

APPENDIX D MAAP-NS Survey Protocols (working hours and fax) Marshall, EG

Welcome to the team, J., K. and H.!

I am delighted to have you join the MAAP-NS team! Although your role is a quick one, we are collecting very important information under a specific timeline. You each bring a breadth of expertise to help reach this goal!

We are conducting this study in conjunction with the Nova Scotia Department of Health and Wellness and the Capital District Health Authority. The purpose of this research is to take a 'snap shot' of access to primary care in Nova Scotia from the perspective of a patient. There have been multiple components to the research:

1. **After Hours Survey:** exploring what resources (if any) are shared when doctor's offices are closed (i.e. 811 services, emergency clinics, walk in clinics, doctors on call).
2. **Working Hours Survey:** asking receptionists/office managers about access, hours, models of care
3. **Fax Survey:** To be completed by doctors, will cover additional topics and any gaps we have missed.

Project Contact Information

SN	X	W: 473-x C: 818-x
Dr. Emily Marshall	emily.marshall@dal.ca	473-4155
Barb O'Neil	bloneill@dal.ca	473-x
Jx	x	475-x
Kx	x	240-x
Hx	x	464-x

Project Office Hours:	Time
Tuesday	9AM-5PM
Wednesday	9AM-5PM
Thursday	9AM-5PM

Don't be discouraged if it goes to voicemail, I'm likely making calls, too! ☺ If you need to contact me urgently on a Monday, Friday, or a weekend, call my cell. Otherwise, I can be emailed.

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Dr. Emily Gard Marshall is the Principal Investigator of this research project. Most contact will go through myself, the project manager, who will communicate regularly with the PI. You may contact Dr. Marshall if you are unable to reach me and have an urgent matter that needs to be addressed.

You will keep track of your hours & submit the form via email to **x (please CC myself)**.

Goal: Finish data collection by December 13th. Ideally, complete & begin data entry. Call hours from 8AM - 4PM Monday to Friday for 2 weeks:



Call Pace:

- No daily goals or 'deadlines'. Be mindful of your # of surveys, pace & the timeline.
- If your workload is too much, notify Sacha ASAP to delegate calls.

Calls Delegated in 3 rounds:

1. **List to complete after training**
 - Do solos 1st to gain confidence, then smaller multi surveys.
2. **Call Backs & Multi**
 - All of the solo practices have been contacted, multi have not.
3. **Remaining Multi Surveys**
 - Approx. 75 to be split depending on progress

See Tracking Spreadsheet in Google Drive for assignments.

1st column is color corresponds to RA:

Jx	# Solo Surveys	# Multi Surveys
Dr. Mx (738) –Dr. Kx (803)	30	11
Dr. Wx (641)–Dr. Bx (735)	30	17
Final Multi TBD	0	30

Kx	Solo Survey	Multi Surveys
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Cx (592)– Dr. Wx (640)	31	5
Dr. Lx (805) – Dr. Mx (881)	30	9
Final Multi TBD	0	30

Hx	Solo Surveys	Multi Surveys
Dr. Bx(515)- Dr. Fx (591)	29	12
Final Multi TBD	0	15

Calling The Doc/Nurse Practitioner Office:

- Block your phone number, dial number & let it ring 10X
- If no answer or not in service, hang up and redial. If consistent- record on the survey sheet.
- If someone answers and it's the wrong #- check with them:
 - *Is this Dr. _____'s office?*
- If you get through to the secretary, record the call result and use the survey script
- Answering machine – **do not leave a message**, it is easiest to gain interest by speaking to someone in person. If there is a menu, please listen to all of the options (e.g. for the walk in clinic, hours press "1", but don't link to the on-call doctor (with the exception of connecting to a receptionist). If in doubt use your judgment – if you were a patient calling for advice, what would you push?
- For Multi-Providers, it may be difficult to record all the info in 1 call. Try your best to get as much info as possible in case we cannot contact the office again, but respect if they are tired or busy. Make note of the # of times you had to call.
- **Call no more than 5X**. If there is no answer after 5 tries, mark it appropriately and enter as 'no answer' in the database.
- **Be sure to try a variety of calling times between 8AM-4PM**

Keeping Organized

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- Prepare the survey before the call, get familiar with the name and the location, and write down the date & time of call.
- It is important to take notes that are as detailed as possible during the call (i.e. who you spoke with, additional comments)
- Do not be shy to clarify details if responses aren't clear
- When finished a call, take a moment to go through item by item to make sure there are no missing responses, use best judgement completing any gaps. Call back if it is an omission you cannot fill.
- Be sure to complete sentences/make notes clear. Many responses that do not fit into categories will be useful qualitative context. During data entry we will take note of these items and place them in the additional comments with the corresponding number.
- Note any pertinent details about the survey experience (was the secretary very rushed/rude, or did she show immense interest and share many examples?)
- Be sure to file/keep track of physical records: Traffic System

Yellow Folder: In Progress	Green Folder: Good to Go	Red Folder Stop: Fix
To be called or To be called back Place post its for specific time requests 😊	Ready for entry, survey completed, 5 attempts/wrong # etc.	Requires clarifying details, contacting Sacha

***Be sure to enter call progress in tracking database.**

Tracking Calls & Progress

- A certain number of solo & multi calls will be delegated to each of you. They might not neatly split so search excel if they are not in order.
- Record any changes to phone number, other physicians in the practice, etc. By updating the excel document in google docs.
- Be sure to save and close after making changes either mid-day, or at the end of each day. This way, we have a sense of progress and do not duplicate calls.

