

# **A Primary Health Care Evaluation System for Nova Scotia**

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## **Executive Summary**

### ***Background***

Despite the importance of information about the performance and impact of Nova Scotia's primary health care system, there is no coordinated approach to collecting, analyzing and reporting information about the system. While some information exists, it is often fragmented and not comparable across the province. This situation is consistent with the reality of primary health care system evaluation across the country.<sup>1</sup>

To address this information gap, the Nova Scotia Department of Health undertook a major initiative to develop a provincial primary health care evaluation framework, including the development of a provincial primary health care logic model, evaluation questions, indicators and three data collection tools. In addition, the second phase of the initiative identified gaps in data collection infrastructure and a recommended plan for future infrastructure development to support primary health care evaluation. Both phases of the project were supported with funding from the Primary Health Care Transition Fund.

This report provides an overview of the project, including Nova Scotia's primary health care logic model, indicators, data collection tools and next steps required to continue the momentum for building an effective primary health care evaluation system. A separate technical report contains the detailed results of the pilot tests conducted on three data collection tools, which is available from the Primary Health Care Section, Nova Scotia Department of Health.

### ***Accomplishments of the Project***

In the first phase of the project, which ended in June 2004, an environmental scan and literature review were completed to assist in the task of defining the scope of a primary health care evaluation framework for Nova Scotia. Through the collaborative efforts of the Nova Scotia

Department of Health and the nine District Health Authorities, a provincial logic model for primary health care was created. The logic model served as the foundation for the development of the evaluation framework, and was used by several district health authorities as a tool to guide their own local primary health care evaluation efforts.

The second phase of the project extended from February 2005 to September 2006. This phase of the project was guided by the work of the Primary Health Care Evaluation Working Group, which had representation from the Department of Health, the nine District Health Authorities and resource people who are familiar with health care data collection. During this phase of the project, evaluation questions and indicators related to each of the outputs and impacts in the provincial logic model were defined. An analysis of existing data sources was undertaken to determine what infrastructure was available to measure the indicators. This analysis revealed that there were no existing data sources to measure the majority of indicators.

### ***Alignment with National Indicator Development Processes***

In early 2005, the Pan Canadian Primary Health Care Indicator Project was launched by the Canadian Institute for Health Information (referred to in the remainder of this document as “the CIHI project”). The purpose of the CIHI project was to develop a set of agreed-upon primary health care indicators that will enable comparison of the primary health care system across Canada, and to provide advice on the data collection infrastructure needed to measure the agreed upon indicators. As the CIHI project was developing indicators, the Nova Scotia project consultants continually mapped the evolving set of indicators to the Nova Scotia evaluation questions. Where it appeared there were gaps, the consultants began identifying indicators unique to the Nova Scotia context.

### ***Data Collection Infrastructure***

An assessment of existing potential sources of data to measure the indicators was conducted by the project consultants. Of the 130 indicators identified for the Nova Scotia evaluation

framework, only 22 of the indicators can be calculated using existing data sources. To begin addressing this gap, potential data collection tools from various sources were reviewed.

Three data collection tools were adapted, pilot tested and revised based on the results of the pilot tests. The first tool is a community survey (which measures 27 indicators from the evaluation framework). The second tool is a survey for primary health care teams (which measures 13 indicators from the evaluation framework). The third tool is a primary health care organization survey (which measures 26 indicators from the evaluation framework). These new data collection instruments, along with data from the Primary Health Care Information Management System (PHIM) and a few other sources form a strong data collection structure for evaluating change in Nova Scotia's primary health care system.

### ***A Primary Health Care Evaluation System for Nova Scotia***

Over the past three years, Nova Scotia has taken important steps toward the implementation of a system for monitoring and evaluating primary health care renewal. The following steps are necessary to implement the evaluation framework.

- **Establish essential data collection, analysis, and reporting infrastructure at both the provincial and district health authority levels.** While the acute care sector has resources dedicated to ongoing monitoring and evaluation, no such infrastructure exists for the primary health care system. If new resources are not available to establish a comparable evaluation infrastructure for the primary health care system, then dialogue must occur about how to redistribute existing resources so that support for acute care and primary health care evaluation and monitoring is balanced.
- **Enhance the role of PHIM in supporting primary health care evaluation.** A substantial amount of the data needed to effectively implement the primary health care evaluation framework can be collected through electronic patient records. As PHIM continues to evolve, a number of considerations need to be addressed in order to ensure that data from electronic patient records can support evaluation.

- **Build infrastructure to support primary health care research in Nova Scotia.**

Although there are several researchers engaged in aspects of primary health care research, there are no opportunities for them to develop linkages with each other or to actively participate in knowledge translation activities. An active primary health care research community in Nova Scotia will support ongoing evaluation efforts and contribute to the knowledge about effective primary health care renewal interventions.

- **Continue to refine primary health care data collection tools.** Though they have been pilot tested, the data collection tools created as part of this initiative are going to need further refinement and development to ensure their continued improvement and relevance to the primary health care system in Nova Scotia. For example, the community survey has not yet been tested within a primary health care practice environment. Both the primary health care team surveys and primary health care organization surveys will be able to be further refined as more data is collected over time.

- **Implement a cyclical evaluation process.** The primary health care system is large and complex, therefore so too is the breadth of indicators needed to measure it. It is not feasible to expect that all indicators will be measured in one year; nor is it reasonable to expect all indicators to be measured on an annual basis. The provincial team tasked with the implementation of the primary health care evaluation framework will need to implement a cyclical data collection, analysis and reporting process.

- **Establish benchmarks.** Now that primary health care indicators are identified and some pilot survey data is available, it is possible to begin the process of establishing benchmarks for key indicators contained in the primary health care evaluation framework. Establishing benchmarks will help provide focus for primary health care renewal activities in the coming years.

- **Address privacy and data governance issues.** The Department of Health has already embarked on a process to resolve issues related to privacy and data governance, particularly as it applies to the PHIM program. This work is important and will need to continue to ensure there is clarity around who owns primary health care data, who may

access evaluation data, for what purpose data may be accessed (e.g. publication), and how data may be accessed expeditiously.

- **Increase communication about evaluation.** There is an ongoing need to communicate with primary health care providers about the importance of evaluation and how it can benefit them. Primary health care providers are important partners in the evaluation process, both for participating in data collection and also for changing practice if necessary based on evidence from evaluation. Building a culture that values evaluation is a long term process that must begin long before primary care providers are asked to complete surveys.
- **Share evaluation experiences.** Other jurisdictions are also exploring the best means of evaluating primary health care renewal. As Nova Scotia implements the primary health care evaluation framework, it is important that what is learned from this process is shared with other jurisdictions, and that Nova Scotia continues to benefit from the experiences in other provinces.

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## Introduction

As Nova Scotia continues to implement changes to strengthen the primary health care system, it is important to measure the impact of this change on the health system and the people of the province. Do Nova Scotians have better access to primary health care services? Do Nova Scotians receive comprehensive and coordinated care from multidisciplinary teams of health care providers? Is the health of Nova Scotians improved because of these changes to the primary health care system? These are just some of the many questions that need to be answered to understand the impact of primary health care renewal in Nova Scotia and to help plan further system change in the future.

Despite the importance of information about the performance and impact of the primary health care system, there is no coordinated approach to collecting, analyzing and reporting information about the system. While some information exists, it is often fragmented and not comparable across the province. This situation is consistent with the reality of primary health care system evaluation across the country.<sup>1</sup>

To address this information gap, the Nova Scotia Department of Health undertook a major initiative to develop a provincial primary health care evaluation framework, including the development of a provincial primary health care logic model, evaluation questions, indicators and three data collection tools. In addition, the initiative identified gaps in data collection infrastructure and recommended a plan for future infrastructure development to support primary health care evaluation. The project was supported with funding from the Primary Health Care Transition Fund.

The first phase of the primary health care evaluation project was completed in June 2004. The literature review, environmental scan, provincial logic model and recommended next steps are fully described in the following two documents available through the Primary Health Care Section at the Nova Scotia Department of Health: *“Primary Health Care Evaluation: Literature*

*Review and Environmental Scan*” and “*Primary Health Care Evaluation: Scope Definition and Implementation Steps.*” Based on the recommendations in the scope definition document from phase 1, the Department of Health launched phase 2 of the project. Phase 2 involved working collaboratively with District Health Authorities (DHAs) to define evaluation questions based on the outputs, impacts and outcomes in the provincial logic model. Indicators were identified for the evaluation questions and a gap analysis was performed to identify indicators for which no data collection mechanism currently exists. Based on the gap analysis, three different data collection tools were developed, pilot tested and revised, and recommendations for implementing a primary health care evaluation system for Nova Scotia were developed.

Both phases of the project were collaboratively undertaken by external consultants, Pyra Management Consulting Services Inc. and Research Power Inc. The consultants worked closely with staff from the Primary Health Care Section at the Nova Scotia Department of Health and representatives of the DHAs who formed an advisory group to support the project. This report was prepared by the consultants and presents the results of the process of developing evaluation questions, indicators, gap analysis and data collection tools. The report also outlines the steps necessary to continue the development of a robust primary health care evaluation system for Nova Scotia.

## Context and Approach

### ***Overview of Phase 1 of the Project***

In April 2004, the Nova Scotia Department of Health's Primary Health Care Section contracted Pyra Management Consulting Services Inc. and Research Power Inc. to define the scope of a primary health care evaluation framework for Nova Scotia, and to recommend the necessary steps for developing and implementing the framework. After conducting an environmental scan and literature review, the contractors worked collaboratively with the Department of Health and DHAs to define evaluation principles and develop a provincial primary health care logic model. The following is a summary of the recommendations from phase 1 of the Project:

- Seek consensus on and adopt the evaluation principles and logic model developed in phase 1;
- Work collaboratively with DHAs to create a set of indicators to enable measurement of the outputs, impacts and outcomes identified in the provincial primary health care logic model;
- Conduct a gap analysis to determine the feasibility of collecting data to measure the agreed upon indicators;
- Prioritize the indicators and develop technical specifications for those of highest priority;
- Develop data collection instruments for indicators for which data is not yet collected;
- Develop a data collection strategy that ensures systematic collection, analysis and reporting of data across the province;
- Provide direct and ongoing primary health care evaluation support and mentoring to District Health Authorities;
- Enhance infrastructure and capacity for system level data analysis and reporting;
- Facilitate the development of a primary health care research community throughout the province;
- Support ongoing knowledge translation between primary health care researchers and primary health care practitioners and policy makers at the system and district levels; and

- Ensure that human resources with evaluation expertise and appropriate data collection infrastructure are implemented to support a regular data collection, analysis and reporting cycle.

## ***Overview of Phase 2 of the Project***

Phase 2 of the Project was implemented to address the recommendations from phase 1 around indicator development, gap analysis and data collection. In addition, through the engagement of staff from the Primary Health Care Section at the Nova Scotia Department of Health and representatives from the DHAs, phase 2 was used as an opportunity to build capacity within the province for evaluation planning.

From the beginning, the second phase of the project was supported by the Primary Health Care Evaluation Working Group, which was created specifically for this project. The Working Group included representatives from the Nova Scotia Department of Health, primary health care managers and coordinators from all of the DHAs, the coordinator of the Tui'kn Initiative, a primary health care project involving five First Nations Communities in Cape Breton, and resource people with expertise in primary health care data collection. As the project proceeded, additional people were invited to attend working group meetings, such as people from the DHAs who are involved in data collection in the acute care sector or quality initiatives.

The Working Group was actively involved in the process used to develop and refine evaluation questions. The Group supported the indicator identification process as well. Several Working Group members assisted in the pilot test of the data collection tools by coordinating data collection processes within their Districts.

## **Conceptual Approach**

The work of both phases of the Project was guided by the concept that three levels of evaluation are needed in order to effectively capture the impact of changes made to the primary health care system:

1. **System level** evaluation, which includes a set of indicators that are either measured at a provincial level or consistently measured by all DHAs. Measurement at the system level assesses the results of change in the primary health care system at a provincial level. System level evaluation is coordinated and supported by the Department of Health, with some data provided from the DHAs.
2. **District level** evaluation, which includes the indicators that DHAs measure as part of their contribution to the system level evaluation, as well as indicators unique to each district.
3. **Project level** evaluation, which includes relevant system level and district level indicators as well as the indicators unique to each primary health care renewal project or initiative taking place within each DHA.

## **Results of Phase 2 of the Project**

The remainder of this report outlines the key components of phase 2 of the project, including indicator development, analysis of data infrastructure, development and pilot testing of data collection tools, and the next steps required to continue the development and implementation of an effective primary health care evaluation system for Nova Scotia.

## Indicator Development Process

To begin phase 2 of the project, the consultants worked with the Evaluation Working Group to review and update the logic model created in phase 1. A few changes were made throughout phase 2 to enhance clarity. The most recent version of the logic model is in Appendix 1.

The next step in the developmental process, again lead by the consultants with significant input from the Evaluation Working Group, was the identification of evaluation questions for the outputs and impacts of the logic model. The evaluation questions were developed and prioritized through an iterative process that involved a combination of in-person meetings and written feedback. Working Group members prioritized questions for inclusion in the evaluation framework by considering how data that would be collected to answer each evaluation question might impact future decision-making around primary health care services as well as the feasibility of acquiring the necessary data. Questions with high potential for impacting future decision-making and greater feasibility of measurement were those that were eventually agreed to be included in the evaluation framework. Appendix 2 provides a summary of the agreed upon evaluation questions, organized by process and structure outputs and impacts from the logic model.

It was agreed that although the primary health care system contributes to the achievement of the outcomes stated in the logic model, these outcomes will only be achieved with contributions from across the continuum of health care services and other non-health care sectors. Therefore, the definition of evaluation questions and indicators for the outcomes in the logic model was not addressed in this evaluation development process that only had representation from the primary health care sector.

The next step in the development process was to create indicators for the agreed upon evaluation questions. Just as the consultants were about to embark upon the indicator definition process, the Canadian Institute for Health Information launched a national consensus process to define

primary health care indicators. Rather than duplicate the work of the national consensus process, the consultants and Evaluation Working Group waited for the national process to complete, to ensure that Nova Scotia's evaluation framework included the national indicators wherever possible.

### ***National Indicator Development Process***

In early 2005, the Pan Canadian Primary Health Care Indicator Project was launched by the Canadian Institute for Health Information (referred to in the remainder of this document as “the CIHI project”). The purpose of the CIHI project was to develop a set of agreed-upon primary health care indicators that will enable comparison of the primary health care system across Canada, and to provide advice on the data collection infrastructure needed to measure the agreed upon indicators. The process spanned over a year, and involved multiple processes to gain national consensus from primary health care clinical and management experts from across the country.<sup>1</sup>

The CIHI project, produced 105 primary health care indicators that were identified and agreed upon by a broad range of primary health care stakeholders. A smaller abridged list of indicators was also created and the technical specifications of all of the 105 indicators were defined. An analysis of existing data infrastructure to measure the indicators was conducted and recommendations were made for addressing the data gaps. The results of the CIHI project are contained in the following two reports, available on the CIHI website ([www.cihi.ca](http://www.cihi.ca)):

- *Primary Health Care Indicators: Pan Canadian, Report 1, Volumes 1 and 2; and*
- *Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2.*

Staff from the Nova Scotia Department of Health participated in the CIHI project. Their involvement helped to ensure ongoing communication between the CIHI project and the Nova Scotia project. The consultants for the Nova Scotia project met on several occasions with

representatives from the CIHI project, both to help inform the CIHI project and to continually look for opportunities to use the products of the CIHI project to inform the development of primary health care evaluation framework in Nova Scotia.

