



H3 Staff Survey

Survey Introduction:

We would like to invite all staff members who are involved with clinic operations, either patient care or business administration, to complete this survey. We would like to understand your perceptions of your work environment. This survey is part of the larger study that your practice is participating in called Healthy Hearts in the Heartland (H3).

This survey should take no more than 10 minutes to complete.

No one will see any of your answers linked to your name. We've assigned a study identifier to you and your name will not be collected on this survey. Only the H3 practice facilitator has the file linking study identifiers with names. All responses to this survey will be reported only as summary measures.

Please reach out to your H3 practice facilitator with any questions. Your facilitator will give you instructions on how to return this survey to them.

Thank you! We appreciate your time.

Your Practice ID:

PF APPLY LABEL

Your Member ID:

PF APPLY LABEL

Your Practice Facilitator Name and Contact Information:

PF ATTACH LABEL

Section 1: Practice Culture

1. Please enter today's date: _____
2. Please enter the name of your practice: _____

For the questions below, please rate your level of agreement with the following statements about your practice.
(Circle one response per question)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3. Mistakes have led to positive changes here	1	2	3	4	5
4. I have many opportunities to grow in my work	1	2	3	4	5
5. People in our practice actively seek new ways to improve how we do things	1	2	3	4	5
6. People at all levels in this office openly talk about what is and isn't working	1	2	3	4	5
7. Leadership strongly supports practice change efforts	1	2	3	4	5
8. After trying something new, we take time to think about how it worked	1	2	3	4	5
9. Most of the people who work in our practice seem to enjoy their work	1	2	3	4	5
10. It is hard to get things to change in our practice	1	2	3	4	5
11. This practice is a place of joy and hope	1	2	3	4	5

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
12. This practice learns from its mistakes	1	2	3	4	5
13. Practice leadership promotes an environment that is an enjoyable place to work	1	2	3	4	5
14. People in this practice operate as a real team	1	2	3	4	5
15. 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
16. Leadership in this practice creates an environment where things can be accomplished	1	2	3	4	5
17. We regularly take time to reflect on how we do things	1	2	3	4	5
18. Most people in this practice are willing to change how they do things in response to feedback from others	1	2	3	4	5
19. I can rely on the other people in this practice to do their jobs well	1	2	3	4	5
20. Difficult problems are solved through face-to-face discussions in this practice	1	2	3	4	5
21. Members of this practice are able to bring up problems and tough issues	1	2	3	4	5

Great, thank you. This is the end of Section 1. Section 2 starts on the next page.

Section 2: Practice Change

*The Healthy Hearts in the Heartland (H3) project is designed to help primary care practices systematically apply evidence on how best to prevent cardiovascular disease among their patients, including what is known as the ABCS: **A**spirin use by high-risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.*

To help with this change process, the H3 project will offer the assistance of a trained practice facilitator. The facilitator will assist with selecting, building, and supporting quality improvement initiatives such as: a) Electronic reminders and clinical decision support to prescribe aspirin or a statin at the time of a visit; b) Improving how your practice collects blood pressure measures to increase clinicians' willingness to act on readings, or; c) Electronic reminders that there is no lipid panel on record and have a standing order to act on this.

Please select the response that best reflects your practice's readiness to engage in a change process that involves implementing the changes described above.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
22. Our practice is ready to implement these changes	1	2	3	4	5

Thank you. Please go to the next page.

Section 3: Patient Care

The next few questions will help us understand your perceptions of how your practice addresses patients' needs.

Please indicate your level of agreement with the following statements. *(Circle one response per question)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
23. Our practice does a good job of assessing patient needs and expectations	1	2	3	4	5
24. Our practice uses data from patients to improve care	1	2	3	4	5
25. Our practice uses data on patient expectations and/or experiences when developing new services	1	2	3	4	5

Section 4: Staff Burnout

26. Using your own definition of burnout—please indicate which of the following statements best describes how you feel about your situation at work. *(Choose one option)*

- 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

Thank you. Section 5 starts on the next page.

Section 5: Clinician Items

If you are a clinician (MD, DO, NP, PA), please answer questions 27-32 in this section.

[If you are not a clinician, please skip to Section 6 on page 8.]

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

- A. BP target for adults over age 60 was changed from <140/90 mmHg to <150/90 mmHg*
- B. Initial antihypertensive treatment should NOT include an ACE or ARB for black patients*

In the next two questions, please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your hypertensive patients. (Circle one response per question)

New Guideline	Will improve outcomes for <u>all</u> of my patients	Will improve outcomes for <u>some</u> of my patients	Will have no impact on outcomes for my patients	Will have negative consequences for <u>some</u> of my patients	Will have negative consequences for <u>all</u> of my patients
27. BP target <150/90 mmHg for patients over 60 years of age	1	2	3	4	5
28. Initial antihypertensive treatment should NOT include an ACE or ARB for black patients	1	2	3	4	5

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:

- A. Diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD)*
- B. Primary elevation of LDL \geq 190 mg/dL*
- C. Diagnosed with DM, between 40-75 years old, with LDL between 70-189 mg/dL, and no diagnosis of ASCVD*
- D. No diagnosis of ASCVD or DM with LDL 70-189 mg/dL with an estimated 10-year ASCVD risk \geq 7.5%*

In the next four questions, please rate your level of agreement regarding whether these new guidelines will lead to better outcomes for your patients. *(Circle one response per question)*

New Guideline	Will improve outcomes for <u>all</u> of my patients	Will improve outcomes for <u>some</u> of my patients	Will have no impact on outcomes for my patients	Will have negative consequences for <u>some</u> of my patients	Will have negative consequences for <u>all</u> of my patients
29. Patients diagnosed with ASCVD should be prescribed a statin	1	2	3	4	5
30. Patients with a primary elevation of LDL \geq 190 mg/dL should be prescribed a statin	1	2	3	4	5
31. 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	1	2	3	4	5
32. Patients with no diagnosis of ASCVD or DM, with LDL 70-189 mg/dL and an estimated 10-year ASCVD risk \geq 7.5% should be prescribed a statin	1	2	3	4	5

Section 6: Participant Demographics

Please complete the following information about yourself. These questions are optional. In order to ensure any summary reports that are shared remain anonymous, they will not contain any responses to questions in this section.

33. What is your role in this practice? *(Please select only one option)*

- Physician (MD, DO)
- Nurse practitioner or Physician assistant
- Clinical staff (RN, LPN, MA, CMA, behavioral health providers)
- Non-clinical staff (receptionist, billing staff)
- Office manager
- Other, *please specify:* _____
- Refused

34. How many years have you worked in this practice? Please round to the nearest year. If you have worked in the practice less than one year, please indicate that by checking that response option.

_____ years

- I have worked in the practice less than one year
- Refused

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

_____ hours/week

- Refused

36. What is your age?

_____ years

- Refused

37. What is your gender?

- Male
- Female
- Other
- Refused

38. What is your race? (*Check all that apply*)

- Black/African American
- White/Caucasian
- Native Hawaiian
- Asian
- Pacific Islander
- American Indian/Alaska Native
- Some other race
- Refused

39. What is your ethnicity?

- Hispanic/Latino
- Non-Hispanic/Latino
- Refused

This is the end of this survey. Thank you for your time!

Please return this survey to your H3 Practice Facilitator.