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 Assistant Professor, IHPME, University of Toronto

Demo	graphics		
* 1. V	What is your primary clinical practice site (check al	I tha	apply)
	Hamilton General, Juravinski Hospital, UCC		Niagara Health System - Greater Niagara General site
	McMaster Children's Hospital		Niagara Health System - Welland site
	West Lincoln Memorial Hospital		Oakville Trafalgar Memorial Hospital
	St Joseph's Hospital - Hamilton		Brantford General Hospital
	Joseph Brant Hospital		Cambridge Memorial Hospital
	Niagara Health System - St Catharines site		
	Other (please specify)		
* 2. F	How many years have you been in practice?		16-20 years
	<5 years 5-10 years		>20 years
	11-15 years		>20 years
	11-13 years		
* 3. Y	ou identify with which gender?		
	Male		
	Female		
	Other		

There is room for improvement in my clinical practice Receiving more data about my clinical practice could help me improve Practice data will show me opportunities for improvement that are new to me I want more data about my own clinical practice Providing practitioners with their own practice data is important		Strongly Disagree		Neutral			Strong Agre
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	with their own practice						C

	No importance		Moderately important	•		Stro Ag
% of patients that are consulted						
% of consultations admitted						
% of consultations admitted for more than 24 hours						
Your personal distribution of acuity (CTAS scores)						
Your transfer rate to higher acuity sites (To regional referral centre or from Urgent Care settings)						

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	No importance				Moderately important	•				۱mp
Overall CT utilization rate										
CT heads in minor traumatic brain injury										
CT head with chief complaint of headache										
Overall Ultrasound utilization rate										
CT/ultrasound rate on chief complaint of abdominal or flank pain										
Blood testing rate on CTAS4/5 patients										
Diagnostic										
imaging discrepancy rate 12. Are there any oth	ner RESOU	JRCE U	TILIZATI	ON mea	sures you	feel are	importar	nt?		
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Nursing evaluations of my collegiality								(
Nursing evaluations of the quality of care I provide								
Consultant evaluations of my collegiality								
Consultant evaluations of the quality of care I provide								
Emergency MD evaluation of my collegiality								
Emergency MD evaluation of the quality of care I provide								
6. Are there any ot	ner COLLAI		·			n vour ai	udit and	
	ner COLLAI		·		ACTION	າ your aເ	udit and	•
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7. Please rate the inceedback profile Overall patient satisfaction with their ED visit Satisfaction with symptom management	mportance No importance		·	SATISFA	ACTION	n your at	udit and	
7. Please rate the inceedback profile Overall patient satisfaction with their ED visit Satisfaction with symptom management in the ED Satisfaction with the explanation of the	mportance No importance		·	SATISFA	ACTION	n your at	udit and	

	e any other PA							
19. Are ther	e any other m	etrics you wo	uld like to s	ee reported	in your audit	and feedba	ck profile	

	No importance		mportant Moderately important	,		Very important
Pulmonary embolism testing (eg.Dimer before CT)						
Management of Acute Coronary Syndrome (eg. Rate admin of ASA)						
Management of Sepsis (eg. Time to Antibiotics)	()					
Management of Stroke (eg. Time to recognition)						
Management of febrile child under 30 days of age (eg. Adherence to best practices)						
Management of febrile child under 90 days of age metrics (eg. Adherence to best practices)						
Management of trauma in the ED metrics (eg. Time to TXA)						
Management of asthma in the ED metrics (eg. Documentation of PRAM score)						

importance important important % of patients who understand their diagnosis and prognosis % of patients with understanding of a plan for self-care and further medical care % of patients reporting Adequate relief of suffering and improvement of function due to ED visit % of patients reporting reduction of worry and emotional relief as a	tient Reported Outo	ould the fol	PATIENT			o know a	bout as a	a practit	
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ata preferences				
22. How often would you բ	orefer to receive	this data		
Weekly		q6 month	s	
Monthly		Yearly		
q3 months				
23. How ANONYMOUS sh	nould your data b	e?		
Everybody should be able	to see my data and I	should be able to see theirs		
We should all be able to se	e the DISTRIBUTIO	N of data but only I should be	able to identify my ow	n data
I should only receive my ov	vn data (without see	ing data from others)		
24. I believe the following	people should ha		iable practice data	
	Yes	Yes - to a selected subset of the data	No	Not applicable
The Chief of the Department				
The quality of care committee for my department				
The quality of care committee for the hospital				
The scheduler				
The chair of our business group		\circ		\circ
The academic chair of our division				
The residency program director for residents that have evaluated me				
The undergraduate medical education office if I actively work with medical students				
Process improvement MDs within my department		0		

your impressions			

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27. I would like a gift of	card for		
Amazon			
Starbucks			
Apple			
Tim Hortons			