

**Goldman R, Parker DR, Brown J, Walker J, Eaton CB, Borkan JM. Recommendations for a Mixed Methods Approach for Evaluating the Patient-Centered Medical Home. *Ann Fam Med.* 2015;13(2).**

**Supplemental Appendix 3/36**



Role _____
Practice _____
Date _____

## Short-Version Baseline Practice Survey

### PRACTICE DEMOGRAPHICS:

Q1. Enter the following information about the practice:

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Q2. Years in Practice:

Number of years this practice has been in existence:

\_\_\_\_\_

Q3. Please choose one of the following below that best describes your practice size (*Clinician refers to physicians, nurse practitioners, physician assistants, or other revenue-generating physicians.*):

- Solo
- 2-clinician practice
- Medium Family Medicine Group (3-5 clinicians same specialty practice)
- Large Family Medicine Group (6 or more same specialty clinicians)
- Multi-Specialty Group
- Faculty/Resident practice
- Other (please specify): \_\_\_\_\_

Q4. Which clinical specialties are represented in this practice? (Choose all that apply)

- Family Medicine

- Internal Medicine
- Pediatrics
- OB/GYN
- Other (please specify):  
\_\_\_\_\_

Q5. Do you precept medical students in the practice?

- Yes
- No

Q6. Do you precept residents in the practice?

- Yes
- No

Q7. Please indicate approximately the number of patients who are seen in a typical week in the following categories:

Office visits: \_\_\_\_\_

Home visits \_\_\_\_\_

Nursing Home visits \_\_\_\_\_

Source of estimates (1=EMR, 2=billing data, 3=best guess):

\_\_\_\_\_

**PRACTICE DEMOGRAPHICS:**

Q8. Please indicate the approximate percentage of your patients that fall into the following gender categories:

Female \_\_\_\_\_

Male \_\_\_\_\_

Source of Estimates: (1=EMR, 2=billing data, 3=best guess):

\_\_\_\_\_

Q9. Please give the approximate percentage of your patients in the following racial categories:

White/Caucasian \_\_\_\_\_

Black/African American \_\_\_\_\_

Native American, American Indian, or Alaskan Native \_\_\_\_\_ (MUST TOTAL 100%)  
 Asian or Pacific Islander \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Q10. Please indicate the approximate percentage of your patients that are of Hispanic/Latino ethnicity:  
 \_\_\_\_\_ %

Q11. Please indicate the percentage of your patients that fall into each payment method category:

Private health insurance (Capitated) \_\_\_\_\_  
 Private health insurance (fee for service) \_\_\_\_\_ (MUST TOTAL 100%)  
 Medicare \_\_\_\_\_  
 Medicaid/other government assistance \_\_\_\_\_  
 Uninsured \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Q12. Please complete the following regarding the number of staff in your practice and their FTEs:

	Full-time	Part-time	Total FTE
RNs	_____	_____	_____
LPNs	_____	_____	_____
Medical Assistants (CMA/MA)	_____	_____	_____
Clerks/Receptionists/Billing	_____	_____	_____
Medical Records Technicians	_____	_____	_____
Information Technology Technicians	_____	_____	_____
Social Workers/Financial Counselors	_____	_____	_____
Dieticians	_____	_____	_____
Allied Health Staff (lab, x-ray, EKG Technicians, Physical Therapists, etc.)	_____	_____	_____
Practice Manager	_____	_____	_____
Patient Educators	_____	_____	_____

Other (please specify): \_\_\_\_\_

Q13. How many have left the practice within the last year?

Clinicians: \_\_\_\_\_

Staff: \_\_\_\_\_

Q14. How many have joined the practice within the last year?

Clinicians: \_\_\_\_\_

Staff: \_\_\_\_\_

**PRACTICE CHARACTERISTICS:**

Q15. How often does this practice hold meetings to discuss business issues?

More than once a week

Weekly

Monthly

Quarterly

Annually

Never

Other (please specify):

\_\_\_\_\_

Q16. How often does this practice hold meetings to discuss clinical/quality improvement issues?