### ***Mapping the National Work to the Nova Scotia Context***

As the CIHI project was developing indicators, the Nova Scotia project consultants continually mapped the evolving set of CIHI indicators to the Nova Scotia evaluation questions. Where it appeared there were gaps, the consultants began identifying using Nova Scotia indicators. For most of the outputs in the logic model, there were CIHI project-developed indicators available to measure the Nova Scotia evaluation questions (68% coverage). However, there were noticeable gaps in the following three outputs:

- Accountabilities within relationships in the primary health care system are clearly defined;
- Individuals, health providers and communities have capacity to participate in Primary Health Care planning and delivery; and
- Services are offered in ways that respond to individuals', families' and communities' cultural, racial and spiritual needs.

When the final version of the CIHI project indicators was ready, the consultants completed mapping the indicators to the Nova Scotia evaluation questions. Three people in Nova Scotia who are involved in primary health care system renewal and research were asked to review the mapping of CIHI project indicators to the Nova Scotia evaluation questions. Two of the reviewers were primary health care physicians as well as researchers, one of whom participated as a stakeholder in the CIHI project. The third reviewer was a data infrastructure specialist. The comments of all three reviewers were extremely helpful in the final exercise of mapping CIHI project indicators to the Nova Scotia evaluation questions and identifying potential sources and gaps for data collection.

The indicators for each of the evaluation questions are contained in the table in Appendix 3.

Where the indicator is from the CIHI project, it is noted in brackets after the indicator.

## Data Infrastructure

As the indicators were being finalized, the consultants began an assessment of potential existing data sources to measure the indicators. The following organizations were contacted either via e-mail or in person to determine what data might currently be collected to meet the measurement needs of the primary health care indicators:

- Cancer Care Nova Scotia;
- Diabetes Care Program of Nova Scotia;
- Health Economics, Department of Health;
- Information Analysis and Reporting, Department of Health;
- Population Health Research Unit, Dalhousie University;
- Primary Health Care Information Management System Initiative, Department of Health;
- Public Health, Department of Health; and
- Reproductive Care Program of Nova Scotia.

In addition, all of the members of the Evaluation Working Group were asked to suggest potential data sources for the indicators, particularly within District Health Authorities.

### ***Potential Sources of Data to Measure Indicators***

In general, data to measure primary health care indicators can come from a number of sources:

- Data about the people who use primary health care services can come from surveys of either the general population, or the specific clients/patients of a primary health care practice;
- Data about the people who provide primary health care can come from surveys of the providers;
- Data about primary health care organizations can come from surveys of the organizations or from District Health Authorities;

- Data about specific types of client or patient encounters with the primary health care system (e.g. diagnostic test, quality indicators) can come from primary health care information management systems, medical services insurance and hospital data; and
- Data about the number and location of primary health care providers can come from surveys of the providers as well as administrative data maintained by the Department of Health.

### **Results of Gap Analysis**

Much like the gap analysis conducted nationally by the CIHI project, the results of the Nova Scotia data infrastructure analysis indicated that data is not currently collected to measure the majority of indicators. Of the 130 indicators identified for the Nova Scotia evaluation framework, currently only 22 of the indicators can be calculated using existing data sources (this is an optimistic estimate as the indicator may only partially be covered by the existing data source). The table in Appendix 3 shows the currently existing or potential future data source for each of the indicators.

Currently, there are no primary health care client/patient, provider or organization surveys that are administered as part of a regular provincial data collection cycle in Nova Scotia. Primary health care information systems are just beginning to be implemented, so this capacity for data collection is not yet mature. Although some data about client/patient encounters with the health system is available, it is not always collected in accordance with the technical specifications of the CIHI project indicators, and the data comes from different data systems managed by different people in varying locations, making coordination a challenge.

### **Data Infrastructure Challenges**

The CIHI project identified a number of challenges related to data infrastructure, many of which are equally valid for Nova Scotia, based on discussions held during the gap analysis. Some of the challenges identified by the CIHI project include:

- Defining sampling frames for patient/client, provider and organization surveys is difficult. For example, there is not a single coordinated list of primary health care organizations in the province that should be used in surveying such organizations.
- There is very little data collected about primary health care provider types other than physicians, which makes it difficult to thoroughly measure a number of the indicators.
- It can take two years or more to conduct surveys, enter data, conduct analysis, and write and communicate reports of progress on relevant indicators. This may limit the relevance and usefulness of the information.
- Issues related to privacy and confidentiality of data will need to be addressed as new information is sought to more comprehensively measure primary health care indicators.
- There is currently a lack of coordination and resources dedicated to primary health care data infrastructure.<sup>2</sup>

### ***A Note About Indicator Technical Specifications***

At the time that the gap analysis was conducted, all of the technical specifications for the CIHI indicators were not yet available from the CIHI project. Therefore, as the primary health care evaluation framework is implemented, care will need to be taken to ensure that data captured from sources other than the three new data collection tools discussed in the next section actually correctly measure the indicators in the framework and are compatible with the CIHI indicators. In the future, when new data collection sources are being designed, the CIHI project technical specifications should be used to guide the creation of the data collection tools and processes.

## Development of Data Collection Tools

The review of existing infrastructure for primary health care information illustrated that data is not currently collected to measure the majority of indicators in the evaluation framework. The gap analysis revealed the need for three different instruments to collect data to assess many of the indicators in the evaluation framework including a client/patient or community survey, a primary health care team survey, and a survey of primary health care organizations.

In addition to the CIHI project that was initiated to develop a set of agreed-upon primary health care indicators, a national project was undertaken entitled, *Development of a Toolkit of Primary Health Care Evaluation Instruments*. The purpose of the project was to review existing tools and instruments related to assessing primary health care and to develop new instruments to fill any gaps in existing tools. This work was led by Howard Research Consultants with the review of available tools and instruments documented in an on-line database available at [http://www.peertopeer.ca/hcs-sss/prim/phctk\\_e.html](http://www.peertopeer.ca/hcs-sss/prim/phctk_e.html).

Using questions from the above tools, the evaluation consultants created two instruments (a Primary Health Care Team Survey and a Primary Health Care Organization Survey) for pilot testing, which gathered data related to some of the indicators in the provincial evaluation framework. The third survey, the patient/client or community survey was developed through the Primary Care Research Unit, Department of Family Medicine at Dalhousie University. Researchers in this Unit were currently adapting and testing a Primary Care Practice Survey (PCPS) in Nova Scotia. This instrument mapped well to many of the indicators in the evaluation framework, and the researchers made further modifications to the tool to tap into the CIHI indicators that could be assessed through a patient/client or community survey.

A description of the indicators assessed by each of the three instruments and a summary of the pilot testing results is provided below. Details of the technical analysis of the pilot-test of the three surveys are contained in a separate report entitled *Technical Analysis Report of a Pilot Test*

of Three PHC Instruments available through the Primary Health Care Section at the Department of Health. The technical analysis report presents an item-by-item review of each survey, an evaluation matrix for each survey mapping indicators, items and item performance, and the revised surveys.

### **Summary of Pilot Test Results of Patient/Client or Community Survey**

A total of 33 indicators in the evaluation framework have the potential to be assessed through a patient/client or community survey. This included 29 CIHI indicators and four indicators unique to Nova Scotia. A total of 24 CIHI indicators were included in the client/patient or community survey, as well as three of the indicators unique to Nova Scotia. Appendix 4 presents a table outlining the indicators assessed by the patient/client or community survey. The *Technical Analysis Report of a Pilot Test of Three PHC Instruments* presents a table outlining the indicators covered by the various surveys, with an explanation of why selected indicators were not assessed (e.g., indicators were not relevant to the Nova Scotia context such as asking about a telephone support line that does not exist; or indicators were too complex to assess in the current survey such as the “% of community members who report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs”).

The Patient/Client or Community survey was administered to 400 respondents drawn from a randomly selected list of households in the South West District Health Authority of Nova Scotia. The survey had a “willing to respond rate” of 52% and was administered via telephone by experienced interviewers. On average, the survey took 17 minutes to complete, and in addition to demographic and primary health care service information items, encompassed six dimensions of primary health care: Access (13 items); Continuity (2 items); communication (9 items); enablement (3 items); patient-provider relationship (3 items); prevention (8 items). Appendix 5 provides the survey developed for the pilot test and the revised version based on the results of the pilot test.

In general, the scales performed well, in that respondents were able to answer the majority of questions, there was some variability across response options, and new questions correlated well with the PCPS items tapping the same topic. However, some scales may have contained more items than necessary (i.e., the Access, Communication and Prevention subscales). Items were flagged that had high rates of non-response (i.e., “don’t know” or missing/no answer) as they may be problematic in terms of clarity or relevance. This was true of several items from the Access subscale, which may need to be reworded slightly. In terms of the protocol for survey administration, the provision of structured response options rather than permitting respondents to generate an answer may enhance data quality (e.g., questions related to wait times for services). Other items may benefit from an expansion in response options, such as adding a ‘neutral’ category.

In a few instances, the wording of survey questions departed from that recommended by CIHI, as previous experience with the survey as well as a small pilot test prior to administration of the survey in South West Nova Scotia revealed that the CIHI terminology was not understood by respondents. “Non-urgent routine care” was replaced by “routine care such as a medical exam or follow-up visit” and “immediate care for an emergent but minor health problem” was replaced by “urgent but minor health problem, such as fever, headache, sprained ankle”. The term “primary health care provider” was replaced by the more familiar “family doctor or health care provider”.

### ***Summary of Pilot Test Results Primary Health Care Team Survey***

A total of 16 indicators in the evaluation framework have the potential to be assessed through a Primary Health Care Team survey. All were included in the piloted survey, with the exception of three related to provider work characteristics and experiences (i.e., injury at work (CIHI 90), missed work due to burnout (CIHI 91) and income type (CIHI 105). Early in the process questions were drafted to assess these indicators, but a review by Primary Health Care managers/coordinators from the DHAs participating in the pilot test indicated that these questions would not work well in the pilot test (e.g., the questions were too complicated or

sensitive to ask). These questions were dropped from the pilot test instrument. Appendix 6 presents a table outlining the indicators covered by the Primary Health Care Team survey.

The survey was developed by the evaluation consultants using the *Primary Health Care Evaluation Toolkit* and covered several aspects of primary health care including collaboration and continuity of care (10 items), team functioning (25 items and six subscales) and work satisfaction (35 items and nine subscales). The survey also gathered data related to provider demographics and professional development. Appendix 7 provides the survey developed for the pilot test and the revised version based on the results of the pilot test.

Primary health care managers/coordinators from four of the nine District Health Authorities in the province volunteered to pilot test the survey in selected primary health care organizations in their region. Table 1 provides an overview of the number of surveys administered and the response rate. In addition to pilot testing the survey with members from 11 primary health care organizations, the survey was reviewed by the four primary health care managers/coordinators and two experts who are involved in primary health care system renewal and research, who are both primary health care physicians as well as researchers, one of whom participated as a stakeholder in the CIHI project.

**Table 1: Pilot Test of the Primary Health Care Team Survey – Response Rate**

<b>PHC Team</b>	<b>Number Distributed</b>	<b>Number Returned</b>
<b>Team 1</b>	10	5
<b>Team 2</b>	10	4
<b>Team 3</b>	10	5
<b>Team 4</b>	8	5
<b>Team 5</b>	12	3
<b>Team 6</b>	8	7
<b>Team 7</b>	6	3
<b>Team 8</b>	11	1
<b>Team 9</b>	9	5
<b>Team 10</b>	11	8
<b>Team 11</b>	20	12
<b>Total</b>	<b>115</b>	<b>58</b>

Members (N=58) of primary health care teams drawn from 11 primary care provider occupation groups (26% GPs, 40% nurses, 5% dietitians, 3% social workers, etc.) and 11 primary health care organizations completed the survey. Most respondents took 20 minutes or less to complete the survey.

In general, the results of the pilot test evaluation were promising, with the scales showing favourable psychometric properties and optimal item efficiency, reflected in relatively few items producing good quality indicators. The survey was formatted to permit respondents to provide open-ended comments for each item. In addition, the feedback from the expert reviewers is incorporated into this evaluation. Although the reactions of respondents and expert reviewers could be used to inform possible rewording changes, this should be balanced against the scientific merit of the existing instruments, and the considerable care that has been taken in

developing these high quality measures. Rewording changes carry the risk that the revised measure will not perform as well as the established scales and this should be evaluated empirically before wide-scale use of the survey.

Designing a single survey to be administered to a variety of health care workers is bound to result in some questions fitting less well with particular providers' experiences. One of the general issues evident in the pilot survey data is that potential difficulties were introduced by administering the same survey to core members of the primary health care team (e.g., family physicians, nurse practitioners and family practice nurses who work together on a day to day basis) and to those who were not on-site regularly (e.g., dieticians and social workers) or who did not provide direct patient care (e.g., receptionist). In many cases this simply resulted in high proportions of "not applicable" responses to items. In other instances, respondents who were not on-site regularly felt unable to evaluate the quality of communication among the core provider team for the Team Functioning measure. This may have been somewhat frustrating for respondents and could be alleviated by using alternate forms of the survey or introducing instructions for such respondents to skip sections, although references to "team" are made throughout the survey.

Another isolated mismatch between provider experience and question content pertains to an item (Question 4) on the Collaboration and Continuity of Care measure which concerned the performance of providers not part of the team, in this case the turn-around time for receipt of lab test results. Consideration may be given to developing a parallel form for those (a) who do not do direct patient care and (b) non-core members of the practice team. A related alteration to the survey that is likely to be helpful is clarification of exactly who is to be included in the term "team", which could be defined in the introduction to the survey. As health care teams become more prevalent and take more varied forms, it would be worthwhile to attend to the issues of defining teams and to communicating that to respondents.

Information from the pilot data suggests a few alternations to the survey. There was a shift in direction for the response format across measures (i.e., 1=strongly agree for the Collaboration measure, and 1=very dissatisfied for the Team Functioning and Work Satisfaction scales). This shift may result in respondents answering incorrectly if they do not notice the change or alternatively may simply be confusing to respondents. Thus, it was recommended that the response formats be made consistent. In addition, the pilot data provides valuable information that could be used in refining demographic and professional development indicators, in some cases defining response categories more clearly and in others replacing a question with several more focused questions. One demographic question asks respondents to identify the type of practice in which they work. Interestingly, there often was disagreement within members of the same practice about the appropriate category (i.e., solo family physician, group, interdisciplinary or other). Consideration should be given to obtaining this indicator from another data source, perhaps one external to the practice.

One very challenging issue regarding the evaluation of fundamental changes in primary health care delivery relates to shifts in providers' understanding of the goal or standard that they are striving to attain. As providers gain experience with the implementation of new models of care, they may come to more fully appreciate the extent of change that is required, so may actually lower their self-evaluations relative to those with less depth of understanding. This has practical applications for evaluation efforts to monitor system change. Thus, providers whose practices are actually early in the process of transitioning to more comprehensive, coordinated multidisciplinary health care teams may rate themselves more favourably as following a team approach than they will later on when they better understand the goal. Two respondents who work in relatively integrated multidisciplinary teams were the only ones who commented that their practice was not sufficiently into the process to assess their satisfaction with it. Because they believed their assessment was premature, their scores may be more negative than those coming from practices that were perhaps less aware of the extent to which they deviated from the new model.

