______________________________________________________

Section A: Provider Demographic Information

A1. First, what is your profession and/or role at this office? (Do not read responses)

- Clerical/Reception
- Office Manager
- PHC Nurse Practitioner
- Family Practice/Clinic Nurse
- Public Health Nurse
- Mental Health Nurse
- Social Worker

- Psychiatrist
- Family Physician
- Dietician
- Physiotherapist
- Occupational Therapist
- Psychologist
- Other. Specify ________

A2. How many of the following work in your practice (including the interviewee) and are available to your patients...
(Read out list and number all that apply)

<table>
<thead>
<tr>
<th>Number in the practice</th>
<th>Days/Hours Available to Patients per Week</th>
<th>How are patients referred?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td></td>
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</tr>
<tr>
<td>Office Manager</td>
<td></td>
<td></td>
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<tr>
<td>Clerical Staff</td>
<td></td>
<td></td>
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<tr>
<td>PHC Nurse Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Practice/Clinic Nurse</td>
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<tr>
<td>Public Health Nurse</td>
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<tr>
<td>Mental Health Nurse</td>
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<tr>
<td>Social Worker</td>
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</tr>
</tbody>
</table>

Self-referral
Physician referral
Other__________
<table>
<thead>
<tr>
<th>Profession</th>
<th>Self-referral</th>
<th>Physician referral</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td></td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Pharmacist</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Physiotherapist</td>
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<tr>
<td>Occupational Therapist</td>
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<tr>
<td>Pediatrician</td>
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<td></td>
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<tr>
<td>Podiatrist</td>
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<tr>
<td>Other Specify</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Section B: Information About Access**

**B1a.** Is this practice ____________?  
- ☐ Solely a walk-in clinic  
- ☐ Mixed Walk-in Clinic and Regular Clinic  
- ☐ Not a walk-in clinic  

**B1b.** Comments:

**B2a.** Is Dr./PHC NP ____________ currently accepting new patients?  
- ☐ Yes, UNCONDITIONAL (Go to B3)  
- ☐ Yes, CONDITIONAL (Go to B2b)  
- ☐ No (Go to B2c)

**B2b.** If “Yes, Conditional”, can you explain what this means for Dr./PHC NP ____________... (then go to B3)  

**B2c.** If no, are there exceptions for Dr./PHC NP ____________?  
- ☐ Yes (go to B2d)  
- ☐ No (go to B3)

**B2d.** If yes there are exceptions, what are the exceptions for Dr./PHC NP ____________?  
- ☐ Family member of current patient  
- ☐ Pregnant women  
- ☐ No family doctor  
- ☐ Case by case basis  
- ☐ Other, please specify ____________

**B3.** Would Dr./PHC NP ____________ accept patients requiring narcotics?  
- ☐ Yes  
- ☐ No
B4a. What is the process for new patients for Dr./PHC NP __________________?

If the terms “Meet and Greet” and/or “Patient Interview” is used (if not, skip to B4e)...

B4b. After this meeting, does the patient ever decide not to continue seeing Dr./PHC NP __________________?

B4c. After this meeting, does Dr./PHC NP ______________ ever decide not to continue seeing the patient?

B4d. Comments for Dr./PHC NP __________________

B5b. If a regular patient of Dr./PHC NP ______________ called to book a routine care appointment, what is the next available appointment time for them? [With routine care meaning visits are for reasons such as a physical examination, blood pressure checks and other routine type care for a chronic condition] (Record date and time)

B5d. If a regular patient of Dr./PHC NP ______________ called to book an urgent appointment, what is the next available appointment time for them? [With urgent being defined as URGENT BUT MINOR health problem are for problems that come up suddenly like a fever, headache, sprained ankle or rashes. They are not serious enough to make you go immediately to a hospital emergency room] (Record date and time)

B6a. Can a regular patient of Dr./PHC NP ___________ come in to your office for a same day drop in unscheduled appointment?

B6b. How are urgent care patients scheduled with Dr./PHC NP ______________? [With urgent being defined as URGENT BUT MINOR health problem are for problems that come up suddenly like a fever, headache, sprained ankle or rashes. They are not serious enough to make you go immediately to a hospital emergency room] (check all that apply) (read responses)

Between appointments/squeezed in? ○ Yes ○ No

Time slot reserved for urgent episodic care? ○ Yes ○ No

Scheduled into next available appointment? ○ Yes ○ No
B7. What are Dr./PHC NP office hours for PATIENT visits?

Mondays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Tuesdays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Wednesdays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Thursdays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Fridays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Saturdays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Sundays:  ○ No  ○ Yes from _____am/pm to _____ am/pm lunchtime/away _____ #hours_____

Comments:

B8. Does Dr./PHC NP provide coverage for this clinic after the office is closed?  ○ Yes  ○ No

B9. Does Dr./PHC NP have a policy that they will only address one issue per appointment?  ○ Yes  ○ No

We are almost done. These are the last few questions.

Section C: Primary Health Care Organization Model

C1a. Does your office use an Electronic Medical Record?  ○ Yes  ○ No (skip to C2)

C1b. If yes, is the EMR used for any of the following...

- Patient scheduling?  ○ Yes  ○ No
- Recording patient encounters?  ○ Yes  ○ No
- Lab results?  ○ Yes  ○ No
- Billing?  ○ Yes  ○ No
- To prompt calls for patient follow-up?  ○ Yes  ○ No

C8. Does the practice have regularly scheduled meetings?  ○ Yes  ○ No

C9. Is there an e-mail address where the family physicians/PHC NP would respond to patient questions?  ○ Yes  ○ No

Thank you very much for taking the time to answer my questions and helping us with this research. Would you mind if I had to call back for clarification of some answers? If you have any questions or concerns about the study you can contact Dr. Emily Marshall. Would you like her number? (If yes, give number 902-473-4155. If no, thank again and end call.)

C10. Length of call in minutes ________________________________

C11. Other Comments