More than once a week

Weekly

Monthly

Quarterly

Annually

Never

Other (please specify):

\_\_\_\_\_

Q17. Does the practice have regular meetings for (choose all that apply)

- Clinicians
- Staff
- Clinicians and staff together
- Other affiliated practices

Q18. If your practice uses a registry to track patients with specific conditions, please indicate for which of the following conditions a registry is used (Check all that apply)

- Asthma
- Diabetes
- CAD
- Cancer
- COPD
- Depression

Q19. Please describe your practice's use of health risk assessment (HRA) protocols or questionnaires to identify patients who may benefit from counseling or other interventions in the following categories (Check all that apply)

- Tobacco use
- Body Mass Index (BMI)
- Depression

Q. 20. Please describe your practice's use of nurses or health educators, within your practice, for individual counseling in the following categories: (Check all that apply)

- Tobacco use
- Asthma management
- Diabetes management

Q. 21. Do you have:	Yes	No
Nurse or case manager	_____	_____
Asthma manager	_____	_____
Diabetes manager	_____	_____
Health coach	_____	_____
Patient navigator	_____	_____

Community Health Worker \_\_\_\_\_

Certified Health Educator \_\_\_\_\_

Q22. Please indicate below additional information about the technology use of your practice:

	Yes	No
Electronic billing system	_____	_____
Electronic medical records (EMR)	_____	_____
PDAs (Personal Digital Assistants) or smart phone	_____	_____
Do you Use:		
Online literature searching (Medline, Ovid, Medscape, etc.)	_____	_____
Internet-based knowledge base (WebMD, Mayo Clinic, etc.)	_____	_____

Q23. Please describe your practice's current use of the following components:

a. Open-access scheduling (*Under the open-access scheduling model, the practice typically leaves 50% to 65% of office visit slots free. These slots are then filled each day based upon requests received since the end of the previous work day.*)

- Currently use
- Considering using
- Previously used

b. Web-based scheduling in which patients make an appointment without talking to the receptionist

- Considering using
- Currently use
- Previously used

c. An electronic health record (EHR)

- Currently use      If so, which one?

\_\_\_\_\_

- Considering using
- Previously used

Q24. What functions do computers serve for your practice? (Check all that apply)

- Patient scheduling
- Patient communication

Q25. What is your year of birth? \_\_\_\_\_

Q26. What is your race/ethnicity?

- 1= White, not Hispanic/Latino
- 2= Black or African American
- 3= American Indian
- 4= Asian
- 5= Native Hawaiian or Pacific Islander
- 6= Hispanic/Latino
- 7= Other

If Other, then specify \_\_\_\_\_

PLEASE SEE QUESTION 27 ON NEXT PAGE



Q. 27 Does your practice currently work with any other PCMH related organizations/initiatives or engaged in any other Medical Home efforts? Yes  No

If yes, please check off those you work with below and the approximate date they began to work with your practice

		MM/YYYY
Beacon/TransforMed	<input type="checkbox"/>	_____
Health Centric Advisors	<input type="checkbox"/>	_____
RIQI Regional Extension Center Relationship Manager	<input type="checkbox"/>	_____
Current Care	<input type="checkbox"/>	_____
Meaningful Use	<input type="checkbox"/>	_____
Clearwater Research/CAPS survey	<input type="checkbox"/>	_____
CSI	<input type="checkbox"/>	_____
NCQA Recognition	<input type="checkbox"/>	_____
Seeking initial recognition	<input type="checkbox"/>	_____
Are recognized and seeking renewal	<input type="checkbox"/>	_____
Current recognition level		
Level I	<input type="checkbox"/>	
Level II	<input type="checkbox"/>	
Level III	<input type="checkbox"/>	
Blue Cross Blue Shield PCMH Initiative	<input type="checkbox"/>	_____
Rhode Island Chronic Care Collaborative	<input type="checkbox"/>	_____
RI Community Health Centers Association		
RI Foundation Patient Centered Medical Home Collaborative Grant	<input type="checkbox"/>	_____
HRSA 2011 Quality Improvement and Patient-Centered Medical Home Development Grant	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____