## **Summary of Pilot Test Results of Primary Health Care Organization Survey**

A total of 28 indicators in the evaluation framework have the potential to be assessed through a Primary Health Care Organization Survey. All were included in the piloted survey, with the exception of two related to processes and structure for medication incidents (CIHI 67) and operational expenditures (CIHI 105) which were deemed too complex to assess on the pilot test survey based on a review by primary health care managers/coordinators. Appendix 8 presents a table outlining the indicators covered by the Primary Health Care Organization Survey.

The survey was developed by the evaluation consultants using the *Primary Health Care Evaluation Toolkit* and covered several aspects of primary health care including hours of operation, services for individuals and group programs, using data for planning services and programs, accountability mechanisms, collaboration, quality improvement, organizational policies and procedures, and information technology and communication. (Appendix 9 provides the survey developed for the pilot test and the revised version based on the results of the pilot test).

Primary health care managers/coordinators from four of the nine DHAs in the province volunteered to pilot test the survey in selected primary health care organizations in their region. A total of 11 surveys were distributed to primary health care organizations of varying structures (e.g., community health centre, group physician practices that include other health care providers, etc.), and nine surveys were returned. In addition to pilot testing the survey with nine primary health care organizations, the survey was reviewed by the four primary health care managers/coordinators and two experts who are involved in primary health care system renewal and research, who are both primary health care physicians as well as researchers, one of whom participated as a stakeholder in the CIHI project.

The instructions indicated that the survey should be completed by a team of at least two people who together had a good understanding about all administrative and clinical operations of the

primary health care organization. The survey was formatted to permit respondents to provide open-ended comments for each item. In addition, the feedback from the expert reviewers is incorporated into this evaluation.

In general, the results of the pilot test evaluation were promising, with the questions appearing to be both relevant to respondents and covering the indicators. Most respondents took 30 minutes or less to complete the survey. As with the primary health care team survey, designing a single survey to be administered to a variety of primary health care organizations is bound to result in some questions fitting less well with particular organizations' experiences. Some organizations that completed the survey indicated that they only partly offered primary health care programs and services. For these organizations, concerns were expressed in the open-ended feedback forms regarding the relevance of the questions. In many cases this resulted in high proportion of "not applicable" or non-response to items. This highlights the need to add "not applicable" options to more of the questions in order to enhance the accuracy of the data and the interpretation of non-response.

Feedback from respondents and reviewers indicate that providing examples to illustrate or define terms would also be helpful (e.g., differentiate more clearly between two-way electronic links in Question 19 and "communication options" in Question 20; and define "outreach services" in Question 4 and "collaborative care arrangement" in Question 13). The pilot test and comments by reviewers revealed the need to more clearly differentiate that Question 4 referred to services for individuals and Question 5 referred to group programs. Finally, it was noted that there was not a direct question about whether the organization had an electronic patient/medical record, which needs to be added to the survey.

The survey included several open ended options as well as "other" categories which is prudent given that the indicators are at an early stage of development and are more qualitative in nature. Further testing of the questions will inform development of the indicators as well as response options for various questions (e.g., accountability mechanisms, programs, etc.).

## **A Primary Health Care Evaluation System for Nova Scotia**

Over the past three years, Nova Scotia has taken important steps toward the implementation of a system for monitoring and evaluating primary health care renewal. Using a collaborative approach that engaged all of the DHAs, the Nova Scotia Department of Health has developed a comprehensive primary health care evaluation framework that includes a logic model, evaluation questions, indicators for the questions and three new data collection tools that have been pilot tested and are ready for full implementation. This section outlines the steps that are necessary to implement the evaluation framework, including a recommended data collection and reporting cycle.

### ***Establish Essential Infrastructure***

#### **Provincial Infrastructure**

Measurement of the acute care system has been well established in Nova Scotia, both at provincial and district levels. There are multiple staff positions at the Department of Health that are dedicated to data collection, analysis and reporting on the performance of the acute care system. Likewise, DHAs have within their planning and quality departments (or departments of a similar nature) people who are dedicated to acute care data collection and analysis. Although arguably there are not enough resources available to effectively evaluate all aspects of the acute care system, there is at least some infrastructure in place that enables evaluation of key indicators to occur. No such resources exist for the coordinated collection and reporting of data related to primary health care.

Effectively implementing even a small component of the primary health care evaluation framework will require an investment of resources. There is simply no capacity within the current system at a provincial and especially at a district level to undertake the type of coordination and development of infrastructure that is required to create an accurate picture of

the outputs, impacts and outcomes of Nova Scotia's primary health care system. At a minimum, implementation of the evaluation framework will require a full-time team dedicated to primary health care evaluation that has the following skill sets:

- Technical expertise in ongoing indicator development and refinements;
- Technical expertise in ongoing data collection tool design, revision and validation;
- Ability to coordinate, analyze and interpret data from numerous sources;
- Technical skills in project management;
- Skills in coordinating survey administration;
- Skills in data entry and database manipulation and management;
- Ability to synthesize data and write evaluation reports for audiences with different needs;
- Skills in communicating with the public, primary health care providers and health system decision-makers about the need for and results of primary health care evaluation;
- Ability to help support the DHAs to continue to build capacity to conduct evaluation at a district level;
- Ability to support the development of a network of primary health care researchers;
- Skills in implementing effective knowledge translation strategies in both the clinical and policy decision-making domains within primary health care; and
- Ability to support the PHIM program to ensure that data to measure primary health care indicators is accessible through the PHIM decision support system.

### **Infrastructure Within District Health Authorities**

Different DHAs have varying amounts of resources dedicated to monitoring and evaluating health care systems. A number of the people involved in these activities for DHAs participated in some of the meetings of the Primary Health Care Evaluation Working Group. The very clear message from these people was that their departments do not have the capacity (and in some cases the expertise) to take on the additional responsibilities of monitoring indicators for primary health care.

Some of the data required to support the primary health care evaluation framework will require involvement of the DHAs. To that end, the Department of Health and the DHAs need to engage in dialogue about capacity for data collection to support primary health care evaluation. If new resources are not available to build capacity within DHA planning and/or quality departments to support ongoing primary health care data collection, analysis and reporting, then dialogue must occur about how to redistribute existing resources so that support for acute care and primary health care evaluation and monitoring is balanced.

### ***Enhance the Role of PHIM Program in Evaluation***

The PHIM program is a provincial program that is supporting the implementation of electronic information management systems in primary health care organizations. A substantial amount of the data needed to effectively implement the primary health care evaluation framework can be collected through electronic patient records. As PHIM continues to evolve, a number of considerations need to be addressed in order to ensure that data from the electronic patient records can support evaluation.

First, as PHIM continues development of a decision support system, the program should ensure that the system has the capacity to compile and report on aggregate data that supports indicators contained in the primary health care evaluation framework. In addition, the PHIM decision support system should include the capability to perform queries and generate reports from both of the electronic patient record systems that are approved by the province.

Evaluation information is used by decision-makers at the clinical, district and provincial system levels to help improve the performance of the primary health care system at all levels. For this reason, it is very important that the PHIM decision support system be capable of providing the results of querying client/patient data at not only the provincial system level, but also at a district or multiple site level as well as within a single practice across the patients of one or more service providers.

## **Build Infrastructure to Support Primary Health Care Research**

Throughout both phases of the evaluation framework development project, it has become increasingly clear that there is a significant gap in primary health care research in Nova Scotia. Although there are several researchers engaged in aspects of primary health care research, there are no opportunities for them to develop linkages with each other or to actively participate in knowledge translation activities.

An active primary health care research community in Nova Scotia will support ongoing evaluation efforts, and contribute to the knowledge about effective primary health care renewal interventions. In fact, phase 2 of the project proved the incredible value of supporting primary health care research in Nova Scotia. As described in the section on tool development, the community survey pilot-tested for this project was only possible through the previous work of primary health care researchers in Nova Scotia, and their willingness to support the evolution of their previously developed survey to meet the needs of Nova Scotia's evaluation framework.

The report from phase 1 of the Project offered three recommendations related to strengthening primary health care research in Nova Scotia. Little or no progress has been made on these recommendations, however, they continue to remain valid and action is required to address these important issues:

- In partnership with the Nova Scotia Health Research Foundation, bring primary health care researchers in Nova Scotia together to share information about their work, identify opportunities for collaboration, and identify a mechanism for primary health care research networking in Nova Scotia.
- Based on the input of primary health care researchers, provide resources to support the development and maintenance of a mechanism that enables primary health care researchers across the province to network and collaborate.
- Provide resources that support ongoing knowledge translation between primary health care researchers and primary health care practitioners and policy makers at the system and district levels.

## ***Continue to Refine Primary Health Care Data Collection Tools***

Though they have been pilot tested, the data collection tools created as part of this initiative are going to need further refinement and development to ensure their continued improvement and relevance to the primary health care system in Nova Scotia. For example, the community survey has not yet been tested within a primary health care practice environment. There may be an opportunity for to shorten the Primary Health Care Team and Primary Health Care Organization Surveys in the future by building more closed-ended questions based on qualitative data collected over time. All of the surveys will be able to be further refined as more data is collected over time.

## ***Implement a Cyclical Evaluation Process***

The primary health care system is large and complex, therefore so too is the breadth of indicators needed to measure it. It is not feasible to expect that all indicators will be measured in one year; nor is it reasonable to expect all indicators to be measured on an annual basis. The provincial team tasked with the implementation of the primary health care evaluation framework will need to implement a cyclical data collection, analysis and reporting process. Such a cycle could be:

- Implement the patient/client survey across the province in 2007-08, using a stratified sample to ensure there are enough respondents in each of the nine districts so that DHAs can have access to data specific to their district. The survey could be repeated every three years.
- Implement the primary health care provider survey in 2008-09. Work will need to be done in the interim to identify the sampling frame. Professional associations may be helpful partners in this process. This survey could be repeated every five years.
- Implement the primary care organization survey in 2009-10. Work will need to be done in the interim to define the sampling frame. DHAs will be important partners in this process. This survey could be repeated every five years.
- Indicators from other sources such as PHIM or the MSI data base can also be reported in a cyclical manner that compliments the three tools listed above. Other reporting cycles

may also be useful, such as regular reports on the indicators, related to particular chronic disease or risk factors.

### ***Establish Benchmarks***

Now that primary health care indicators are identified and some pilot survey data is available, it is possible to begin the process of establishing benchmarks for key indicators contained in the primary health care evaluation framework. This could be the next task of the Primary Health Care Evaluation Working Group. Establishing benchmarks will help provide focus for primary health care renewal activities in the coming years.

### ***Address Privacy and Data Governance Issues***

The Department of Health has already embarked on a process to resolve issues related to privacy and data governance, particularly as it applies to the PHIM program. This work is important and will need to continue to ensure there is clarity around who owns primary health care data, who may access evaluation data, for what purpose data may be accessed (e.g. publication), and how data may be accessed expeditiously.

### ***Increase Communication About Evaluation***

There is an ongoing need to communicate to primary health care providers about the importance of evaluation and how it can benefit them. Primary health care providers are important partners in the evaluation process, both for participating in data collection, and also for changing practice if necessary based on evidence from evaluation. Building a culture that values evaluation is a long term process that must begin long before primary health care providers are asked to complete surveys. Regular updates on the progress of implementing the evaluation framework is one way of helping to build understanding about the role of evaluation in informing primary health care practice.

## ***Share Evaluation Experiences***

Other jurisdictions are also exploring the best means of evaluating primary health care renewal. As Nova Scotia implements the primary health care evaluation framework, it is important that what is learned from this process is shared with other jurisdictions, and that Nova Scotia continues to benefit from the experiences in other provinces. For example, Nova Scotia has now tested some of the CIHI indicators and found some of the wording difficult. This feedback will be important to CIHI and others who are seeking to design ways of measuring the indicators. Maintaining communication with people in other provinces and at CIHI who are involved in primary health care evaluation will help Nova Scotia to continue to build a stronger primary health care evaluation culture.

## **Conclusion**

Over the last three years, Nova Scotia has made tremendous progress towards the implementation of a comprehensive primary health care information framework. The stage is set for a new era in which decisions about primary health care renewal can be made based upon Nova Scotia data related to the major components of primary health care as outlined by the Nova Scotia Advisory Committee on Primary Health Care Renewal in their May 2003 report. The challenge now is to maintain the momentum and build the capacity that is required to implement high quality evaluation of the primary health care system on an ongoing basis.

## End Notes

- (1) Canadian Institute for Health Information. Pan-Canadian primary health care indicators: Report 1, Volume 1. 2006. Available at:  
[http://secure.cihi.ca/cihiweb/products/PHC\\_Indicator\\_Report\\_1\\_Volume\\_1\\_Final\\_E.pdf](http://secure.cihi.ca/cihiweb/products/PHC_Indicator_Report_1_Volume_1_Final_E.pdf). Accessed October 26, 2006.
- (2) Canadian Institute for Health Information. Enhancing the primary health care data collection infrastructure in Canada Report 2: Pan-Canadian primary health care indicator development project [serial online]. 2006. Available at:  
[http://secure.cihi.ca/cihiweb/products/PHC\\_Indicator\\_Report\\_2\\_Final\\_E.pdf](http://secure.cihi.ca/cihiweb/products/PHC_Indicator_Report_2_Final_E.pdf). Accessed October 26, 2006.

## **Appendices**

## ***Appendix 1 – Primary Health Care Logic Model for Nova Scotia***

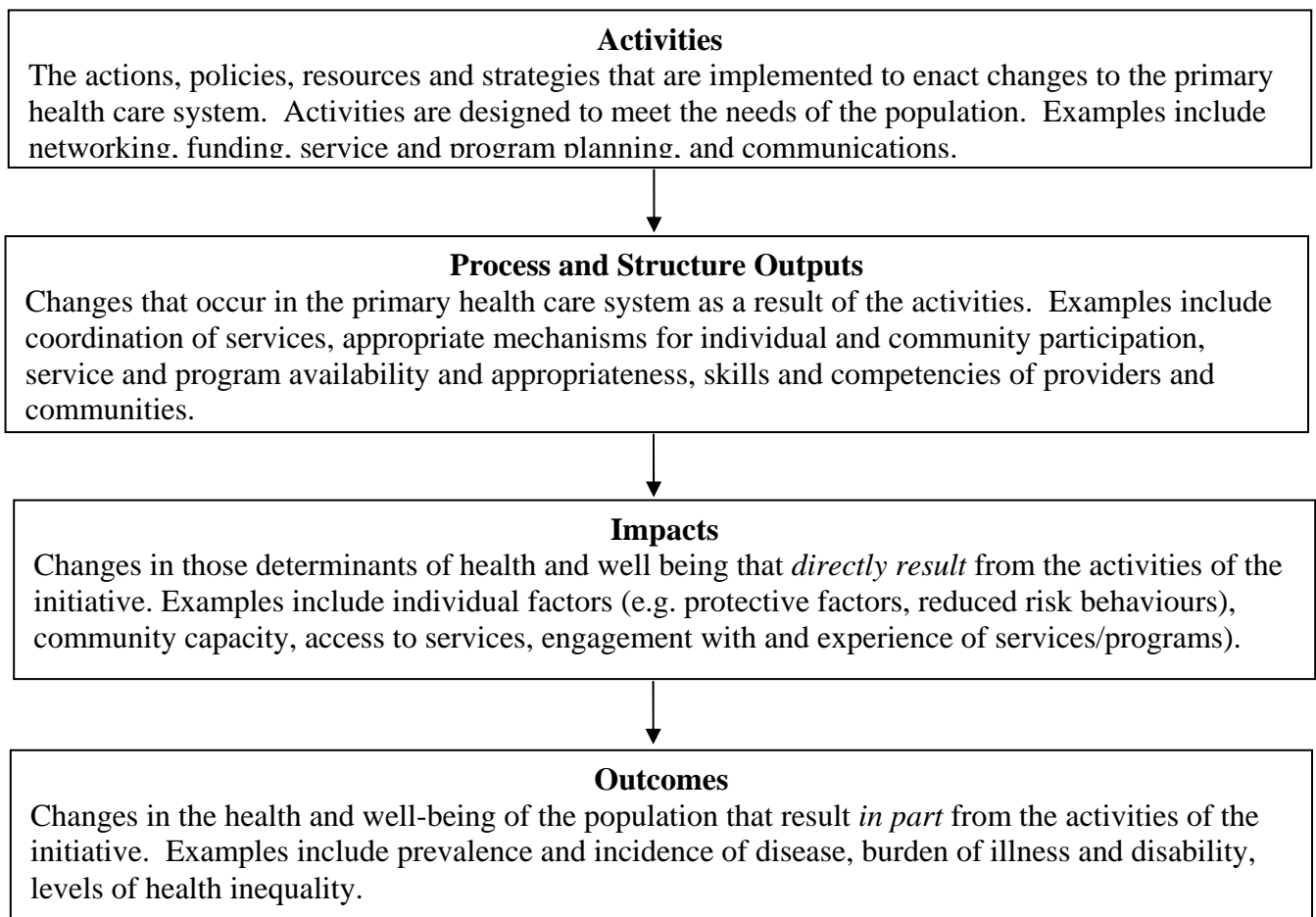
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**Primary Health Care Logic Model for Nova Scotia**March 24, 2006

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**Definition of Logic Model Components**

A logic model is a systematic and visual way to present the relationships among the resources and activities of a program or system and the intended results of the activities. The diagram below defines the major components of the draft logic model for primary health care evaluation in Nova Scotia.<sup>1</sup> This format is consistent with the provincial primary health care logic model.