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Multiple Versus Solo Practice

- This is a common issue in making working hour calls
- Some doctors might work at 2 clinics, find out which is their main practice and complete the survey with that receptionist.
- When calling solo & multi practices, you may find out that there are other doctors in the solo practice, or that some of the doctors are no longer in the multi practice. Try your best to disentangle & document the details.
- Potential questions to ask when it's unclear:
 - Do they share patients?
 - Do they share physical space/office staff?
 - Is one of the doctors a specialist?
 - Has one of the doctors retired?
 - **If a solo practice is actually a multi, find out details and call back when a multi survey is prepared.**
 - *Is this the office of Dr. Wilson? (Yes, and Dr. Vincent) Oh, I wasn't aware Dr. Wilson and Dr. Vincent shared their practice. *check spelling of Dr. name to search in database*. Is there a better time I could call back? (we can do it now) Actually, I have a few different questions when doctors share a practice and would prepare a different form. *ask best time to call back**

Data Entry & Codes

- Our main priority is data collection (i.e. making calls)
 - We will set a training day to learn how to enter the data into Microsoft access.
 - Data collection would be completed during non-calling hours (i.e. evenings and/or weekends) or January.
 - Lap tops would be provided for data entry.
- **Interviewer ID:** Your Initials
- **Site ID Number:** the registration # of Doctors and Nurse Practitioners, **VERY IMPORTANT** to be accurate, we will be linking databases with this number
- **ID:** Unique # assigned to each record in Access

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- Be sure to include area code for phone number
- **Time & Date:** Be sure to mark AM/PM and to follow up fill in dates for responses such as ‘Next Tuesday’, use the calendar function when available.
- When in doubt, fill in as best as possible, make note of ID# and Access # and contact Sacha.

Potential Challenging Situations	Techniques
Receptionists is too busy	
Receptionist says she doesn't know anything about research & can't answer your questions	
Receptionist becomes angry	
Receptionist is too chatty	
Receptionist's answers are not answering the questions you ask	
Receptionist wants to stop participation half way through	
Receptionist said they never received a letter about the project	
Receptionist asks if it is mandatory	
Receptionist sounds worried about sharing information	

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FAX SURVEY PROTOCOL

Task	Description
Organize Missing Data	Analysis to establish which questions are missing, organized by Site ID Field (By practitioners- which questions are missing in the working hours data.) Advised to enter missing data from working hours into a new form (Access Database on USB). Nirupa will amalgamate content afterward.
Tracking	The fax survey tracking file has been populated with the working hours practitioner information. The list has been divided by batches as appropriate (i.e. Batch #7 was the base fax survey.)
Individualized Cover Letters	Once the list is organized, using the cover letter template in the fax folder. The XML cover letter document must include the following headings: FIRSTNAME, LASTNAME, TITLE and FAXTO (10 digit destination fax # no spaces or dashes- see test file under PrestoFax folder). When saving the document, instead of saving as Excel, for the 2 nd drop down "Save as type", select CSV (comma delimited *.csv). This is the format Prestofax will recognize.
Support	Presto Fax is the Survey Software System we will use for the Fax Survey. Our fax # for the project is 902-482-c. Daryl is our sales representative at the company. Brandon Mackie has been our technical support can be reached at 1-866-653-x, ext. 103.
Protocol	Protocol is to send the fax 3 times. If the fax survey is not returned after the 1 st attempt, a follow up fax will be sent 2 weeks after the original fax survey was sent. A final 3 rd follow up fax will be sent after another 2 weeks. A 4th round can be discussed with Dr. Marshall based on response rates.
When Fax is Returned	The fax will be returned to maapns@dal.ca as a PDF. The returned faxes will show up in the Outlook account. Click download and 'Save as' title, practitioner's first and last name, and site id. Save in Fax Survey/COMPLETED Returned Surveys. Save according to batch #. Enter the date it was returned in the tracking file "Fax Survey Tracking". Once in the Fax Survey Tracking document, indicate in the master list sheet that it is complete or not (by using a 1 to indicate "complete", 0 to indicate "still trying" or -66 to indicate "refusal"), and in the "Batch" sheet when the survey was returned.

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Fax Data Entry	<p>The Fax Survey data will be entered in an Excel document. The question is in the first row, with the response format in the 2nd row for ease of entry.</p> <p>A codebook was created to identify the variable names and response formats.</p> <p>Physicians and NPs will be entered in the same document as they only differ by 1 question (it will be identified in the Excel column).</p>
Working Hours Data Entry	<p>Any requests to participate in the Working Hours Survey since the follow up letters were sent will also be entered in the Access Working Hours April 2014 Database on the JV USB.</p> <p>For surveys returned with Fax Survey Data and Working Hours data, the Fax Survey data will be entered in its excel database, and the Working Hours data will be entered as a new form in the Working Hours Access Database.</p> <p>This data will be provided to Nirupa for appending and analysis.</p>

Files related to the Fax Survey Process can be found under the following link
R:\Family\research\Emily\EMILY STUDIES\A PI MAAP-NS\Fax Survey

In this folder, you will find:

Copy of this Protocol

Fax Cover Letter

Final Fax Survey

Fax Survey with additional questions

Excel Fax Survey Tracking System

The Fax Survey Data Entry excel document to enter the Fax Survey Data; includes the Fax Survey Codebook

Folders for Fax Batches

Folder for Completed, returned surveys