## **Brown Primary Care Transformation Initiative**

### **Process Evaluation with Data Collection Staff**

### **Core Question Guide**

#### **CONDUCTING EVALUATION DATA COLLECTION:**

1. Which sites have you been involved with for evaluation? We'll discuss your reflections about each site separately. Which site would you like to start with?
2. What is your overall assessment about how the evaluation procedures went at Site X? What makes you say this?
3. Let's consider the quantitative surveys first.
  - a. How did you recruit people for surveys? (each role/type) Barriers/Facilitators. Who was involved in helping you with recruitment?
  - b. What were some barriers to smooth completion of the sets of surveys?
  - c. Which surveys were more difficult to get completed? Why do you think this is so?
  - d. Which staff roles or types of patients were more difficult to complete the surveys with? Why do you think this was so?
  - e. When survey administration went well, what do you think facilitated this?
4. Now let's consider the qualitative observations, interviews, pathways
  - a. What do you think about the participant observation that you conducted at the site? Where did you situate yourself? Was it fruitful time spent? Why/why not?
  - b. How did you recruit people for interviews and pathways? Barriers/Facilitators. Who was involved in helping you with recruitment?
  - c. What were some barriers to smooth completion of the interviews and pathways? Which were more difficult to get completed? Why do you think this is so?
  - d. Which staff roles or types of patients were more difficult to interview or conduct pathways with? Why do you think this was so?
  - e. When interviews and pathways went well, what do you think facilitated this?



## **Brown Primary Care Transformation Initiative**

### **Process Evaluation with Transformation Facilitation Staff**

#### **Core Question Guide**

#### **PROVIDING TRANSFORMATION FACILITATION**

1. At this point, how would you describe the role of transformation facilitator?
  - a. How has this changed over your time working as a facilitator? Why do you think this is so?
2. How have you learned how to be a transformation facilitator?
3. Which sites have you been involved with for transformation? Which site would you like to start with?
4. How would you say transformation is going at this site? What makes you say this?
5. In what ways has your assessment of how transformation is going changed since we last had a process evaluation discussion about this?
6. What has been the general attitude of the practice providers and staff toward transformation work?
  - a. What is their demeanor when you are working with them on transformation initiatives?
  - b. Which providers or staff members seem to be most engaged? Why do you think this is so?
  - c. Which providers or staff members seem little engaged? Why do you think this is so?
  - d. How do you think this has affected transformation progress at this site?
7. What are some barriers to transformation progress?
8. What are some facilitators?
9. What has surprised you? (positive and negative)
10. Have there been any events at this practice or that affect this practice that may have had an effect (positive or negative) on transformation success at this practice?
11. What is the progress of any change initiatives that were underway at the time of our last focus group?
12. What change initiatives has the practice begun since our last process focus group? How are they going?
13. Describe an example of a transformation initiative that the site is having some success with.
  - a. What/who particularly has helped with this success?
14. Describe an example of a transformation initiative that the site is having difficulty with.
  - a. What/who is getting in the way of progress?
15. What are some problems that you have helped the site solve? How did this happen? How do you feel about your role in this problem resolution?
16. How do you feel overall about your role in practice transformation with this site?
17. What are some things that you think you did particularly well?
18. What are some things that you realize might have been better done differently?
19. What are some strategies that you think might be helpful to implement going forward?
20. What insights about transformation have you gained from working with this practice?
21. What resources (of any type) did you access to help your transformation work with this practice?
22. Are there other resources (of any type) that you think would have been useful to have had access to while working with the practice in the last 4 months?



Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Guide for documenting the contextual factors that influence facilitation/evaluation work**

*Remember to note which practices you're writing about.*

### **AT THE PRACTICES**

- What happened this week at the practices that surprised/interested you? Why did it surprise/interest you? What circumstances surrounded this happening?
  
- What happened at the practices that influenced transformation, transformation progress, or data collection? (e.g. new protocol instituted; decisions made; special meeting occurred; staff left or new staff were hired; etc.)
  
- Who did/said something or interacted with you at a practice that was out of the norm? Why was it unusual? What effect did it have? Why do you think this was happening? (This could also have occurred in the opposite way – someone who was previously interactive and engaged in transformation was not so at this time.)

### **BROADER CONTEXT**

- What happened in the broader context (e.g. PCMH-related collaborative meeting; local/regional/national politics; economics; weather; etc.) that influenced what's happening at the practices, or your work with the practices?

### **YOUR ROLE IN FACILITATION OR EVALUATION DATA COLLECTION**

- What has changed in the way you view the practice, the providers and staff, your role as facilitator or data collector? Why do you think this has changed? What impact do you think it is having on your facilitation or data collection role and on the practice's transformation? How do you feel about the change?

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**Supplemental Appendix 12. Brown Pediatric Patient/Parent Interview Questions**



## **Brown Primary Care Transformation Initiative**

### **Pediatric Patient/Parent/Guardian**

### **Qualitative Interview Core Question Guide**

**I.** Interviewer introduces him/herself, and explains: “This practice has chosen to be part of a project to make some changes to improve its delivery of health care. This interview is part of the information we’re collecting to better understand the patient experience of getting care in this practice. I’ll be audio recording this interview to ensure that I don’t miss any of what you say. Before we start please take a look at this consent form that explains your participation in this interview. [[If child will be responding as well, add: There’s also a short assent form for your child to sign.]]”