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<sup>1</sup> The definitions and examples were adapted from *Evaluation of the Primary Care Partnership Strategy* published by the Department of Human Services, Victoria, Australia

(<http://hnb.dhs.vic.gov.au/rhacs/phkb/phkb.nsf/HeadingPagesDisplay/PublicationsPCP+Strategy?OpenDocument>)

**Primary Health Care System Level Logic Model for Nova Scotia** (revised March 24, 2006)

<b>Components</b>	<b>Elements</b>
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Population-based planning (including capacity and needs assessment)</li> <li>2. Funding</li> <li>3. Partnership development and collaboration</li> <li>4. Disseminating/sharing information</li> <li>5. Networking and coordination</li> <li>6. Service development</li> <li>7. Capacity building</li> <li>8. Evaluation and research</li> <li>9. Policy development and advocacy</li> <li>10. Change management</li> <li>11. Communications</li> <li>12. Implementing information technology</li> </ol>
<b>Process &amp; Structure Outputs</b>	<ol style="list-style-type: none"> <li>1. Planning for service delivery is informed by evidence.</li> <li>2. Accountabilities within relationships in the primary health care system are clearly defined.</li> <li>3. Services and programs are delivered in a coordinated and integrated way.</li> <li>4. A range of services and programs provide an equitable balance between health promotion and provision of health care services.</li> <li>5. Primary health care providers collaborate.</li> <li>6. Primary health care providers' knowledge, skills and attitudes are appropriate to the services provided.</li> <li>7. Individuals, health providers and communities have capacity to participate in PHC planning and delivery.</li> <li>8. Services are offered in ways that respond to individuals', families' and communities' cultural, racial and spiritual needs.</li> <li>9. Nova Scotians have a continuing relationship with a primary health care provider through whom they can access services.</li> </ol>
<b>Impacts</b>	<ol style="list-style-type: none"> <li>1. Individuals and families have access to services, programs and information.</li> <li>2. Individuals and families experience continuity of care.</li> <li>3. The primary health care workforce is healthy and satisfied.</li> <li>4. Quality primary health care services are safe, efficient, effective, affordable and acceptable to the community.</li> <li>5. Populations have better health literacy and health promoting behaviours.</li> </ol>
<b>Outcomes</b>	<ol style="list-style-type: none"> <li>1. Population-level health and wellness are improved.</li> <li>2. Health inequalities among Nova Scotians are reduced.</li> <li>3. Communities are health promoting environments.</li> <li>4. The primary health care system is accountable and sustainable.</li> </ol>

## **Appendix 2 – Evaluation Questions for Nova Scotia’s Primary Health Care Evaluation Framework**

### **Process and Structure Outputs: Evaluation Questions**

#### **1. Process and Structure Output 1: Planning for service delivery is informed by evidence.**

- 1.1. What forms of evidence were used by the Department of Health, District Health Authorities (DHAs) and Primary Health Care (PHC) teams to inform PHC planning and delivery?

#### **2. Process and Structure Output 2: Accountabilities within relationships in the primary health care system are clearly defined.**

- 2.1. Do DHAs and the DOH integrate PHC planning into strategic and business plans for the health system?
- 2.2. Are accountability relationships in the PHC system clearly defined?

#### **3. Process and Structure Output 3: Services and programs are delivered in a coordinated and integrated way.**

- 3.1. What processes and mechanisms are developed and implemented to coordinate PHC services within PHC teams and between programs, levels of care, and sectors?

#### **4. Process and Structure Output 4: A range of services and programs provide an equitable balance between health promotion and provision of health care services.**

- 4.1. What percentage of the provincial and district health budget is allocated to health promotion programming, screening services, and acute care service delivery?
- 4.2. Do PHC teams offer a range of services and programs that provide an equitable balance between health promotion and the provision of health care services?

#### **5. Process and Structure Output 5: Primary health care providers collaborate.**

- 5.1. Are there mechanisms designed to support collaboration within PHC teams, and district and provincial structures?
- 5.2. What is the extent and nature of multidisciplinary teams? (CIHI)

#### **6. Process and Structure Output 6: Primary health care providers’ knowledge, skills and attitudes are appropriate to the services provided.**

- 6.1. Are PHC providers practicing to their full scope of practice?
- 6.2. Do patients feel satisfied that they are receiving quality PHC services from all members of the PHC team?

**7. Process and Structure Output 7: Individuals, health providers and communities have the capacity to participate in PHC planning and delivery.**

- 7.1. What mechanisms and/or learning opportunities are in place to build the capacity of DHAs, PHC health providers, communities, and individuals to participate in PHC planning and delivery?

**8. Process and Structure Output 8: Services are offered in ways that respond to individuals', families' and communities' cultural, racial, spiritual, and other diverse needs**

- 8.1. Do Nova Scotians report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs?
- 8.2. How are the cultural, spiritual, racial and other diverse needs of Nova Scotians assessed and addressed by the PHC team?

**9. Process and Structure Output 9: Nova Scotians have a continuing relationship with a primary health care provider through whom they can access services.**

- 9.1. Do Nova Scotians have a continuing relationship with a PHC team?

**Impacts: Evaluation Questions**

**1. Impact 1: Individuals and families have access to services, program and information.**

- 1.1. Do Nova Scotians have access to:
  - 1.1.1. Timely routine care
  - 1.1.2. Primary health care (PHC) team
  - 1.1.3. Health promotion programs and preventive services
  - 1.1.4. Screening services
  - 1.1.5. Health care for urgent needs
  - 1.1.6. 24/7 health information or advice
- 1.2. Are individuals and families satisfied with the level of access to PHC services?

1.3. Do Nova Scotians experience language barriers in accessing primary health care programs and services?

1.4. Are there sufficient numbers of physicians, FPNs and NPs, to meet the demand for PHC? (CIHI)

**2. Impact 2: Individuals and families experience continuity of care.**

2.1. Do individuals feel like a partner in their care with their PHC team?

2.2. Do clients experience continuity of care (e.g. coordinated and integrated)?

**3. Impact 3: The primary health care workforce is healthy and satisfied.**

3.1. Are PHC providers satisfied with their work? (This question may be more an output than an impact.)

3.2. Is the PHC workforce healthy?

**4. Impact 4: Quality primary health care services are safe, efficient, affordable and acceptable to the community.**

4.1. What mechanisms are in place to ensure safe patient care and to decrease patient risk? (e.g., Are Nova Scotians receiving PHC service based on the best available evidence?)

4.2. What is the per capita operational cost of providing primary health care services at a practice level? At a regional health authority level (accounting for geographic location)? (CIHI)

4.3. How are PHC providers paid? (CIHI)

**5. Impact 5: Populations have better health literacy and health promoting behaviors.**

5.1. Do Nova Scotians have improved health-promoting behaviours?

5.2. Do Nova Scotians have improved health literacy?

5.3. Do PHC organizations enable patient with chronic health conditions (e.g., diabetes, asthma, coronary heart disease, depression, hypertension) to develop competencies and self-efficacy for better managing their health? (CIHI)

## ***Appendix 3 – Evaluation Questions and Indicators***

**Provincial Evaluation Questions, Indicators and Data Sources**  
**Impact Matrix Mapped to Data Sources**

Evaluation Question	Indicators	Data Source	Comments
<b>Impact 1: Individuals and families have access to services, program and information.</b>			
1.1 Do Nova Scotians have access to: a) Timely routine care b) Primary health care (PHC) team c) Health promotion programs and preventive services d) Screening services e) Health care for urgent needs f) 24/7 health information or advice	<ul style="list-style-type: none"> <li>• % of population, 18 and over, who experienced difficulties obtaining immediate care for an emergent but minor health problem, from their regular PHC provider, over the past 12 months. (CIHI 4).</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS but does not specify type of PHC provider or setting where care was received. Found in the Access to Health Care Services section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of population, 18 and over, who experienced difficulties obtaining immediate care for an emergent but minor health problem, from their regular PHC provider, during evenings and weekends (5:00am to 9:00pm, Monday to Friday, or 9:00am to 9:00pm, Saturday and Sundays), over the past 12 months. (CIHI 29).</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS but does not specify type of PHC provider or setting where care was received. Found in the Access to Health Care Services section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently provide after hours coverage (beyond 9:00am to 5:00pm Monday to Friday) for their practice population. (CIHI 30)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Could obtain through MSI – HSID (Health Service ID Code) which indicates time and therefore this indicator could be derived from the data.</li> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• Average number of extended hours (beyond 9:00am to 5:00pm, Monday to Friday), provided by PHC organizations per month, by PHC organization. (CIHI 31)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Could obtain through MSI – HSID (Health Service ID Code) which indicates time and therefore this indicator could be derived from the data</li> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>Average length of time in days between PHC client/patient appointment request with their regular PHC provider, and the appointment for an emergent but minor health problem. (CIHI 32)</li> </ul>	<ul style="list-style-type: none"> <li>Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>Could get through Clinical Administrative but PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of population who received PHC services from an interdisciplinary PHC organization, over the past 12 months. (CIHI 94).</li> </ul>	<ul style="list-style-type: none"> <li>Could add to Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>CCHS but only available for FPs / GPs. Found in patient satisfaction section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> <li>Could obtain through MSI and patient registry data if you obtain a list of provider codes, the indicator could then be derived.</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>• % of population 18 and over who experienced difficulties in obtaining routine primary health care from a regular primary health care provider over the last 12 months (Nova Scotia unique indicator)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	
1.2 Are individuals and families satisfied with the level of access to PHC services?	<ul style="list-style-type: none"> <li>• % of PHC clients/patient, 18 years and over, who are satisfied with wait time to obtain an appointment with their regular PHC provider for an emergent but minor health problem. (CIHI 33)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who are satisfied with wait time to obtain an appointment with their regular PHC provider for non-urgent routine care. (CIHI 34)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	

Evaluation Question	Indicators	Data Source	Comments
1.3 Do Nova Scotians experience language barriers in accessing primary health care programs and services?	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who experienced language barriers when communicating with their regular PHC provider, over the past 12 months. (CIHI 78)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	
1.4 Are there sufficient numbers of physicians, FPNs and NPs, to meet the demand for PHC? (CIHI)	<ul style="list-style-type: none"> <li>• PHC provider full time equivalents (FTEs) per 100,000 population, by type of PHC provider. (CIHI 85)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and physician registry (of licensed providers).</li> <li>• Scott's medical data base NPDM (only available for FPs / GPs). (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> <li>• Other Administrative. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>Ratio of PHC providers entering/leaving the workforce over the past 12 months by type of PHC provider. (CIHI 86)</li> </ul>		<ul style="list-style-type: none"> <li>Physician registry and MSI.</li> <li>Scott's medical data base NPDM. (only available for FPs / GPs) (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> <li>Other Administrative. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% PHC organizations who are currently accepting new PHC clients/patients. (CIHI 87)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>Could get from MSI if you define a patient who has not seen a provider in 48 months as new.</li> <li>NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>• % of Districts that are currently implementing a plan to meet their PHC health human resource needs. (CIHI 93)</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a survey or review of DHA documents</li> </ul>	

Evaluation Question	Indicators	Data Source	Comments
<b>Impact 2: Individuals and families experience continuity of care.</b>			
2.1 Do individuals feel like a partner in their care with their PHC team?	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who were involved in clinical decision-making regarding their health with their regular PHC provider over the past 12 months. (CIHI 76)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	

