

Description of survey

We are undertaking an initiative to better understand how Emergency physicians would like to use their own personal practice data. The practice of gathering information about a medical practice and sending it to the individual physician is also called Audit and Feedback (A&F). This does not imply that A&F is coming to your ED or hospital but we would like your impressions on the ideal state of A&F. The following survey will ask you questions about your attitudes regarding A&F, which data you would like to receive and who should have access to this data. It will require approximately 10 minutes of your time.

Individuals completing this survey will be entered into a 150\$ draw for a gift card of their choice.

This study has been granted a quality improvement (QI) exemption from the Hamilton Integrated Research Ethics Board (HiREB).

Thank you for your participation.

Dr. Shawn Mondoux

Assistant Professor, McMaster University

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Demographics

* 1. What is your primary clinical practice site (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hamilton General, Juravinski Hospital, UCC | <input type="checkbox"/> Niagara Health System - Greater Niagara General site |
| <input type="checkbox"/> McMaster Children's Hospital | <input type="checkbox"/> Niagara Health System - Welland site |
| <input type="checkbox"/> West Lincoln Memorial Hospital | <input type="checkbox"/> Oakville Trafalgar Memorial Hospital |
| <input type="checkbox"/> St Joseph's Hospital - Hamilton | <input type="checkbox"/> Brantford General Hospital |
| <input type="checkbox"/> Joseph Brant Hospital | <input type="checkbox"/> Cambridge Memorial Hospital |
| <input type="checkbox"/> Niagara Health System - St Catharines site | |
| <input type="checkbox"/> Other (please specify) | |

* 2. How many years have you been in practice?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> <5 years | <input type="radio"/> 16-20 years |
| <input type="radio"/> 5-10 years | <input type="radio"/> >20 years |
| <input type="radio"/> 11-15 years | |

* 3. You identify with which gender?

- Male
- Female
- Other

Desired data elements for audit and feedback

5. Please rate the importance of each of the following OPERATIONAL measures in your audit and feedback profile

	No importance				Moderately important				Strongly Agree	
% of patients that are consulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
% of consultations admitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
% of consultations admitted for more than 24 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your personal distribution of acuity (CTAS scores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your transfer rate to higher acuity sites (To regional referral centre or from Urgent Care settings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Are there any other OPERATIONAL measures you feel are important?

7. Please rate the importance of the following FLOW measures in your audit and feedback profile

	No importance				Moderately important					Very Important
Time from registration to physician assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time from physician assessment to disposition decision (consult or discharge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time from physician assessment to patient left the department (for home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of patients seen per shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of patients seen per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Are there any other FLOW measures that you feel are important?

9. Please rate the importance of the following BALANCING measures in your audit and feedback profile

	No importance				Moderately important					Very important
72 hour ED return rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 hour ED return and admit rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 hour ED return and ICU/OR admission rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 day return rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned/intentional ED return rate (patients you asked to come back to the ED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Are there any other BALANCING measures you feel are important?

11. Please rate the importance of the following RESOURCE UTILIZATION metrics in your audit and feedback profile

	No importance				Moderately important				Very important	
Overall CT utilization rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT heads in minor traumatic brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT head with chief complaint of headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Ultrasound utilization rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT/ultrasound rate on chief complaint of abdominal or flank pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood testing rate on CTAS4/5 patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic imaging discrepancy rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Are there any other RESOURCE UTILIZATION measures you feel are important?

13. Please rate the importance of the following EDUCATIONAL metrics in your audit and feedback profile

	No importance				Moderately important				Very important	
Medical student preceptor evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident preceptor evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate of evaluation completion for learners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantity of commentary vs peer group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Are there any other EDUCATIONAL metrics you feel are important?

18. Are there any other PATIENT SATISFACTION metrics you feel are important?

19. Are there any other metrics you would like to see reported in your audit and feedback profile

Data preferences

22. How often would you prefer to receive this data

- Weekly
 q6 months
 Monthly
 Yearly
 q3 months

23. How ANONYMOUS should your data be?

- Everybody should be able to see my data and I should be able to see theirs
 We should all be able to see the DISTRIBUTION of data but only I should be able to identify my own data
 I should only receive my own data (without seeing data from others)

24. I believe the following people should have access to my identifiable practice data

	Yes	Yes - to a selected subset of the data	No	Not applicable
The Chief of the Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care committee for my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care committee for the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The scheduler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chair of our business group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The academic chair of our division	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The residency program director for residents that have evaluated me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The undergraduate medical education office if I actively work with medical students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process improvement MDs within my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please share your impressions of the survey with the authors

26. Please enter your name if you choose to be entered into the draw for 150\$ gift card

27. I would like a gift card for

- Amazon
- Starbucks
- Apple
- Tim Hortons