**II.** Explain and read consent form. Ask for and answer questions. Obtain signature. Keep one signed copy; provide participant with a signed copy. “OK, thanks. Let’s get started.”  
*If the child appears to want to answer some questions, or is mature enough to think about these issues, you can reword the questions to ask the child directly, in addition to asking the parent/guardian.*

1. How long have you been bringing your child to this practice?
2. Do you get health care for yourself here as well? [[If so, explain that for this interview we’ll focus on care for the child.]]
3. Tell me a few words you would use to describe this practice. Why did you choose these words?
4. Tell me about what it’s like, from your perspective, to bring your child to this practice for medical visits.
5. Do you usually see the same provider(s) for your child when you come to this office? How do you feel about that?
6. Tell me about all the people in this practice who are part of your child’s healthcare.
  - a. I’d like you to give me an example of how they work together to provide your child’s care.
  - b. Do you feel like you’re part of your child’s health care team? In what way?
7. Do you feel like you get the care you need for your child, when you need it? Why or why not? In what ways?
8. Tell me what usually happens when there is a decision to be made about treatment.
  - a. How much of an explanation do you usually get from your child’s providers here?
  - b. In what ways are you involved in the decision making?
9. What are some good things about coming to this medical practice for health care?
10. What are some things that you don’t like so much about coming to this medical practice for health care?
11. What are some things that could be changed or improved about how this practice functions? [Probe for what bothers the person the most.]
12. Have you heard of the term: “Patient Centered Medical Home”?
  - a. If yes: What have you heard? What do you think about these ideas?  
If no: Let me read to you a short description of the Patient-Centered Medical Home:  
The Patient-Centered Medical Home is a new model of providing health care in order to provide patients with more of what they need to improve their health. The Patient-Centered Medical Home includes changes in the way that healthcare is delivered. Examples of such changes are:
    - more flexible ways of scheduling patient appointments;
    - using computerized medical records to improve efficiency;
    - using a team approach in the practice to make best use of each staff person’s skill sets and involve more people than just the doctor in the patient’s care;
    - and finding ways to develop a more patient-centered approach to care.
13. What do you think about these ideas?
14. Would you recommend this practice to other people? Why or why not?



## **Brown Primary Care Transformation Initiative**

### **Adult Patient Qualitative Interview Core Question Guide**

**I.** Interviewer introduces him/herself, and explains: “This practice has chosen to be part of a project to make some changes to improve its delivery of health care. This interview is part of the information we’re collecting to better understand the patient experience of getting care in this practice. I’ll be audio recording this interview to ensure that I don’t miss any of what you say. Before we start, please take a look at this consent form that explains your participation in this interview.”

**II.** Explain and read consent form. Ask for and answer questions. Obtain signature. Keep one signed copy; provide participant with a signed copy.

**III.** “OK, thanks. Let’s get started.”

1. How long have you been coming to this practice?
2. Tell me a few words you would use to describe this practice. Why did you choose these words?
3. Tell me about what it’s like, from your perspective, to come to this practice for medical visits.
4. Do you generally see the same provider(s) when you come to this office? How do you feel about that?
5. Tell me about all the people in this practice who are part of your healthcare.
  - a. Please give me an example of how you’ve noticed that they work together to provide your care.
  - b. Do you feel like you’re part of your health care team? In what way?
6. Do you feel like you get the care you need, when you need it? Why or why not? In what ways?
7. Tell me what usually happens when there is a decision to be made about treatment.
  - a. How much of an explanation do you usually get from your providers here?
  - b. In what ways are you involved in the decision making?
8. What are some good things about coming to this medical practice for health care?
9. What are some things that you don’t like so much about coming to this medical practice for health care?
10. What are some things that could be changed or improved about how this practice functions? [Probe for what bothers the person the most.]
11. Have you heard of the term: “Patient Centered Medical Home”? Yes/No
  - a. If yes: What have you heard? What do you think about these ideas?  
If no: Let me read to you a short description of the Patient-Centered Medical Home:  
The Patient-Centered Medical Home is a new model of providing health care in order to provide patients with more of what they need to improve their health. The Patient-Centered Medical Home includes changes in the way that healthcare is delivered. Examples of such changes are:
    - more flexible ways of scheduling patient appointments;
    - using computerized medical records to improve efficiency;
    - using a team approach in the practice to make best use of each staff person’s skill sets and involve more people than just the doctor in the patient’s care;
    - and finding ways to develop a more patient-centered approach to care.
  - b. What do you think about these ideas?
12. And my last question: Would you recommend this practice to other people? Why or why not?