2.2 Do clients experience continuity of care (e.g. coordinated and integrated)?	<ul style="list-style-type: none"> <li>• % of PHC providers who had complete information (essential demographic and clinical information) at the point of care, most of the time, over the past 12 months. (CIHI 84)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who felt that unnecessary medical tests were ordered because the test had already been done, over the past 12 months. (CIHI 82).</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC GPs/FPs/NPs who repeated tests because findings were unavailable, over the past month. (CIHI 83)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over who visited a specialist in the past 12 months who discussed the specialist visit with their regular PHC provider. (Nova Scotia unique indicator)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
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Evaluation Question	Indicators	Data Source	Comments
<b>Impact 3: The primary health care workforce is healthy and satisfied.</b>			
3.1 Are PHC providers satisfied with their work? (this question may be more an output than an impact)	<ul style="list-style-type: none"> <li>• % of PHC providers who report that there are currently adequate provisions to ensure their safety in their workplace, by type of PHC provider. (CIHI 89)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Some DHAs may have staff satisfaction surveys.</li> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP, and could potentially be available for nurses in NSWHM (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC providers who were satisfied with the overall quality of work life balance over the past 12 months, by type of PHC provider. (CIHI 92)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Some DHAs may have staff satisfaction surveys.</li> <li>• NPS and NSWHN but only available for FPs / GPs and require changes to survey for nurses. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
3.2 Is the PHC workforce healthy?	<ul style="list-style-type: none"> <li>• % of PHC providers who missed work due to burnout (2 weeks or more) over the past 12 months, by type of PHC provider. (CIHI 91)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS and NSWHN but only available for FPs / GPs and for nurses and require changes to survey for FPs / GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC providers who had a workplace related injury over the past 12 months, by type of PHC provider. (CIHI 90)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS and NSWHN but only available for nurses and require changes to survey for FPs / GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
<b>Impact 4: Quality primary health care services are safe, efficient, affordable and acceptable to the community.</b>			
4.1 What mechanisms are in place to ensure safe patient care and to decrease patient risk? (e.g., are Nova Scotians receiving PHC service based on the best available evidence?)	<ul style="list-style-type: none"> <li>Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population, 75 years and under (CIHI 35)</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Administrative</li> <li>HMDB</li> <li>DAD</li> </ul>	<ul style="list-style-type: none"> <li>Acute care hospital data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC clients/patients, ages 18 to 64 years, with established diabetes mellitus (Type 1 and Type 2) who have had an acute myocardial infarction, or above or below knee amputation or began chronic dialysis within the past 12 months. (CIHI 36)</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Administrative</li> <li>DAD, HMDB, NACRS</li> <li>MSI and patient registry data</li> </ul>	<ul style="list-style-type: none"> <li>Acute care hospital data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC clients/patients, ages 6 to 55 years, with asthma who visited the emergency department in the past 12 months. (CIHI 37)</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Administrative</li> <li>NACRS</li> </ul>	<ul style="list-style-type: none"> <li>Emergency room hospital data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, ages 20 to 75 years, with CHF who visited the emergency department for CHF in the past 12 months. (CIHI 38)</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative</li> <li>• MSI and patient registry</li> <li>• NACRS</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency room hospital data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with diabetes mellitus in whom the last HbA1c was 7.0% or less (or equivalent test/reference range depending on local laboratory) in the last 15 months. (CIHI 39)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry</li> <li>• Also Clinical Administrative - Laboratory data and PHC encounter data required (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with hypertension for duration of at least one year, who have blood pressure measurement control (e.g. less than 140/90 mmHg). (CIHI 40)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Also Clinical Administrative - PHC encounter data required (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 65 years and over, who received an influenza immunization within the past 12 months. (CIHI 41)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI, LTC (long term care) facility data and patient registry, but would miss some.</li> <li>• The DOH produces an Annual Report each year "Influenza Report Annual Program" which provides this information.</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 65 years and over, who received a pneumococcal immunization. (CIHI 42)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry (but would miss some).</li> <li>• Clinical Administrative – Immunization data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who received screenings for congenital hip displacement, eye and hearing problems, by 3 years of age. (CIHI 43)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be obtained in MSI and patient registry.</li> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, who received required primary childhood immunizations by 7 years of age. (CIHI 44)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be obtained in MSI and patient registry.</li> <li>• Clinical Administrative – Immunization data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients, who had a live birth and received counselling on breast feeding, education programs, and postpartum support to promote breast feeding. (CIHI 45)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be available through patient registry.</li> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients who are pregnant or postpartum who have been screened for depression. (CIHI 46)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be available through patient registry.</li> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients, 50 years and over, who received screening for colon cancer with Hemocult test within past 24 months. (CIHI 48)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be available through patient registry.</li> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients, ages 50-69 years, who received mammography and clinical breast exam within past 24 months. (CIHI 49)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• May be able to acquire data through Provincial Screening Program.</li> <li>• Clinical Administrative – PHC encounter and diagnostic imaging data required. CCHS has related questions but an administrative data source is preferred. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients, ages 18-69 years, who received papanicolaou smear within past 3 years. (CIHI 50)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry.</li> <li>• Clinical Administrative – Laboratory data and PHC encounter data is required. CCHS has related questions but an administrative data source is preferred. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of women PHC clients, 65 years and over, who received screening for low bone mineral density at least once. (CIHI 51)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative – Diagnostic imaging data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of women PHC clients/patients, 55 years and over, who had a full fasting lipid profile measured within the past 24 months. (CIHI 52)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative – Laboratory data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of men PHC clients/patients, 40 years and over, who had a full fasting lipid profile measured within the past 24 months. (CIHI 53)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Lab may provide some data but there is no linkage to PHCOs.</li> <li>• Clinical Administrative – Laboratory data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who had their blood pressure measured in the past 24 months. (CIHI 54)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<p>% of PHC clients/patients, 18 years and over, with coronary artery disease (CAD) who received annual testing, within the past 12 months, for all of the following:</p> <ul style="list-style-type: none"> <li>• Fasting blood sugar,</li> <li>• Full fasting lipid profile screening,</li> <li>• Blood pressure measurement, and</li> <li>• Obesity/overweight screening (CIHI 55)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry may provide some data.</li> <li>• Lab may provide some data but there is no linkage to PHCOs.</li> <li>• Clinical Administrative – Laboratory data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<p>% of PHC clients/patients, 18 years and over, with hypertension who received annual testing, within the past 12 months, for all of the following:</p> <ul style="list-style-type: none"> <li>• Fasting blood sugar,</li> <li>• Full fasting lipid profile screening,</li> <li>• Test to detect renal dysfunction (e.g. serum creatinine),</li> <li>• Blood pressure measurement, and</li> <li>• Obesity/overweight screening (CIHI 56)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry may provide some data.</li> <li>• Lab may provide some data but there is no linkage to PHCOs.</li> <li>• Clinical Administrative – Laboratory data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
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	<p>% of PHC clients/patients, 18 years and over, with diabetes mellitus who received annual testing within the past 12 months, for all of the following:</p> <ul style="list-style-type: none"> <li>• Hemoglobin A1c testing,</li> <li>• Full fasting lipid profile screening,</li> <li>• Diabetic nephropathy screening (e.g. albumin/creatinine ratio, microalbuminuria),</li> <li>• Blood pressure (BP) measurement, and</li> <li>• Obesity/overweight screening (CIHI 57)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• MSI and patient registry may provide some data.</li> <li>• Lab may provide some data but there is no linkage to PHCOs.</li> <li>• Clinical Administrative – Laboratory data and PHC encounter data required. Data may be available through the diabetes preventative care section of the CCHS (optional content), but an administrative data source is preferred. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 to 75 years, with diabetes mellitus who saw an optometrist or ophthalmologist within the past 24 months. (CIHI 58).</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, ages 6 to 55 years, with asthma, who were dispensed high amounts (greater than 4 canisters) of short-acting beta2-agonist (SABA) within the past 12 months AND who received a prescription for preventer/controller medication (e.g. inhaled corticosteroid -ICS). (CIHI 59)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative – Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with CHF who are using ACE inhibitors or ARBs. (CIHI 60)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with established CAD and elevated LDL-C (e.g. greater than 2.5 mmol/L) who were offered lifestyle advice and/or lipid lowering medication (CIHI 61)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative – Laboratory data, prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who have had an AMI and are currently prescribed a beta-blocking drug. (CIHI 62)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients with depression, who are taking antidepressant drug treatment under the supervision of a PHC provider, and who had follow-up contact by a PHC provider for review within two weeks of initiating antidepressant drug treatment. (CIHI 63)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with depression who were offered treatment (pharmacological and/or non-pharmacological) or referral to a mental health provider. (CIHI 64)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with a diagnosis of panic disorder or generalized anxiety disorder who were offered treatment (pharmacological and/or non-pharmacological) or referral to a mental health provider. (CIHI 65)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Data is available for &gt; 65 years through Pharmacare.</li> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
<ul style="list-style-type: none"> <li>• % of PHC clients/patients with prescription or illicit drug use problems who were offered, provided or directed to treatment by the PHC provider. (CIHI 66)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative - Prescription drug data and PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
<ul style="list-style-type: none"> <li>• % of PHC providers whose PHC organization has processes and structures in place to support a non-punitive approach to medication incident reduction. (CIHI 67)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to the PHCO Survey</li> </ul>	

	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently use an electronic prescribing/drug ordering system that includes patient specific medication alerts. (CIHI 68)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations who implemented at least one or more changes in clinical practice as a result of quality improvement initiatives over the past 12 months. (CIHI 69)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations with a process in place to ensure that a current medication and problem list is recorded in the PHC client/patient's health record. (CIHI 70)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who report that their regular PHC provider (e.g. FP/GP/NP) has not explained the side effects of medications when prescribed, within the past 12 months. (CIHI 71)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
<p>4.2 What is the per capita operational cost of providing primary health care services at a practice level? At a regional health authority level (accounting for geographic location)? (CIHI)</p>	<p>Average annual per capita operational expenditures of PHC services for:</p> <ul style="list-style-type: none"> <li>• Health Human Resources,                             <ul style="list-style-type: none"> <li>o General Practitioner/Family Physicians,</li> <li>o Nurse Practitioners,</li> <li>o Other PHC providers,</li> </ul> </li> <li>• Supplies,</li> <li>• Equipment,</li> <li>• Administrative/overhead, and</li> <li>• Other _____</li> </ul> <p>(CIHI 103)</p>	<ul style="list-style-type: none"> <li>• Could be added to the PHCO survey</li> </ul>	<ul style="list-style-type: none"> <li>• Other Administrative – Health expenditure data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<p>4.3 How are PHC providers paid? (CIHI)</p>	<p>% of PHC providers who were primarily remunerated by the following method over the past 12 months by type of provider:</p> <ul style="list-style-type: none"> <li>• Fee for service,</li> <li>• Salary,</li> <li>• Capitation, and</li> <li>• Mixed System.</li> </ul> <p>(CIHI 104)</p>	<ul style="list-style-type: none"> <li>• Could be added to the PHC Team Survey in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Physician Registry or MSI.</li> <li>• NPS – only available for FPs / GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• Average % of PHC provider income derived from each of the following PHC funding models for one fiscal year, by type of PHC provider:</li> <li>• Fee for service,</li> <li>• Salary,</li> <li>• Capitation, and</li> <li>• Mixed System.</li> </ul> <p>(CIHI 105)</p>	<ul style="list-style-type: none"> <li>• Could be added to the PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Physician registry and MSI.</li> <li>• NPS – only available for FPs / GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
<b>Impact 5: Populations have better health literacy and health promoting behaviors.</b>			
5.1 Do Nova Scotians have improved health-promoting behaviours?	% of PHC clients/patients, 12 years and over, who were screened by their PHC provider for the following common health risks over the past 12 months: <ul style="list-style-type: none"> <li>• Tobacco use,</li> <li>• Unhealthy eating habits,</li> <li>• Problem drug use,</li> <li>• Physical inactivity,</li> <li>• Overweight status,</li> <li>• Problem alcohol drinking,</li> <li>• Unintentional injuries (home risk factors),</li> <li>• Unsafe sexual practices, and</li> <li>• Unmanaged psychosocial stress and/or depression.</li> </ul> (CIHI 13)	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> <li>• Could be added to the Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who are smokers, 12 years and over, who received specific help or information to quit smoking from their PHC provider, over the past 24 months. (CIHI 14)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS – only available for FPs / GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, with problem alcohol drinking, 12 years and over, who received specific help or information to manage alcohol consumption, over the past 24 months. (CIHI 15)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients with unhealthy eating habits, 12 years and over, who received specific help or information on healthy dietary practices from their PHC provider, over the past 12 months. (CIHI 16)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of inactive PHC clients/patients, 12 years and over, who received specific help or information on regular physical activity from their PHC provider, over the past 12 months. (CIHI 17)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<p>% of PHC organizations who currently have specific programs and/or initiatives (including self help and self management groups) to reduce the following health risks in their practice population:</p> <ul style="list-style-type: none"> <li>• Tobacco use,</li> <li>• Unhealthy eating habits,</li> <li>• Problem alcohol drinking,</li> <li>• Obesity, and</li> <li>• Physical inactivity.</li> </ul> <p>(CIHI 18)</p>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/ GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<p>% of health regions who currently have specific programs and/or initiatives (including self help and self management groups) to reduce the following health risks in the population:</p> <ul style="list-style-type: none"> <li>• Tobacco use,</li> <li>• Unhealthy eating habits,</li> <li>• Problem alcohol drinking,</li> <li>• Obesity, and</li> <li>• Physical inactivity.</li> </ul> <p>(CIHI 19)</p>	<ul style="list-style-type: none"> <li>• Required a DHA Survey or document review</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of population, 12 years and over, who are current smokers.</li> </ul> <p>(CIHI 20)</p>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS or CTUMS</li> </ul>
	<ul style="list-style-type: none"> <li>• % of population, 12 years and over, who currently consume five or more servings of fruit and vegetables daily.</li> </ul> <p>(CIHI 21)</p>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of population who are currently overweight or obese.</li> </ul> <p>(CIHI 22)</p>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of population who currently engage in regular physical activity. (CIHI 23)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of population, 12 years and over, who report heavy drinking behaviour, in the past 12 months. (CIHI 24)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients with children under 2 years who were given information on child injury prevention in the home. (CIHI 47)</li> </ul>	<ul style="list-style-type: none"> <li>• Need to build into PHIM</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Administrative – PHC encounter data required. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
5.2 Do Nova Scotians have improved health literacy?	<ul style="list-style-type: none"> <li>• % of patients/clients 18 years or over who believe that their PHC provider helps them to understand their health problems or required treatment. (Nova Scotia unique indicator)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	

<p>5.3 Do PHC organizations enable patient with chronic health conditions (e.g., diabetes, asthma, coronary heart disease, depression, hypertension) to develop competencies and self-efficacy for better managing their health? (CIHI)</p>	<ul style="list-style-type: none"> <li>• % of PHC clients/patients 18 years and over, with a chronic health condition(s), and/or informal caregivers whose PHC organization provided them with useful health care information (e.g. pamphlets, books, tapes, videos, websites, or other community resource lists) over the past 12 months. (former CIHI indicator)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with chronic health condition(s), whose PHC organization provided them with resources to support self-management or self-help groups. (CIHI 25)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of informal caregivers in PHC population who received support for their care giving role from their PHC organization over the past 12 months. (CIHI 26)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with a chronic condition(s), who had sufficient time in most visits to confide their health-related feelings, fears and concerns with their PHC provider. (CIHI 27)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, with a chronic condition(s), who actively participated in the development of a treatment plan with their PHC provider over the past 12 months. (CIHI 28)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS could potentially be expanded with a chronic disease management theme module. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

**Provincial Evaluation Questions, Indicators and Data Sources  
Output Matrix Mapped to Data Sources**

<b>Process and Structure Output 1: Planning for service delivery is informed by evidence.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
1.1 What forms of evidence were used by the Department of Health, District Health Authorities (DHAs) and Primary Health Care (PHC) teams to inform PHC planning and delivery?	<ul style="list-style-type: none"> <li>% of PHC organizations who used information on the composition of their practice population to allocate resources for programs/services, over the past 12 months. (CIHI 5)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC organizations who currently have a PHC client/patient registry for chronic conditions. (CIHI 6)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently have specific programs for PHC clients/patients with specific chronic conditions. (CIHI 7)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently do outreach to deliver PHC services to vulnerable/special population groups. (CIHI 9)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

Evaluation Question	Indicators	Data Source	Comments
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently provide specialized programs for vulnerable/special needs population groups. (CIHI 10)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently receive information or process support from their health region to serve vulnerable/special needs population groups. (CIHI 11)</li> </ul>	<ul style="list-style-type: none"> <li>• Not collected by could be added to the PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations who primarily use electronic systems to complete their professional tasks (CIHI 100)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey (can be inferred)</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<b>Process and Structure Output 2: Accountabilities within relationships in the primary health care system are clearly defined.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
2.1 Do DHAs and the DOH integrate PHC planning into strategic and business plans for the health system?	<ul style="list-style-type: none"> <li>• PHC is part of DHA and DOH strategic plans and business plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of Department of Health (DOH) and District Health Authorities (DHA) records or a survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• Number and type of human and fiscal resources dedicated to PHC planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of DOH and DHA records or a survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• Number and type of structures for PHC delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of DOH and DHA records or a survey</li> </ul>	

