



Healthy Hearts Northwest Follow-up Staff Member Survey (#3)

Name of your practice: _____

Address of your practice: _____

Today's date: ___ / ___ / _____

1. Please rate your agreement with the following statements about your practice (select one for each row):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Mistakes have led to positive changes here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many opportunities to grow in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in our practice actively seek new ways to improve how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People at all levels openly talk about what is/isn't working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership strongly supports practice change efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After trying something new, we take time to think about how it worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who work in our practice enjoy their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to get things to change in our practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice is a place of joy and hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice learns from its mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice leadership promotes an environment that is an enjoyable place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this practice operate as a real team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we experience a problem in the practice, we make a serious effort to figure out what's really going on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership in this practice creates an environment where things can be accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We regularly take time to reflect on how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people in this practice are willing to change how they do things in response to feedback from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can rely on others in this practice to do their jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult problems are solved through face-to-face discussions in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of this practice are able to bring up problems and tough issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. The next three questions help us understand your perceptions of how your practice addresses patients' needs. Please indicate your level of agreement with the following statements:

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

3. Using your own definition of burnout - please indicate which of the following statements best describe 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 I experience 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 with my work. I am at the point where I may need some changes.

4. 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 write 0 for years worked.

___ ___ years

5. How many hours per week do you work at this practice on average?

___ ___ hours

6. Your anonymous responses will be used in aggregate with others to help better understand your practice. If you have any other feedback for us, please leave comments below.

Thank you for completing this survey!