## **Brown Primary Care Transformation Initiative**

### **Medical Office Clinician and Staff Follow-up Interviews**

### **Qualitative Interview Core Question Guide**

1. In what ways has your practice undergone transformation in the past [state time since starting project or since last interview]?
2. How would you describe your PCMH transformation progress?
3. In what ways is the progress your practice made this year what you had anticipated?
  - a. What helped make this happen?
  - b. What problems had to be overcome?
4. In what ways is the progress different from what you had anticipated?
  - a. Why do you think this happened?
5. At this point, what is your vision for your practice as a PCMH?
  - a. What are some goals you personally have about how the practice might evolve in the next few years?
  - b. What do you see as important next steps for the practice?
  - c. Do you think your practice will be able to achieve these goals and make these steps? Why or why not? What would help you achieve these goals? [Probe for whether continuing facilitation is something they think might help, and how.]
6. How has your role in PCMH transformation evolved over the past year and a half or so?
7. Who else in the practice has taken on a PCMH leadership role? What have they done?
8. What changes have occurred regarding communication within the practice?
  - a. How has this worked out?
9. How are the staff at the front desk involved in the PCMH transformation process?
10. How are other staff involved in the PCMH transformation process? [probe for MAs; nurses; nurse care managers; other providers; PAs; NPs; administrators; billing staff; call center staff; etc. ]
11. How is information about PCMH transformation communicated throughout the practice?
  - a. How is it communicated to patients?
12. How has patient-centeredness changed in this practice?
  - a. What has led to these changes?
13. What elements of the practice are still not very patient-centered? How might this be improved? What barriers do you see to increasing patient-centeredness at this practice?
14. How is patient input obtained for this practice?
  - a. How has this changed?
15. Do you think patients are engaged in the PCMH transformation process? If so, in what ways? If not, why not?
16. What changes do you see in how staff members in all roles *interact* with each other?
  - a. What has led to these changes?
17. What changes do you see in how staff members in all roles *work* with each other?
  - a. What has led to these changes?
18. What changes do you see in how patients and staff interact?
  - a. What has led to these changes?
19. Overall, what do you think about the future of this practice as a PCMH?





## **Brown Primary Care Transformation Initiative**

### **Medical Office Clinician and Staff Baseline**

### **Qualitative Interview Core Question Guide**

**I.** Interviewer introduces him/herself, and explains that this interview is part of the evaluation data we're collecting to better understand the PCMH transformation process at this practice. "This initial interview will help our team better tailor transformation guidance to the specific needs of this practice. Before we start please read this consent document that explains your participation in this interview."

**II.** Explain informed consent document. Ask for and answer questions. Obtain signature. Keep one signed copy; provide participant with a signed copy.

**III.** OK, thanks. Let's get started.

1. Please tell me your role in this practice. [Include training/occupation (e.g. physician, CNA, etc); job title; and job description]
2. How long have you been working here?
3. What are a few words you would use to describe this practice?
4. Tell me about what it's like, from your perspective, to work in this practice. [Probe for why].
5. What are some good things about how this practice functions?
6. What are some things that could be changed or improved about how this practice functions? [Probe for what bothers the person the most: "point of pain"].
7. In what ways is this practice patient-centered?
  - a. How do you feel about this?
8. What elements of the practice are still not very patient-centered?
  - a. How might this be improved?
  - b. What barriers do you see to increasing patient-centeredness at this practice?
9. Would you say that employees here do the work they were trained to do? In other words, do they have the opportunity to do all that they were trained to do? Why or why not? Please give me some examples.
  - a. [Probe for: asked to do things they're not trained to do; redundancy in effort; lack of clarity in job role; etc.]
10. Do you feel like you have the support from your co-workers to get your job done well? Why or why not?
11. Do you feel like you have the resources you need to get your job done well? Why or why not?
12. Would you characterize this practice as one where people work together as a team? Why or why not? Please give me some examples.
13. Who are the people who really get things done in this practice regarding making changes people would like to see? How do they do this?
14. What happens when people in the practice disagree about the way things should function here?
15. How does change happen in this practice?
  - a. Please give me an example of how something in the practice has changed in the last 6 months.

16. What happens when you feel like you want to make suggestions for changes?
  - a. How do you know if your voice is heard?
17. In what ways does this practice stay connected to the surrounding community?
18. In what ways is patient input obtained about the practice?
19. What are some goals you personally have about how the practice might evolve in the next few years?
20. In what ways are you hoping that our transformation team will help?



## Brown Primary Care Transformation Initiative Patient Path Observation Grid

**Patient Study ID Number:** \_\_\_\_\_  
**Patient Age:** \_\_\_\_\_ **Patient support person:** \_\_\_\_\_  
**Patient Sex:** \_\_\_\_\_

**Site:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Observer's name:** \_\_\_\_\_

	<b>Time</b>	<b>Place</b>	<b>Observations of elements related to team based care, efficiency, redundancy, confidentiality, tone/nature of provider/staff interactions and interactions with patients, patient's behavior/demeanor/engagement in care, etc.)</b>	<b>Insights</b>
<b>Check-in</b>	<i>start time:</i> <i>end time:</i>			
<b>Waiting Room</b>	<i>start time:</i> <i>end time:</i>			
<b>MA or other clinical staff:</b> _____ _____ _____	<i>start time:</i> <i>end time:</i>			



## Brown Primary Care Transformation Initiative Patient Path Observation Grid

**Patient Study ID Number:** \_\_\_\_\_  
**Patient Age:** \_\_\_\_\_ **Patient support person:** \_\_\_\_\_  
**Patient Sex:** \_\_\_\_\_

**Site:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Observer's name:** \_\_\_\_\_

<b>MD (or other provider)</b> _____	<i>start time:</i> <i>end time:</i>			
<b>Other Processes Observed</b>				
<b>Check-out</b>	<i>start time:</i> <i>end time:</i>			

**At end of each patient pathway observation ask:**

1. Do you think you said or did anything differently *because I was with you* today? \_\_\_\_\_ [If yes] How so?
2. Do you think you said or did anything differently *because of anything we discussed* today? \_\_\_\_\_ [If yes] How so?



# Brown Primary Care Transformation Initiative

## Staff Path Observation Grid

Staff Study ID Number: \_\_\_\_\_

Site: \_\_\_\_\_

Staff Role: \_\_\_\_\_

Date: \_\_\_\_\_

Observer's name: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Time	Observed Action/Task/Interaction	Thoughts and Insights (e.g. team based care, efficiency, redundancy, conflicts, communication styles, attitudes/tone, etc.)

1. Do you think you said or did anything differently because I was with you today? \_\_\_\_\_
  - a. [If yes] How so?
  
2. Do you think you said or did anything differently because of anything we discussed today? \_\_\_\_\_
  - a. [If yes] How so?



Site: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Observer's Name: \_\_\_\_\_

**Brown Primary Care Transformation Initiative  
 Medical Practice Waiting Room Observation Field Notes Guide**

Category	Describe what you observation and hear	Note your thoughts and comments
<b>Parking and entrance</b> (signage; accessibility; walking distance; stairs/ramps/ elevators; etc.)		
<b>Physical setting</b> (layout; décor; emotional tone; condition of physical plant and furnishings; etc.)		
<b>What's on the walls?</b> (decorations; mission; warnings; policies; health messages; patients' rights; language interpretation offerings; languages of signage; etc.)		
<b>Waiting room resources</b> (e.g. educational TV; computer kiosk; types of magazines and brochures; Wi-Fi guest access; children's toys; etc.)		
<b>Attention to diversity in décor and resources</b> (diversity in culture / ethnicity / race; gender; age; sexual orientation; etc.)		
<b>Language translation options and processes</b> (that are evident from waiting room observation)		
<b>Patients'/support people's behaviors in waiting room</b> (e.g. waiting on registration)		



Site: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Observer's Name: \_\_\_\_\_

<p>line; talking; reading; watching TV; watching other pts; using electronics; where pts choose to sit; etc. Include observations of emotional expression through behaviors, e.g. pacing, anxious glances, relaxed demeanor, angry speech, nature of interactions, etc.)</p>		
<p><b>Waiting room feel</b>          (e.g. relaxed, anxious, crowded, noisy, cold, welcoming, etc., and why.)</p>		
<p><b>Tone of front office staff</b> (e.g. friendly, perfunctory, harried, respectful, etc. Note examples.)</p>		
<p><b>Registration / check-in</b> (location; process; maintenance of confidentiality; flow of required form completion, standing on line, etc.)</p>		
<p><b>What can you hear/note from waiting room chairs?</b> (personal check-in info / PHI; reason for visit; staff telephone talk; intra-staff talk; comments to patients; attitudes toward patients, etc.)</p>		
<p><b>What can you see from waiting room chairs?</b> (paperwork / PHI; staff telephone behavior; attitude toward patients; procedures such as weight/height checks; etc.)</p>		
<p><b>What information is collected at</b></p>		



Site: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Observer's Name: \_\_\_\_\_

<b>check-in?</b>		
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Site: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Observer's Name: \_\_\_\_\_

<b>How long does check-in take?</b> (note apparent reasons)		
<b>What information is collected in waiting room?</b> (health screening surveys, etc.)		
<b>Manner and tone when calling patient into exam room</b>		
<b>Time from check-in until patients are called to exam room</b>		
<b>Check-out location/process</b> (include examples of efficiency/inefficiency; time; impact on confidentiality; etc.)		
<b>Time from check-in to check-out</b>		
<b>Problems observed and staff problem-solving techniques</b>		
<b>Note anything related to past, current, future changes in practice</b>		
<b>Describe evidence of teamwork (or lack of teamwork)</b>		
<b>Number and characteristics of patients entering and exiting within an hour</b>		



Site: \_\_\_\_\_ Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Observer's Name: \_\_\_\_\_

\_\_\_\_\_

<p><b>Stories</b> (What do you hear that might be of use to understanding this practice and its capacity for transformation?)</p>	
<p><b>Insights</b> (What stands out for you from what you observed today, and why?)</p>	

**Note: Similar observation templates can be developed for each practice to address other areas of the site, including exam rooms, nursing stations, storage areas, meeting spaces, parking lot, lab, etc.**

Participant ID: \_\_\_\_\_

## Patient Satisfaction Survey

**We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.**

Your Age: \_\_\_\_\_

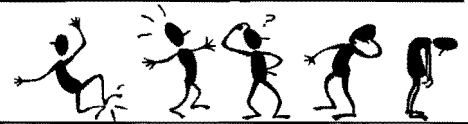
Your Race/Ethnicity: \_\_\_\_\_ Asian

Your Sex:

Male \_\_\_\_\_

Female \_\_\_\_\_

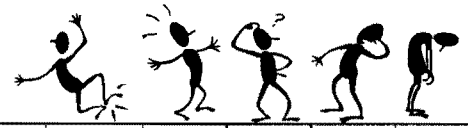
- \_\_\_\_\_ Pacific Islander
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ American Indian/Alaska Native
- \_\_\_\_\_ White (Not Hispanic or Latino)
- \_\_\_\_\_ Hispanic or Latino (All Races)
- \_\_\_\_\_ Unknown



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<i>Provider:</i> (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Participant ID: \_\_\_\_\_



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<i>All Others:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Payment :</b>					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<b>Facility:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this center your regular source of care?	Yes _____		No _____		

What do you like best about our center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like least about our Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This survey can also be completed online at [www.surveymonkey.org/TBD2](http://www.surveymonkey.org/TBD2)  
**Thank you for completing our Survey!**



Practice \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Practice Staff Demographic Questionnaire

(to be completed by all Practice Staff)

*Please circle the appropriate response or fill in the blanks below.*

Q1. What is the highest education level you completed \_\_\_\_\_?

Q2. What type of practice employs you?

1= HMO

2= Solo

3= Single Specialty Group

4= Residency Training Practice

Q3. What is your age?

\_\_\_\_\_ years

Q3. What is your gender?

1=Male

2=Female

Q4. What is your race/ethnicity?

1= White, not Hispanic/Latino

2= Black or African American

3= American Indian

4= Asian

5= Native Hawaiian or Pacific Islander

6= Hispanic/Latino

7= Other

If Other, then specify \_\_\_\_\_

Q5. How long have you been working at this practice? \_\_\_\_\_



Practice \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Clinician Demographic Questionnaire

(to be completed by all Physicians, NPs and Pas)

*Please circle the appropriate response or fill in the blanks below.*

Q1. What is your occupation?