<p>2.2 Are accountability relationships in the PHC system clearly defined?</p>	<ul style="list-style-type: none"> <li>• Number and type of accountability mechanisms for PHC teams/organizations, and partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently have processes to involve community input into planning the organization's services (e.g. advisory committees, focus groups) (CIHI 8)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<b>Process and Structure Output 3: Services and programs are delivered in a coordinated and integrated way.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
3.1 What processes and mechanisms are developed and implemented to coordinate PHC services within PHC teams and between programs, levels of care, and sectors?	<ul style="list-style-type: none"> <li>% of PHC organizations who currently coordinate client/patient care with other health care organizations using standardized clinical protocols or assessment tools. (CIHI 79)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC organizations who currently have collaborative care arrangements with other health care organizations. (CIHI 80)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC organizations who currently have collaborative care arrangements with providers/organizations beyond the health care sector (e.g. housing, justice, police, education, etc.). (CIHI 81)</li> </ul>	<ul style="list-style-type: none"> <li>PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC providers who had complete information (essential demographic and clinical information) at the point of care, most of the time, over the past 12 months. (CIHI 84)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded to report on PHC FPs/GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently use a variety of electronic communications modalities in the exchange of health care information with other PHC providers (CIHI 101)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC organizations who currently have two-way electronic communication linkages (beyond fax and telephone) with other health care organizations (e.g. hospitals, community mental health agencies, LTC facilities, public health, etc). (CIHI 102)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<b>Process and Structure Output 4: A range of services and programs provide an equitable balance between health promotion and provision of health care services.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
4.1 What percentage of the provincial and district health budget is allocated to health promotion programming, screening services, and acute care service delivery?	<ul style="list-style-type: none"> <li>• % of DOH budget allocated to health promotion programming, screening services and acute care service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of DOH records or a survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of DHA budget allocated to health promotion programming, screening services and acute care service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of DHA records or a survey</li> </ul>	
4.2 Do PHC teams offer a range of services and programs that provide an equitable balance between health promotion and the provision of health care services?	<p>% of PHC organizations who currently provide the following services:</p> <ul style="list-style-type: none"> <li>• Management care for an emergent but minor health problem (e.g., sprained ankle, unexplained rash, etc),</li> <li>• Non-urgent care (e.g. well care (baby, child, woman and/or man), chronic illness management, etc.),</li> <li>• Prevention and health promotion and/or education services,</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Billing data and billing codes - some through MSI but inaccurate or incomplete.</li> <li>• NACRS may provide in some Districts.</li> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"><li>• Full maternity and child care,</li><li>• Primary mental health care,</li><li>• Psychosocial services (e.g. counseling advice for physical/emotional/ financial problems, etc),</li><li>• Liaison with home care,</li><li>• Referral to and follow-up care from specialized agencies such as hospitals, youth centres, specialists and/or other providers (through formalized arrangements and/or agreements),</li><li>• Rehabilitation services,</li><li>• Nutrition counseling services,</li><li>• Provision of home visits by PHC physicians/nurses/nurse practitioners/ pharmacists, and</li><li>• End-of-life care.</li></ul> <p>(CIHI 12)</p>		
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	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who report that the current range of services offered by their PHC organization meets their needs. (CIHI 98)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to the Client/ Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Not currently on the survey as complex to ask and may also be premature to ask.</li> </ul>
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**Process and Structure Output 5: Primary health care providers collaborate.**

Evaluation Question	Indicators	Data Source	Comments
5.1 Are there mechanisms designed to support	<ul style="list-style-type: none"> <li>• % of PHC team/organization resources allocated for team building.</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	

<p>collaboration within PHC teams, and district and provincial structures?</p>	<ul style="list-style-type: none"> <li>• % of primary care physicians on alternative funding arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• National Physician's Database (NPDB) document "<i>The Status of Alternative Payment programs in Canada</i>" may have this information</li> <li>• Physician services at the NS DOH</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC teams/organizations with collaborative practice arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CRNNS has licensing information on collaborative practice arrangements for "Family Practice RNs" and "Community Health RNs."</li> </ul>

	<p>% of PHC teams/organizations that have mechanisms to support collaboration:</p> <ul style="list-style-type: none"> <li>• Regular Team meetings,</li> <li>• Joint goal setting,</li> <li>• Shared vision.</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	
	<p>Average team effectiveness score based on:</p> <ul style="list-style-type: none"> <li>• Strong leadership,</li> <li>• Clear objectives shared by all team members,</li> <li>• Mechanisms for working in and with the community,</li> <li>• Focus on quality care,</li> <li>• Client/Patient focused goals,</li> <li>• Efficient and effective communication,</li> <li>• Appropriate variety of health care providers,</li> <li>• Mechanisms for conflict resolution,</li> <li>• Interdisciplinary professional development,</li> <li>• Shared decision-making, and</li> <li>• Clear understanding of scope of practice and team role.</li> </ul> <p>(CIHI 99)</p>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	

5.2 What is the extent and nature of multidisciplinary teams? (CIHI)	<ul style="list-style-type: none"> <li>• % of GPs/FPs who currently work in a solo PHC practice as their main PHC practice setting. (CIHI 95)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• The National Physician Database provides information about where the physicians specialized but not whether the practices were solo organizations.</li> <li>• The Physician Registry may provide this information.</li> </ul>
	<ul style="list-style-type: none"> <li>• % of GPs/FPs who currently work in a group physician PHC practice as their main PHC practice setting. (CIHI 96)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• The Physician Registry may provide this information.</li> <li>• NPS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of GPs/FPs/NPs who are currently working in an interdisciplinary PHC team or network as their main practice setting, by type of PHC provider. (CIHI 97)</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• The Physician Registry may provide.</li> <li>• The CCRNS Annual Report provides information about nurse practitioners and where they work.</li> <li>• NPS and NSWHN but only available for FPs/GPs and nurses with changes to the surveys. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<b>Process and Structure Output 6: Primary health care providers' knowledge, skills and attitudes are appropriate to the services provided.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
6.1 Are PHC providers practicing to their full scope of practice?	<ul style="list-style-type: none"> <li>% of PHC providers and support staff whose PHC organization provided them with support to participate in continuing professional development within the past 12 months, by type of PHC provider and support staff. (CIHI 72)</li> </ul>	<ul style="list-style-type: none"> <li>PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS and NSWHN but only available for FPs/GPs and nurses with changes to existing survey. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>% of PHC providers who are satisfied that they utilize the full extent of their skills, by type of PHC provider. (CIHI 88)</li> </ul>	<ul style="list-style-type: none"> <li>PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>NPS and NSWHN but only available for FPs/GPs and nurses with changes to existing survey. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<p>6.2 Do patients feel satisfied that they are receiving quality PHC services from all members of the PHC team?</p>	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who were satisfied with the care received from their regular PHC provider, over the past 12 months. (CIHI 73)</li> </ul>	<ul style="list-style-type: none"> <li>• Client/ Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS but only available for FPs/GPs. Found in patient satisfaction section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of the population, 18 years and over, who were satisfied with the telephone health information or advice line, over the past 12 months. (CIHI 74)</li> </ul>	<ul style="list-style-type: none"> <li>• Could be added to the Client/ Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS but only available for FPs/GPs. Found in patient satisfaction section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> <li>• Currently Nova Scotia does not have a telephone information line.</li> </ul>
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, age 18 years and over, who would recommend their regular PHC provider to their family or friends. (CIHI 75)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, age 18 years and over, who were involved in clinical decision-making regarding their health with their regular PHC provider, over the past 12 months. (CIHI 76)</li> </ul> <p>This indicator could also be related to impact #4</p>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, whose regular PHC provider treated them in a caring manner, over the past 12 months. (no longer on the final CIHI list)</li> </ul> <p>This indicator could also be related to impact #4</p>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	

	<ul style="list-style-type: none"> <li>• % of PHC clients/patients who were satisfied with the level of privacy provided by their PHC organization (e.g. staff in reception, clinicians in exam room), over the past 12 months. (CIHI 77)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
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**Process and Structure Output 7: Individuals, health providers and communities have the capacity to participate in PHC planning and delivery.**

Evaluation Question	Indicators	Data Source	Comments
7.1 What mechanisms and/or learning opportunities are in place to build the capacity of DHAs, PHC health providers, communities, and individuals to participate in PHC planning and delivery?	<ul style="list-style-type: none"> <li>• Number and type of learning opportunities provided for CHBs and DHA Boards to build their capacity to participate in PHC planning and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a review of DHA records or a survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• Number and type of learning opportunities provided to PHC providers to build their capacity to participate in PHC planning and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CME &amp; professional organizations may have some data.</li> </ul>

	<ul style="list-style-type: none"> <li>• % of PHC providers participating in opportunities that build their capacity to participate in PHC planning &amp; delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of PHC organization who currently have processes to involve community input into planning the organization's services (e.g. advisory committees, focus groups). (CIHI 8)</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	<ul style="list-style-type: none"> <li>• NPS could potentially be expanded and modified to partially report on PHC FP/GP solo and group practice organizations. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

<b>Process and Structure Output 8: Services are offered in ways that respond to individuals', families' and communities' cultural, racial, spiritual, and other diverse needs.</b>			
<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
8.1 Do Nova Scotians report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs?	<ul style="list-style-type: none"> <li>• % of PHC clients/patients, 18 years and over, who experienced language barriers when communicating with their regular PHC provider, over the past 12 months. (CIHI 78)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient and Community Survey</li> </ul>	
	<ul style="list-style-type: none"> <li>• % of community members who report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Could add to Client / Patient and Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Determined to be very complex to ask therefore not well covered by the survey; requires future development.</li> </ul>
8.2 How are the cultural, spiritual, racial and other diverse needs of Nova Scotians assessed and addressed by the PHC team?	<ul style="list-style-type: none"> <li>• % of PHC providers who report participating in learning opportunities in the past 12 months to increase their knowledge and skills to assess and address the cultural, spiritual, racial and other diverse needs of clients.</li> </ul>	<ul style="list-style-type: none"> <li>• PHC Team Survey</li> </ul>	

	<ul style="list-style-type: none"> <li>• % of PHC teams/organizations who report that they currently use tools and/or processes to assess the cultural, spiritual, racial &amp; other diverse needs of patients/clients.</li> </ul>	<ul style="list-style-type: none"> <li>• PHCO Survey</li> </ul>	
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**\*Process and Structure Output 9: Nova Scotians have a continuing relationship with a primary health care provider through whom they can access services.**

<b>Evaluation Question</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Comments</b>
9.11 Do Nova Scotians have a continuing relationship with a PHC team?	<ul style="list-style-type: none"> <li>• % of population who currently have a regular PHC provider, by type of PHC provider. (CIHI 1)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS but only available for FPs/GPs. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>
	<ul style="list-style-type: none"> <li>• % of population, 18 years and over, who experienced difficulties obtaining required routine or ongoing PHC services, from their regular PHC provider, over the past 12 months. (CIHI 2)</li> </ul>	<ul style="list-style-type: none"> <li>• Client / Patient or Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• CCHS does not specify type of PHC provider or setting where care was received. Found in the Access to Health Care Services section of CCHS. (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li> </ul>

	<ul style="list-style-type: none"><li>• % of population, 18 years and over, who experienced difficulties obtaining the required health information or advice, from their regular PHC provider, over the past 12 months. (CIHI 3)</li></ul>	<ul style="list-style-type: none"><li>• Client / Patient or Community Survey</li></ul>	<ul style="list-style-type: none"><li>• CCHS does not specify type of PHC provider or setting where care was received. Found in the Access to Health Care Services section of CCHS (CIHI, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2, 2006).</li></ul>
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## Appendix 4 – Indicators Assessed By the Community Survey

Evaluation Question	Indicator
<b><i>Impact 1: Individuals and families have access to services, programs and information.</i></b>	
Do Nova Scotians have access to: g) Timely routine care h) Primary health care (PHC) team i) Health promotion programs and preventive services j) Screening services k) Health care for urgent needs 24/7 health information or advice.	% of population, 18 and over, who experienced <i>difficulties</i> obtaining <b><i>immediate care for an emergent but minor health</i></b> problem, from their regular PHC provider, over the <i>past 12 months</i> . (CIHI 4). <ul style="list-style-type: none"> <li>Term urgent but minor care with examples employed.</li> <li>PHC provider replaced by family doctor.</li> </ul>
	% of population, 18 and over, who <i>experienced difficulties</i> obtaining <i>immediate care for an emergent but minor health problem</i> , from their regular PHC provider, during <i>evenings and weekends</i> (5:00am to 9:00pm, Monday to Friday, or 9:00am to 9:00pm, Saturday and Sundays), over the past 12 months. (CIHI 29)
	Average <i>length of time</i> in days between PHC client/patient appointment request with their regular PHC provider, and the appointment for an <i>emergent but minor health problem</i> . (CIHI 32)
	% of population 18 and over who experienced <i>difficulties</i> in obtaining <i>routine</i> primary health care from a regular primary health care provider over the last 12 months (Nova Scotia unique indicator)
Are individuals and families satisfied with the level of access to PHC services?	% of PHC clients/patient, 18 years and over, who are <i>satisfied with wait time</i> to obtain an appointment with their regular PHC provider for an <i>emergent but minor health problem</i> . (CIHI 33)
	% of PHC clients/patients, 18 years and over, who are satisfied with <i>wait time</i> to obtain an appointment with their regular PHC provider for <i>non-urgent routine care</i> . (CIHI 34)
	* No indicator listed for wait times for routine care
Do Nova Scotians experience language barriers in accessing primary health care programs and services?	% of PHC clients/patients, 18 years and over, who experienced language barriers when communicating with their regular PHC provider,

Evaluation Question	Indicator
	over the past 12 months. (CIHI 78)
<b>Impact 2: Individuals and families experience continuity of care.</b>	
Do individuals feel like a partner in their care with their PHC team?	% of PHC clients/patients, 18 years and over, who were involved in clinical decision-making regarding their health with their regular PHC provider over the past 12 months. (CIHI 76)
Do clients experience continuity of care (e.g. coordinated and integrated)?	% of PHC clients/patients, 18 years and over, who felt that unnecessary medical tests were ordered because the test had already been done, over the past 12 months. (CIHI 82)
	% of PHC clients/patients, 18 years and over who visited a specialist in the past 12 months who discussed the specialist visit with their regular PHC provider. (Nova Scotia unique indicator)
<b>Impact 4: Quality primary health care services are safe, efficient, affordable and acceptable to the community.</b>	
What mechanisms are in place to ensure safe patient care and to decrease patient risk? (e.g., are Nova Scotians receiving PHC service based on the best available evidence?)	% of PHC clients/patients who report that their regular PHC provider (e.g. FP/GP/NP) has not explained the side effects of medications when prescribed, within the past 12 months. (CIHI 71)
<b>Impact 5: Populations have better health literacy and health promoting behaviors,</b>	
Do Nova Scotians have improved health-promoting behaviours?	% of PHC clients/patients who are smokers, 12 years and over, who received specific help or information to <b>quit smoking</b> from their PHC provider, over the <i>past 24 months</i> . (CIHI 14)  * limited to those 18 years and older
	% of PHC clients/patients, with problem alcohol drinking, 12 years and over, who received specific help or information to manage alcohol consumption, over the past 24 months. (CIHI 15)  * limited to 18 years and older
	% of PHC clients/patients with unhealthy eating habits, 12 years and over, who received specific help or information on healthy dietary practices

Evaluation Question	Indicator
	<p>from their PHC provider, over the past 12 months. (CIHI 16)</p> <p>* limited to those 18 years and older</p> <p>% of inactive PHC clients/patients, 12 years and over, who received specific help or information on regular physical activity from their PHC provider, over the past 12 months. (CIHI 17)</p>
Do Nova Scotians have improved health literacy?	% of patients/clients 18 years or over who believe that their PHC provider helps them to understand their health problems or required treatment. (Nova Scotia unique indicator)
Do PHC organizations enable patients with chronic health conditions (e.g., diabetes, asthma, coronary heart disease, depression, hypertension) to develop competencies and self-efficacy for better managing their health? (CIHI)	<p>% of PHC clients/patients 18 years and over, with a chronic health condition(s), and/or informal caregivers whose PHC organization provided them with useful health care information (e.g. pamphlets, books, tapes, videos, websites, or other community resource lists) over the past 12 months. (CIHI 27, <u>now gone</u>)</p> <p>% of PHC clients/patients, 18 years and over, with chronic health condition(s), whose PHC organization provided them with resources to support self-management or self-help groups. (CIHI 25)</p> <p>% of PHC clients/patients, 18 years and over, with a chronic condition(s), who had sufficient time in most visits to confide their health-related feelings, fears and concerns with their PHC provider. (CIHI 27)</p> <p>% of PHC clients/patients, 18 years and over, with a chronic condition(s), who actively participated in the development of a treatment plan with their PHC provider over the past 12 months. (CIHI 28)</p>
<b><i>Output 6: Primary health care providers' knowledge, skills and attitudes are appropriate to the services provided.</i></b>	
Do patients feel satisfied that they are receiving quality PHC services from all members of the PHC team?	% of PHC clients/patients, 18 years and over, who were satisfied with the care received from their regular PHC provider, over the past 12 months. (CIHI 73)
	% of PHC clients/patients, age 18 years and over, who would recommend their regular PHC provider to their family or friends.

