



## Staff Member Survey

### Introduction

Thank you for helping us by completing the Healthy Hearts Northwest Staff Member Survey!

In the Healthy Hearts Northwest project we use coaching to help practices improve management of cardiovascular risk factors for patients. This 5-10 minute survey helps us understand staff members' perceptions of your work environment. You can leave and come back as long as it's from the same computer.

We would like 50% participation from paid, patient facing, staff and clinicians with at least 1 MD, ND, DO, NP, or PA response. Practices that reach this goal receive a \$50 gift card. **Staff Survey coordinators:** Please be sure to include your staff's gift card preference so we can send your payment once your practice has reached the goal

All responses are confidential. If at least 50% of your staff and 5 or more people complete this survey, your coach will provide a summary report to your practice. We never include individual responses in analyses or reports.

**\*\*Please complete the survey ASAP within two weeks. We will send 2 reminders until the survey is completed.\*\***

Thank you for participating in this important quality improvement project!

Healthy Hearts Northwest is supported by grant number R18HS023908 from the Agency for Healthcare Research and Quality.

1. First, please confirm the full name of your practice:

2. Are you the Survey Coordinator for your practice?

- Yes (I received this link from h2n@ghc.org to complete this survey and help coordinate surveys for other staff)
- No (someone at my practice sent me a link to complete this survey)



## Staff Member Survey

### Survey Logistics

3. Thank you for agreeing to coordinate this survey for your practice! We'd like to determine how best to administer the survey to the rest of the staff.

How many paid clinicians and staff at your practice (MDs, front office staff, RNs, etc.) have direct patient interaction (including you)?

4. Do you have email addresses for ALL the staff and clinicians you accounted for above, and can you send out a staff member survey link to them to complete?

- Yes I have email addresses for ALL staff and can send out a link to everyone  
(Please forward the link to this survey on to your staff and ask them to complete it within the next two weeks.)
- No I would not be able to send an email survey link to all eligible staff  
(We will mail you paper surveys with a return envelope.)

5. What is the Mailing Address of your practice? If your practice achieves a 50% response rate with at least 1 MD, ND, DO, NP, or PA response, we will send a \$50 gift card to this address.

Your Name

Address Line 1

Address Line 2

City

State

Zip Code

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6. Which gift card does your practice prefer?

- Amazon eCards
- Starbucks eCards

7. Are you a paid clinician or staff person (MDs, front office staff, RNs, etc.) who has direct patient interaction?

- Yes
- No



## Staff Member Survey

### Quality Improvement at your practice

8. Please rate your level of agreement with the following statements about your practice (select only one response):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Mistakes have led to positive changes here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many opportunities to grow in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in our practice actively seek new ways to improve how we do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at all levels in this office openly talk about what is and isn't working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership strongly supports practice change efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After trying something new, we take time to think about how it worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the people who work in our practice seem to enjoy their work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to get things to change in our practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This practice is a place of joy and hope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This practice learns from its mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice leadership promotes an environment that is an enjoyable place to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this practice operate as a real team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When we experience a problem in the practice, we make a serious effort to figure out what's really going on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Leadership in this practice creates an environment where things can be accomplished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We regularly take time to reflect on how we do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in this practice are willing to change how they do things in response to feedback from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can rely on the other people in this practice to do their jobs well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult problems are solved through face-to-face discussions in this practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of this practice are able to bring up problems and tough issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Staff Member Survey

### Staff Readiness to Change

9. Healthy Hearts Northwest is designed to help primary care practices incorporate recent evidence on how best to deliver cardiovascular disease care to patients. This includes ABCS: Aspirin use by high-risk individuals, Blood pressure control, Cholesterol management, and Smoking cessation. To help your practice with quality improvement efforts we will work with you to determine how best to monitor your performance on the ABCS.

Please think carefully about the changes we've describe above and select the response that best reflects your practice's readiness to engage in a change process that involves implementing these changes.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Our practice is ready to implement these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are committed to implementing these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can keep track of progress in implementing these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We will do whatever it takes to implement these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can support providers as they adjust to these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We want to implement these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can handle the challenges that might arise in implementing these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are determined to implement these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can coordinate tasks so that implementation goes smoothly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are motivated to implement these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can manage the politics of implementing these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Staff Member Survey

### Practice readiness to change

10. The next set of questions help us understand your perceptions of how your practice addresses patients' needs. Please indicate your level of agreement with the following statements (select only one response):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Our practice does a good job of assessing patient needs and expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice uses data from patients to improve care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice uses data on patient expectations and/or experience when developing new services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Using your own definition of burnout - please indicate which of the following statements best describes how you feel about your situation at work (select only one response):

- I enjoy my work. I have no symptoms of burnout
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot
- I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes



## Staff Member Survey

### Characteristics about you at work

12.

Next we have a few general questions about your work at your practice.

How many years have you worked in this practice? Please round to the nearest year. If you have worked in the practice less than 1 year, please type 0 for years worked.