- 1=NP
- 2=PA
- 3=Physician

Q2. What is your age?

\_\_\_\_\_ years

Q3. What is your gender?

- 1=Male
- 2=Female

Q4. What is your race/ethnicity? (circle all that apply)

- 1= White
- 2= Black or African American
- 3= American Indian
- 4= Asian
- 5= Native Hawaiian or Pacific Islander
- 6= Hispanic/Latino
- 7= Other \_\_\_\_\_

Q5. Are you Board Certified?

- 1=Yes Specialty \_\_\_\_\_
- 2= No

Q6. What type of residency/training did you complete? \_\_\_\_\_

Q7. How many years have you been in practice? \_\_\_\_\_

Q8. Which best describes your employment position?

- 1= Full or part owner
  - 2= Employed by other physician or group
  - 3= Employed by HMO
  - 4= Employed by other organization
- Specify the other organization \_\_\_\_\_

Q9. How long have you been working at this practice? \_\_\_\_\_



## Brown Primary Care Transformation Initiative PCMH Implementation Survey (Modified Scale)\*

Q1. What is your role in this practice? \_\_\_\_\_ Q2. Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#	Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree					
Q3	We regularly take time to consider ways to improve how we do things.	1	2	3	4	5					
Q4	After trying something new, we take time to think about how it worked.	1	2	3	4	5					
Q5	This practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas.	1	2	3	4	5					
Q6	Practice leadership promotes an environment that is an enjoyable place to work.	1	2	3	4	5					
Q7	Leadership in this practice creates an environment where things can get accomplished.	1	2	3	4	5					
Q8	Leadership strongly supports practice change efforts.	1	2	3	4	5					
Q9	The practice leadership makes sure that we have the time and space necessary to discuss changes to improve care.	1	2	3	4	5					
Q10	When we experience a problem in the practice, we make a serious effort to figure out what's really going on.	1	2	3	4	5					
Q11	I have many opportunities to grow in my work.	1	2	3	4	5					
Q12	Most of the people who work in our practice seem to enjoy their work.	1	2	3	4	5					
Q13	Mistakes have led to positive changes here.	1	2	3	4	5					
Q14	It is hard to get things to change in our practice.	1	2	3	4	5					
Q15	This practice learns from its mistakes.	1	2	3	4	5					
Q16	On a scale of 1 to 10 with 1 being the lowest and 10 the highest, how confident are you that this practice can work together to change?	1	2	3	4	5	6	7	8	9	10

2 | Brown University, Department of Family Medicine, Providence, RI USA, 2014  
Implementation Survey ver. 11-16-2011 \*Based on the NDP Practice Environment Checklist and Adaptive Reserve Survey

➔  
**OVER**

#	Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q17	<b>This practice works effectively together as a team with community organizations.</b>	1	2	3	4	5
Q18	<b>People in this practice are connected with community organizations that serve patients.</b>	1	2	3	4	5
Q19	<b>This practice works well together with the health care system.</b>	1	2	3	4	5
Q20	<b>People in this practice believe cultural issues are important in their interaction with patients.</b>	1	2	3	4	5
Q21	<b>People in this practice believe cultural issues are important in their interactions with health professional colleagues.</b>	1	2	3	4	5
Q22	<b>People in this practice are comfortable caring for patients from culturally diverse backgrounds.</b>	1	2	3	4	5
Q23	<b>People in this practice are comfortable working with health care professionals from culturally diverse backgrounds.</b>	1	2	3	4	5
Q24	<b>Staff feel like their mistakes are held against them.</b>	1	2	3	4	5
Q25	<b>It is just by chance that more serious mistakes don't happen in this practice.</b>	1	2	3	4	5
Q26	<b>Patient safety is never sacrificed to get more work done.</b>	1	2	3	4	5
Q27	<b>When things get really busy, people in this practice are expected to work faster, even if it means taking shortcuts.</b>	1	2	3	4	5
Q28	<b>This practice has a clear, expressible vision.</b>	1	2	3	4	5
Q29	<b>There is a frequent and good communication throughout the practice about how the different change initiatives are going.</b>	1	2	3	4	5
Q30	<b>People who work in this practice are respectful of patients.</b>	1	2	3	4	5
Q31	<b>People in this practice believe this practice provides culturally responsive care.</b>	1	2	3	4	5
Q32	<b>People in this practice do their best to maintain patient confidentiality at all times.</b>	1	2	3	4	5