Evaluation Question	Indicator
	(CIHI 75)
	% of PHC clients/patients, 18 years and over, whose regular PHC provider treated them in a caring manner, over the past 12 months. (CIHI 83, now gone)
	% of PHC clients/patients who were satisfied with the level of privacy provided by their PHC organization (e.g. staff in reception, clinicians in exam room), over the past 12 months. (CIHI 77)
<b><i>Output 9: Nova Scotians have a continuing relationship with a primary health care provider through whom they can access services.</i></b>	
Do Nova Scotians have a continuing relationship with a PHC team?	% of population who currently have a regular PHC provider, by type of PHC provider. (CIHI 1)
	% of population, 18 years and over, who experienced difficulties obtaining required routine or ongoing PHC services, from their regular PHC provider, over the past 12 months. (CIHI 2)
	% of population, 18 years and over, who experienced difficulties obtaining the required health information or advice, from their regular PHC provider, over the past 12 months. (CIHI 3)

***Appendix 5 – Community Survey: Pilot Test Version and Post-Pilot  
Test Revised Version***

**Pilot Test Version****General Instructions:**

- o Interviewer must read each set of instructions for each part of this questionnaire.
- o Interviewer must record all responses clearly and verbatim where required.
- o Interviewer must avoid paraphrasing or rewording responses.

**RECORD FOLLOWING INFORMATION:**

Telephone #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Sample ID: \_\_\_\_\_

Hello, my name is \_\_\_\_\_ and I am calling on behalf of South West Health, your district health authority which includes all the hospitals in your region. South West Health is conducting a survey to learn about your experiences, good or bad, in getting primary health care from your regular family doctor's office or medical clinic. Completing this survey should take about ## minutes or less. Are you able to complete the survey?

If not, is there a better time when we may call you back?

\_\_\_\_\_

A. To begin, into which age group do you fall? Are you ... :

**READ RESPONSES IN ORDER – CODE ONE ONLY**



- |   |             |                                     |
|---|-------------|-------------------------------------|
| 1 | Under 18    | <b>THANK, TERMINATE, AND RECORD</b> |
| 2 | 18-24       |                                     |
| 3 | 25-34       |                                     |
| 4 | 35-44       |                                     |
| 5 | 45-54       |                                     |
| 6 | 55-64, or   |                                     |
| 7 | 65 and over |                                     |
| 8 | Refused     | <b>THANK, TERMINATE, AND RECORD</b> |

B. Gender (by observation): **CODE ONE ONLY**

- |   |        |
|---|--------|
| 1 | Male   |
| 2 | Female |

Your answers will help us know what services need to be improved. We appreciate your help. Your responses are confidential. You are free to skip any questions you do not wish to answer or stop at any time.



**These first questions ask about your regular family doctor’s office or medical clinic. This is the place where you usually go when you are sick or need advice about your health. You would usually find family doctors and in some places nurses, nurse practitioners, or other health care providers in these offices. At this time, we are NOT asking you about your experiences with a medical specialist.**

1a. Do you have a regular family doctor’s office or medical clinic you can go to if you are sick or need advice about your health?

**CODE ONE ONLY**

- |   |                      |                       |
|---|----------------------|-----------------------|
| 1 | Yes                  | <b>SKIP TO Q.2</b>    |
| 2 | No                   | <b>CONTINUE to 1b</b> |
| 8 | Don’t know/No answer | <b>SKIP TO 1d</b>     |

1b. Have you been trying to find one?

**CODE ONE ONLY**

- |   |                      |                      |
|---|----------------------|----------------------|
| 1 | Yes                  | <b>CONTINUE</b>      |
| 2 | No                   | <b>SKIP TO Q.1d</b>  |
| 8 | Don’t know/No answer | <b>SKIP TO Q. 1d</b> |

1c. **[ASK IF “YES” IN Q.1b]** For how long have you been trying?

**CODE ONE ONLY**

- |   |                      |
|---|----------------------|
| 1 | Less than six months |
| 2 | Six to twelve months |
| 3 | Over one year        |
| 8 | Don’t know/No answer |

1d. Over the past 12 months, where did you usually go when you were sick or needed advice about your health? Did you ...

**READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 4 LAST - CODE ONE ONLY**

- |   |   |
|---|---|
| 1 | Go to the Emergency or hospital outpatient department                 |
| 2 | Contact a local family doctor’s office to check if they could see you |
| 3 | Go to a walk in clinic  |
| 4 | Do nothing  |
| 5 | Try to find help somewhere else (Specify: Where was that?)            |

**VOLUNTEERED**



- 97 Have not required help or advice **SKIP TO Q.24 DEMOGRAPHICS**
- 98 Don't know/No answer

1e In the past 12 months, how many times did you go to find help for a sickness or advice about your health?

**RECORD EXACT NUMBER – PROBE TO AVOID A RANGE**

**RECORD NUMBER:** \_\_\_\_\_

- 98 Don't know/No answer

**SKIP TO Q.24 DEMOGRAPHICS**

2. For approximately how long have you been a patient at this office or medical clinic?

**RECORD EXACT TIME PERIOD IN WEEKS, MONTHS AND/OR YEARS – PROBE TO AVOID A RANGE**

**RECORD TIME PERIOD:** \_\_\_\_\_

- 9998 Don't know/No answer

3. In the past 12 months, how many times have you been to this family doctor's office or medical clinic for an illness or advice about your health?

**RECORD EXACT NUMBER – PROBE TO AVOID A RANGE**

**RECORD NUMBER:** \_\_\_\_\_

- 98 Don't know/No answer

4. How do you rate the hours that your regular family doctor's office or medical clinic is open for appointments? Would you say the hours are ... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer



5. When your regular family doctor's office or medical clinic is closed, is there a phone number you can call when you get sick?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Not sure/Don't remember

**These next questions ask you to think about your experience at your regular family doctor's office or medical clinic over the past 12 months**

6. How do you rate your ability to get care from your regular family doctor or health care provider for routine care, such as a medical exam or follow-up visit ... Would you say it was:

- 4 Very Easy
- 3 Easy
- 2 A bit difficult
- 1 Very difficult

**VOLUNTEERED**

- 8 Don't know/No answer

- 6a. [And], How quickly are you able to see your regular family doctor or health care provider when the appointment you need is for routine care, such as a medical exam or follow-up visit? **DO NOT READ RESPONSES – CODE ONE ONLY**

- 01 Same day
- 02 Next working day
- 03 Within three working days
- 04 Within four working days
- 05 Five or more working days
- 97 Does not apply
- 98 Don't know/No answer
- 99 Other (**SPECIFY:** \_\_\_\_\_)



6b. **[DO NOT ASK Q6b IF “DON’T KNOW/NO ANSWER” IN Q6a]** How do you rate this? Would you say this is... : **READ**

**RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

6c. How long do you usually have to wait at your regular family doctor’s office or medical clinic until your visit begins?

**RECORD EXACT AMOUNT OF TIME IN HOURS AND/OR MINUTES– PROBE TO AVOID A RANGE**

**AMOUNT OF TIME:** \_\_\_\_\_

- 98 Don't know/No answer

6d. **[DO NOT ASK Q.6d IF “DON’T KNOW/NO ANSWER” IN Q.6c]** How do you rate this? Would you say this is ... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

7. How do you rate your ability to get care from your regular family doctor or health care provider for an urgent but minor health problem, such as a fever, headache, sprained ankle ... Would you say it was:

- 4 Very Easy
- 3 Easy
- 2 A bit difficult
- 1 Very difficult
- VOLUNTEERED**
- 8 Don't know/No answer



7a. [And], How quickly can you usually get to see your REGULAR family doctor or health care provider if the appointment you need is for an urgent but minor health problem such as a fever, headache, sprained ankle ...?

**DO NOT READ RESPONSES – CODE ONE ONLY**

- 01 Same day
- 02 Next working day
- 03 Within three working days
- 04 Within four working days
- 05 Five or more working days
- 97 Does not apply
- 98 Don't know/No answer
- 99 Other (**SPECIFY:** \_\_\_\_\_)

7b. **[DO NOT ASK Q7b IF “DON’T KNOW/NO ANSWER” IN Q7a]** How do you rate this? Would you say this is... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 7 Does not apply
- 8 Don't know/No answer

7c. How do you rate your ability to get care from your regular family doctor or health care provider during the evening (after 5 pm) or on weekends for an urgent but minor health problem, such as a fever, headache, sprained ankle ... Would you say it was:

- 4 Very Easy
- 3 Easy
- 2 A bit difficult
- 1 Very difficult
- VOLUNTEERED**
- 8 Don't know/No answer



8a. [And], How quickly can you usually get in to see ANY family doctor or health care provider for an appointment ...?

**DO NOT READ RESPONSES – CODE ONE ONLY**

- 01 Same day
- 02 Next working day
- 03 Within three working days
- 04 Within four working days
- 05 Five or more working days
- 97 Does not apply
- 98 Don't know/No answer
- 99 Other (**SPECIFY:** \_\_\_\_\_)

8b. **[DO NOT ASK Q.8b IF “DON'T KNOW/NO ANSWER” IN Q.8a]** How do you rate this? Would you say this is... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 7 Does not apply
- 8 Don't know/No answer

9. Where did you go the last time you needed care for an urgent but minor health problem such as a fever, headache, sprained ankle ...and your regular family doctor's office or medical clinic was **OPEN**. Did you ... :

**READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 06 LAST - CODE ONE ONLY**

- 01 Contact your regular family doctor's office & see someone that same day
- 02 Go to the Emergency department
- 03 Go to a walk-in clinic that was open
- 04 Contact your regular family doctor's office & make an appointment for another day
- 05 Do nothing
- 06 Or did you try to find help somewhere else? (**SPECIFY:** Where was that?  
\_\_\_\_\_)
- VOLUNTEERED**
- 97 Have not required care for an urgent but minor problem when the clinic was open
- 98 Don't know/No answer



10. Where did you go the last time you needed care for an urgent but minor health problem such as a fever, headache, sprained ankle ... and your regular family doctor's office or medical clinic was **CLOSED**? Did you ... :

**READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 06 LAST - CODE ONE ONLY**

- 01 Contact your regular family doctor's office and follow the instructions given on the phone telling you where to go for out of hours care?
- 02 Go to the Emergency department
- 03 Go to a walk-in clinic that was open
- 04 Wait until your regular doctor's office was open and then contact them
- 05 Do nothing
- 06 Or did you try to find help somewhere else? (**SPECIFY:** Where was that? \_\_\_\_\_)

**VOLUNTEERED**

- 97 Have not required care for an urgent but minor health problem when the clinic was closed
- 98 Don't know/No answer

11. In the past 12 months, have you received care from ...:

**READ STATEMENTS IN ORDER - CODE ONE ONLY PER STATEMENT**

- a. A family physician
- b. A nurse
- c. A nurse practitioner
- d. A mental health worker
- e. A social worker
- f. A nutritionist/Dietician
- g. An addictions counsellor
- i. Anyone else? (**SPECIFY:** Who was that? \_\_\_\_\_)

- 1 Yes
- 2 No
- 8 Not sure/don't remember

12. Who do you usually see for your general health care needs? Do you usually see a ... :

**READ LIST IN ORDER, EXCEPT ALWAYS READ ITEM 09 LAST CODE ONE ONLY**

- 01 Family physician
- 02 Nurse
- 03 A nurse practitioner
- 09 Or do you usually see someone else? (**SPECIFY & PROBE:** Who would that be? \_\_\_\_\_)

**VOLUNTEERED**

- 98 Don't know/No answer

[IF THE PARTICIPANT **MENTIONED ONLY** A 'FAMILY DOCTOR' IN Q.12, THEN CONTINUE WITH ]  
For this survey, we will refer to this person as your 'USUAL FAMILY DOCTOR'

[IF THE PARTICIPANT IN Q.12 **MENTIONED** SOMEONE OTHER THAN A 'FAMILY DOCTOR', THEN CONTINUE WITH ...] For this survey, we will refer to this person as your 'USUAL HEALTH CARE PROVIDER'

*These next questions ask about your usual FAMILY DOCTOR [OR HEALTH CARE PROVIDER].*

*READ THE FOLLOWING ONLY IF NO FAMILY DOCTOR OR HEALTH CARE PROVIDER IS MENTIONED IN Q.12: If you don't have a [usual family doctor]/[health care provider], please answer about the one family doctor [health care provider] at your regular family doctor's office or medical clinic who you know best.*

*SKIP TO Q.24 IF RESPONDENT SAYS NO DOCTOR [HEALTH CARE PROVIDER] KNOWS HIM/HER BEST.*

13a. In general, when you go to your regular family doctor's office or medical clinic, how often do you see your usual family doctor [health care provider]? Would it be ... :  
**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Always
- 2 Almost always
- 3 A lot of the time
- 4 Some of the time
- 5 Almost never, or
- 6 Never
- VOLUNTEERED**
- 8 Don't know/No answer

13b. **[DO NOT ASK Q.13b IF "DON'T KNOW/NO ANSWER" IN Q.13a]** How do you rate this? Would you say it is... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer



14. When you go to your usual family doctor [health care provider], how do you rate the following? **[READ AND ROTATE STATEMENTS]** Would you say it was **[READ RESPONSES IN ORDER]**?  
**CODE ONE ONLY PER STATEMENT**

- a. How thoroughly the doctor [provider] asks about your symptoms and how you are feeling
- b. How well the doctor [provider] listens to what you have to say
- c. How well the doctor [provider] puts you at ease during your physical exam
- d. How much the doctor involves you in decisions about your care and treatment
- e. How well the doctor [provider] explains your problems or any treatment that you need
- f. How thoroughly the doctor has explains the side effects of medication being prescribed

- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Doesn't apply
  - 8 Don't know/No answer

15. Thinking about the personal aspects of care that you receive from your usual family doctor [health care provider], how do you rate the following? **[READ AND ROTATE STATEMENTS]** Would you say it was ...