13. How many hours per week do you work at this practice?

14. What is your role at this practice?

- Physician (MD, ND, DO)
- Nurse Practitioner or Physician Assistant
- Clinical Staff (e.g. RN, LPN, MA, CMA, Behavioral health providers)
- Non-clinical Staff (e.g. receptionist, billing, analyst)
- Other (please specify)





## Staff Member Survey

### CVRC Questions

15. In 2013, the American College of Cardiology and the American Heart Association released new guidelines for treating blood cholesterol to reduce atherosclerotic cardiovascular risk in adults. This included changes to prescribing statins. Statin therapy is now recommended for patients who meet one of the following criteria:

1. Diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD)
2. Primary elevation of LDL  $\geq 190$ mg/dL
3. Diagnosed with DM, 40-75 years old, LDL 70-189 mg/dL, and no diagnosis of ASCVD
4. No diagnosis of ASCVD or DM, LDL 70-189 mg/dl but 10-year ASCVD risk  $\geq 7.5\%$

Please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your patients

	Improve outcomes for all my patients	Improve outcomes for some of my patients	No impact on outcomes for my patients	Negative consequences for some of my patients	Negative consequences for all of my patients
Patients diagnosed with ASCVD should be prescribed a statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient with a primary elevation of LDL >190mg/dL should be prescribed a statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with a diagnosis of DM, between 40-75 years old, with LDL between 70-189 mg/dL, and no diagnosis of ASCVD should be prescribed a statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with no diagnosis of ASCVD or DM, with LDL 70-189 and an estimated 10-year ASCVD risk $\geq 7.5\%$ should be prescribed a statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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16. In 2014, the JNC8 released new guidelines for treating patients with hypertension that included the following two major changes:

1. BP target for adults over age 60 was changed from <140/90 mmHg to <150/90 mm Hg
2. Initial antihypertensive treatment should NOT include an ACE or ARB for black patients

In the next set of questions, please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your hypertensive patients.

	Improve outcomes for all of my patients	Improve outcomes for some of my patients	No impact on outcomes for my patients	Negative consequences for some of my patients	Negative consequences for all of my patients
BP target < 150/90 mmHg for patients over 60 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial antihypertensive treatment should NOT include an ACE or ARB for black patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In determining whether to recommend statin therapy, do you prefer a risk cut-off higher than 7.5% (using an ASCVD calculator) for patients without a diagnosis of ASCVD or DM, or those with an LDL 70-189?

- Yes
- No

18. If yes you prefer a higher cut-off, what level do you prefer?



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## Staff Member Survey

### Estimating ASCVD Risk

19. This section is about estimating atherosclerotic cardiovascular disease (ASCVD) risk. An estimate of a patient's 10-year and lifetime overall risk of having a coronary or stroke event can be made by combining his or her risk factors using one of a variety of tools.

Have you heard about tools to calculate a patient's overall 10-year or lifetime risk of ASCVD?

Yes

No



## Staff Member Survey

### Estimating ASCVD Risk Continued...

20. Which cardiovascular risk calculator do you use most often? (Select one)

- Framingham
- ACC/AHA
- Don't know
- Don't use one
- Other (please specify)

21. For **adult patients you saw in the last 3 months** for routine medical care, how often did you calculate their ASCVD risk?

- Never
- Rarely
- Sometimes
- Usually
- Almost always or always



## Staff Member Survey

### Estimating ASCVD Risk continued...

22. What kind of tool did you most commonly use to estimate ASCVD risk in the last 3 months?

- Web-based application
- Non-web computer program (e.g. spreadsheet calculator)
- A program or "App" on a smart phone or other hand-held device
- A tool that is part of the EHR
- Other (please specify)

23. When you calculated ASCVD risk in the last 3 months, how often did you discuss risk level with the patient?

- Never
- Rarely
- Sometimes
- Usually
- Always or almost always

24. For **those patients where the score indicated high risk**, how often did you discuss ASCVD risk with the patient?

- Never
- Rarely
- Sometimes
- Usually
- Always or almost always



## Staff Member Survey

### Estimating ASCVD Risk continued...

25. What kind of tool did you most commonly use to estimate ASCVD risk in the last 3 months?

- Web-based application
- Non-web computer program (e.g. spreadsheet calculator)
- A program or "App" on a smart phone or other hand-held device
- A tool that is part of the EHR
- Other (please specify)

26. When you calculated ASCVD risk in the last 3 months, how often did you discuss risk level with the patient?

- Never
- Rarely
- Sometimes
- Usually
- Always or almost always

27. For **those patients where the score indicated high risk**, how often did you discuss ASCVD risk with the patient?

- Never
- Rarely
- Sometimes
- Usually
- Always or almost always



## Staff Member Survey

### Estimating ASCVD Risk continued...

28. Please rate the importance of each of the following reasons why you never or rarely obtain a calculation of adult patient's ASCVD risk. Use a scale of 0-5, where 0 is not at all important and 5 is extremely important

	0 Not important	1	2	3	4	5 Very important
Too time consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not familiar enough with how to use risk calculations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know which calculator to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The guidelines for what to do with results are contradictory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not in the habit of using a calculator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no accurate tools available for calculating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no easy to use tools available for calculating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not think the calculated heart disease risk is valid for my patient population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not get reimbursed for this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not agree with the recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify/rate)



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## Staff Member Survey

Thank you!!

THANK YOU!!

We appreciate your taking the time to complete this survey. Your anonymous responses will be used in aggregate with other staff responses to help better design your coaching program with Healthy Hearts NW.

29. If you have any other feedback for us, please leave comments below: