

Interviewer ID _____
Date entered in database _____

**APPENDIX A Working Hours Survey from MAAP-NS Study
MARSHALL, EG (note, spaces have been reduced for brevity)**

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 _____

Attempt #1: Date _____
Time _____
Result _____

Attempt #2: Date _____
Time _____
Result _____

Attempt #3: Date _____
Time _____
Result _____

Attempt #4: Date _____
Time _____
Result _____

Attempt #5: Date _____
Time _____
Result _____

(**If you cannot complete in 5 attempts,
note call result and enter in database)

Total Number of Calls _____

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)

- | | |
|--|--|
| <input type="radio"/> Clerical/Reception | <input type="radio"/> Psychiatrist |
| <input type="radio"/> Office Manager | <input type="radio"/> Family Physician |
| <input type="radio"/> PHC Nurse Practitioner | <input type="radio"/> Dietician |
| <input type="radio"/> Family Practice/Clinic Nurse | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Public Health Nurse | <input type="radio"/> Occupational Therapist |
| <input type="radio"/> Mental Health Nurse | <input type="radio"/> Psychologist |
| <input type="radio"/> Social Worker | <input type="radio"/> 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)

	Number in the practice	Days/Hours Available to Patients per Week	How are patients referred?
Family Physicians			
Office Manager			
Clerical Staff			
PHC Nurse Practitioners			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Family Practice/Clinic Nurse			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Public Health Nurse			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Mental Health Nurse			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Social Worker			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____

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Psychiatrist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Psychologist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Pharmacist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Dietician			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Physiotherapist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Occupational Therapist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Pediatrician			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Podiatrist			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____
Other Specify _____			<input type="radio"/> Self-referral <input type="radio"/> Physician referral <input type="radio"/> Other _____

Section B: Information About Access

B1a. Is this practice _____?	<input type="radio"/> Solely a walk-in clinic <input type="radio"/> Mixed Walk-in Clinic and Regular Clinic <input type="radio"/> 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 _____? Yes No Don't know

B4c. After this meeting, does Dr./PHC NP _____ ever decide not to continue seeing the patient? Yes No Don't know

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)* Date _____
Time _____ am
 pm

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)* Date _____
Time _____ am
 pm

B6a. Can a regular patient of Dr./PHC NP _____ come in to your office for a same day drop in unscheduled appointment? Yes No

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... Yes No

 Patient scheduling? Yes No

 Recording patient encounters? Yes No

 Lab results? Yes No

 Billing? Yes No

 To prompt calls for patient follow-up?

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 _____
