

# Improving Advance Care Planning in Primary Care Primary Care Practice Characteristics Survey

## Who Should Answer This Survey?

This survey should be filled in by the person who is most familiar with how the clinic is organized and operates. Typically, this is the physician in charge (physician coordinator), the manager in charge or a professional of the clinic with a good knowledge of the functioning of the clinic.

Clinics participating in this survey must have among the members of the team at least a general practitioner providing general medical services.

Only one person should fill in the survey with the help of other professionals of the clinic, if necessary. The survey **should not** be completed by each physician or health professional at the clinic, even in cases where professionals rarely work together.

## How Should the Survey be Completed?

**Choose ONE answer per question, unless otherwise indicated.**

The expression “your clinic” refers to the practice or the primary health care medical team (general practitioners and nurses) to which you belong (or to yourself, if you are the only physician at the clinic).

Answers should reflect as much as possible the views and practices of the entire primary health care medical team (family physicians, nurses and other professionals).

### 1. Position of the respondent:

- Head doctor/physician in charge
- Member of the family physicians team
- Other primary health care professional within the clinic
- Manager or administrative assistant
- Other (*please specify*): \_\_\_\_\_

### 2. Which population is primarily served by your clinic? (*check only one*)

- Inner city
- Urban/suburban
- Small town
- Rural
- Geographically isolated/remote
- Cannot identify a primary geographic population

### 3. What is the primary setting of your clinic? (*check only one*)

- Solo physician practice
- Group physician practice
- Community health centre
- Walk-in care centre/clinic (e.g. MediCentre in Alberta)
- Clinic affiliated with hospital or ambulatory care unit
- University clinic or teaching unit
- Other (*please specify*): \_\_\_\_\_

4. Please indicate **the number** of general practitioners and family physicians (GPs/FPs) in the clinic and **their FTEs** (full-time equivalent = more than 35 hours/week):

\_\_\_\_\_ = number of GPs/FPs                      \_\_\_\_\_ = FTEs

5. Your clinic offers:

- A single setting
- A principal setting with affiliated or satellite sites
- More than one setting with coordination of care and administrative activities between sites
- More than one setting working independently
- Other (*please specify*): \_\_\_\_\_

6. Is your clinic part of a new model of primary health care benefiting from special funding or part of a government-led reform (for example, family medicine groups or network clinics in Quebec, family health teams in Ontario, primary care networks in Alberta)?

- Yes       No

7. What funding arrangement **best** describes the payment model for physicians in your clinic? (*check only one*)

- Fee-for-service
- Capitation or roster
- Salary (hourly rate, sessional payment, contract)
- Blended model (mix of different payment models)
- Other (*please specify*): \_\_\_\_\_

8. Do any of the following health professionals (one or more) work in this clinic?

	No	If Yes, <b>how many</b> and what is their affiliation with the clinic? (enter # below)	
		Works only in this clinic	Works across our multi-site network, team or group, or for another organization
Advance practice nurse (i.e. clinical nurse specialist or nurse practitioner)			
Registered nurse (e.g. RN, BScN)			
Registered practical nurse			
Social worker			
Occupational therapist			
Dietitian			
Pharmacist			
Other (specify): _____			

9. Does this practice have services of dedicated home care personnel from the province's agency?  
 Yes     No
10. Do you currently use electronic medical records in your practice?  
 Yes     No

Thank you for your participation in this survey!  
Please return this survey in the provided envelope.