**[READ RESPONSES IN ORDER] CODE ONE ONLY PER STATEMENT**

- a. The amount of time the doctor [provider] spends with you
- b. The doctor's [provider's] patience with your questions or worries
- c. The doctor's [provider's] caring and concern for you

- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Doesn't apply
  - 8 Don't know/No answer



16. Thinking about how well your usual family doctor [health care provider] knows you, how do you rate the following? **[READ AND ROTATE STATEMENTS]** Would you say it is ... :  
**READ RESPONSES IN ORDER – CODE ONE ONLY PER STATEMENT**
- a. His or her knowledge of your medical history
  - b. His or her knowledge of what worries you most about your health
  - c. His or her knowledge of your responsibilities at home, work or school
- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Doesn't apply
  - 8 Don't know/No answer
17. After a visit to your regular family doctor's office or medical clinic, does the advice or assistance provided ... :**READ AND ROTATE STATEMENTS - READ RESPONSES IN ORDER - CODE ONE ONLY PER STATEMENT**
- a. Help you to better cope with your health problem or illness
  - b. Help you to understand your health problem or illness better
  - c. Help you to keep yourself healthy
- 3 To a great extent**
  - 2 To some extent, or**
  - 1 To little or no extent**
- VOLUNTEERED**
- 8 Don't know/No answer**
- 18a. In the last 12 months, has your family doctor [health care provider] offered information or advice on **[READ AND ROTATE STATEMENTS]**. **I READ RESPONSES IN ORDER - CODE ONE ONLY PER STATEMENT**
- A1. Eating a healthy diet
  - A2. Regular physical activity appropriate for you
- 3 Yes, a lot
  - 2 Yes, a little, or
  - 1 No, not at all
- VOLUNTEERED**
- 8 Don't know/No answer



18b. In the past 12 months, have you been referred to someone else for help about... [READ AND ROTATE STATEMENTS]. READ RESPONSES IN ORDER - CODE ONE ONLY PER STATEMENT

- B1. Eating a healthy diet
- B2. Regular physical activity appropriate for you

- 1 Yes
- 2 No
- 8 Don't know/No answer

18c. Have you smoked over the past 2 years?  
CODE ONE ONLY

- 1 Yes CONTINUE
- 2 No GO TO Q18f
- 8 Don't know/No answer GO TO Q18f

18d Over the past 2 years, has your family doctor [health care provider] offered information or advice to help you quit smoking?

- 3 Yes, a lot
- 2 Yes, a little, or
- 1 No, not at all  
VOLUNTEERED
- 8 Don't know/No answer

18e. Over the past 2 years, have you been referred to someone else such as an addictions counsellor, to help you quit smoking?

- 1 Yes
- 2 No
- 8 Don't know/No answer

18f Do you, or anyone around you, feel you need to reduce the amount of alcohol you drink?

- 1 Yes CONTINUE
- 2 No GO TO Q19
- 8 Don't know/No answer GO TO Q19



18g. Over the past 2 years, has your family doctor [health care provider] offered information or advice on how to manage how much alcohol you drink?

- 3 Yes, a lot
- 2 Yes, a little, or
- 1 No, not at all
- VOLUNTEERED**
- 8 Don't know/No answer

18h. Over the past 2 years, have you been referred to someone else such as alcoholics anonymous or addictions counselling, to help manage how much alcohol you drink?

- 1 Yes
- 2 No
- 8 Don't know/No answer

19. When you visit your usual family doctor [health care provider], do you receive the health information or advice that you need?

- 1 Never
- 2 Rarely
- 3 Often, or
- 4 Always
- VOLUNTEERED**
- 7 No need for the advice/doesn't apply
- 8 Don't know/No answer

20a. *Moving along ...* In the past 12 months, have you ever had a visit to any kind of medical specialist?  
**CODE ONE ONLY**

- |   |                         |                      |
|---|-------------------------|----------------------|
| 1 | Yes                     | <b>CONTINUE</b>      |
| 2 | No                      | <b>SKIP TO Q.20c</b> |
| 8 | Not sure/Don't remember | <b>SKIP TO Q.20c</b> |

20b. After you went to the specialist, did you have an opportunity to talk about the specialist visit when you went back to your regular family doctor's office or medical clinic?

**CODE ONE ONLY**

- 1 Yes
- 2 No, I haven't been back to my regular family doctor's office or medical clinic since
- 3 No, it was not discussed
- 8 Not sure/Don't remember



- 20c. Over the past 12 months, have medical tests been ordered which you felt were unnecessary because the test had already been done?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Not sure/Don't remember

21. Do you experience problems communicating with your usual family doctor [health care provider] due to language differences?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Not sure/Don't remember

- 21a. In some clinics there are nurses who work with physicians. Is there a nurse available in your regular family doctor's office or medical clinic?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Not sure/Don't remember

- 21b. In the future, how willing would you be to see a nurse who is working with your doctor [health care provider] for some of your health care needs (such as blood pressure checks, immunizations, minor illness such as a cold or flu)? Would you be ... :

**READ RESPONSES IN ORDER - CODE ONE ONLY**

- 4 Very willing to see a nurse
  - 3 Somewhat willing to see a nurse
  - 2 Would prefer not to see a nurse, or
  - 1 Would NOT be willing to see a nurse
- VOLUNTEERED**
- 8 Don't know/No answer



22a. How would you rate the level of privacy offered by your usual family doctor [health care provider] in the examining room?

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED
- 8 Don't know/No answer

22b. How would you rate the level of privacy provided by staff in the reception area?

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED
- 8 Don't know/No answer

23a. All things considered, are you **[READ RESPONSES IN ORDER]** with your regular family doctor's office or medical clinic?

**CODE ONE ONLY**

- 1 Satisfied, or
- 2 Dissatisfied
- VOLUNTEERED
- 7 Neutral/neither satisfied nor dissatisfied
- 8 Don't know/No answer

23b. **[POSE Q.23b ONLY IF "SATISFIED" IN Q.23a]** Would that be ... : **READ IN ORDER - CODE ONE ONLY**

- 1 Completely satisfied, or
- 2 Fairly satisfied
- VOLUNTEERED
- 8 Don't know/No answer

23c. **[POSE Q.23c ONLY IF "DISSATISFIED" IN Q.23a]** Would that be ... : **READ RESPONSES IN ORDER - CODE ONE ONLY**

- 1 Completely dissatisfied, or
- 2 Fairly dissatisfied
- VOLUNTEERED
- 8 Don't know/No answer



23d If they were taking on new patients, would you recommend your usual family doctor to family or friends?

- 4 Definitely
- 3 Probably
- 2 Probably not
- 1 Definitely no
- VOLUNTEERED**
- 8 Don't know/no answer

It will help us to understand your answers if you could tell us a little about yourself.

24. Overall, how has your health been over the last 12 months? Would you say it has been ... :  
**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good, or
- 5 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

25. Do you have any long-term illnesses, health problems, health issues related to your age, or any disabilities that limit your daily activities or the work you can do? **CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Don't know/No answer

26. Do you have any of the following? **READ LIST IN ORDER - CODE ONE PER STATEMENT**

- a. High blood pressure
  - b. Diabetes
  - c. Heart disease
  - d. Lung disease
  - e. Cancer
  - f. Arthritis
  - h. Asthma
  - i. Depression
  - j. Any other chronic illness/condition? (**SPECIFY:** What would that illness or condition be?  
\_\_\_\_\_)
- 1 Yes
  - 2 No
  - 8 Refused/No answer



27. Which of the following best describes you? Are you ... :

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 01 Employed (full-time or part-time, including self-employed or on a work training program)
- 02 Unemployed and looking for work
- 03 At school or in full-time education
- 04 Unable to work due to long-term sickness or disability
- 05 Looking after your home/family
- 06 Retired from paid work
- 99 Or, some other status (**SPECIFY:** What would that be? \_\_\_\_\_)  
**VOLUNTEERED**
- 98 Refused

28. What is the highest level of education that you have completed? **CODE ONE ONLY**

- 01 Grade 8 or less
- 02 Grade 9 or 10
- 03 Grade 11
- 04 Completed high school
- 05 Some university/community college/technical college
- 06 Completed community college/technical college
- 07 Completed an undergraduate university degree program (for example, BA, BSc)
- 08 Completed a graduate university degree program (for example, Masters, PhD)
- 98 Don't know/No answer
- 99 Other (**SPECIFY:** \_\_\_\_\_)

29. What is your best estimate of your total household income, before taxes and deductions, for the past 12 months? Please stop me when I reach the correct amount. Would it be ... :

**READ RESPONSES IN ORDER - CODE ONE ONLY**

- 01 Less than \$10,000
- 02 \$10,000 to less than \$20,000
- 03 \$20,000 to less than \$30,000
- 04 \$30,000 to less than \$40,000
- 05 \$40,000 to less than \$50,000
- 06 \$50,000 to less than \$60,000
- 07 \$60,000 to less than \$80,000, or
- 08 \$80,000 or more  
**VOLUNTEERED**
- 98 Not sure/Don't know/Refused



30. Do you consider yourself a visible minority? **CODE ONE ONLY**

- 1 Yes
- 2 No
- 7 Unsure
- 8 Don't know/No answer

32. What language do you usually use in your household?

- 1 English
- 2 French
- 3 Other (SPECIFY: \_\_\_\_\_)

33. What is your postal code? **RECORD, EVEN IF PARTIAL**

**RECORD: B** \_ \_ \_ \_ \_  
97 *Refused/Don't know*

On behalf of South West Health, we thank you very much for taking time to complete this survey. It is greatly appreciated.

**Post Pilot Test Revised Version**

**General Instructions:**

- o Interviewer must read each set of instructions for each part of this questionnaire.
- o Interviewer must record all responses clearly and verbatim where required.
- o Interviewer must avoid paraphrasing or rewording responses.

**RECORD FOLLOWING INFORMATION:**

Telephone #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Sample ID: \_\_\_\_\_

Hello, my name is \_\_\_\_\_ and I am calling on behalf of \_\_\_\_\_, your district health authority which includes all the hospitals in your region. \_\_\_\_\_ is conducting a survey to learn about your experiences, good or bad, in getting primary health care from your regular family doctor's office or medical clinic. Completing this survey should take about 12-15 minutes. Are you able to complete the survey?

If not, is there a better time when we may call you back?

\_\_\_\_\_

A. To begin, into which age group do you fall? Are you ... :

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- |   |          |                                     |
|---|----------|-------------------------------------|
| 1 | Under 18 | <b>THANK, TERMINATE, AND RECORD</b> |
| 2 | 18-24    |                                     |
| 3 | 25-34    |                                     |
| 4 | 35-44    |                                     |
| 5 | 45-54    |                                     |



- 6 55-64, or
- 7 65 and over
- 8 Refused

**THANK, TERMINATE, AND RECORD**

B. Gender (by observation): **CODE ONE ONLY**

- 1 Male
- 2 Female

Your answers will help us know what services need to be improved. We appreciate your help. Your responses are confidential. You are free to skip any questions you do not wish to answer or stop at any time.

**These first questions ask about your regular family doctor's office or medical clinic. This is the place where you usually go when you are sick or need advice about your health. You would usually find family doctors and in some places nurses, nurse practitioners, or other health care providers in these offices. At this time, we are NOT asking you about your experiences with a medical specialist.**



1a. Do you have a regular family doctor's office or medical clinic you can go to if you are sick or need advice about your health?

**CODE ONE ONLY**

- 1 Yes **SKIP TO Q.2**
- 2 No **CONTINUE to 1b**
- 8 Don't know/No answer **SKIP TO 1d**

1b. Have you been trying to find one?

**CODE ONE ONLY**

- 1 Yes **CONTINUE**
- 2 No **SKIP TO Q.1d**
- 8 Don't know/No answer **SKIP TO Q. 1d**

1c. **[ASK IF "YES" IN Q.1b]** For how long have you been trying?

**CODE ONE ONLY**

- 1 Less than six months
- 2 Six to twelve months
- 3 Over one year
- 8 Don't know/No answer

1d. Over the past 12 months, where did you usually go when you were sick or needed advice about your health? Did you ...

**READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 4 LAST - CODE ONE ONLY**

- 1 Go to the Emergency or hospital outpatient department
- 2 Contact a local family doctor's office to check if they could see you
- 3 Go to a walk in clinic
- 4 Do nothing
- 5 Try to find help somewhere else (Specify: Where was that?)

**VOLUNTEERED**

- 97 Have not required help or advice **SKIP TO Q.24 DEMOGRAPHICS**
- 98 Don't know/No answer



- 1e. In the past 12 months, how many times did you go to find help for a sickness or advice about your health?

**RECORD EXACT NUMBER – PROBE TO AVOID A RANGE**

**RECORD NUMBER:** \_\_\_\_\_

98 Don't know/No answer

**SKIP TO Q.24 DEMOGRAPHICS**

2. For approximately how long have you been a patient at this office or medical clinic?

**RECORD EXACT TIME PERIOD IN WEEKS, MONTHS AND/OR YEARS – PROBE TO AVOID A RANGE**

**RECORD TIME PERIOD:** \_\_\_\_\_

9998 Don't know/No answer

3. In the past 12 months, how many times have you been to this family doctor's office or medical clinic for an illness or advice about your health?

**RECORD EXACT NUMBER – PROBE TO AVOID A RANGE**

**RECORD NUMBER:** \_\_\_\_\_

98 Don't know/No answer

4. How do you rate the hours that your regular family doctor's office or medical clinic is open for appointments? Would you say the hours are ... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

1 Poor

2 Fair

3 Good, or

4 Excellent

**VOLUNTEERED**

7 Does not apply

8 Don't know/No answer

5. When your regular family doctor's office or medical clinic is closed, is there a phone number you can call when you get sick? **CODE ONE ONLY**

1 Yes

2 No

8 Not sure/Don't remember

These next questions ask you to think about your experience at your regular family doctor's office or medical clinic over the past 12 months.

There are 2 types of visits we are interested in ...

The first type of visit we call **Routine care**. These include visits for reasons such as a physical examination, pap tests, BP checks and other routine type care for a chronic condition.

The second type we called a visit for an **Urgent but minor health problem**. These are problems that come up suddenly like a fever, headache, sprained ankle or rashes. (They are not serious enough to make you go immediately to a hospital emergency.)

First we want to ask you about the **ROUTINE CARE** visits you've made in the last 12 months. Remember **ROUTINE CARE** visits are for things such as a physical examination, pap test or BP checks....

6. When you need to make a routine care visit with your regular family doctor or health care provider ... Do you find it: **[READ RESPONSES IN ORDER]** ... to do so? **CODE ONE ONLY**

- 4 Very Easy
- 3 Easy
- 2 A bit difficult
- 1 Very difficult

**VOLUNTEERED**

- 8 Don't know/No answer
- 9 Have not made any routine visits – **GO TO Q7.**

- 6a. [And], How quickly are you able to see your regular family doctor or health care provider when the appointment you need is for routine care? Would you say it is usually:  
**READ RESPONSES – CODE ONE ONLY**

- 05 the Same day
- 04 the Next working day
- 03 Within three working days
- 02 Within four working days
- 01 Five or more working days ...



**VOLUNTEERED**

- 98 Don't know/No answer
- 99 Other (SPECIFY: \_\_\_\_\_)

6b. **[DO NOT ASK Q.6b IF "DON'T KNOW/NO ANSWER" IN Q.6a]** How do you rate this? Would you say this is... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Does not apply
  - 8 Don't know/No answer

**Now, we want to ask you about visits you may have made for URGENT BUT MINOR HEALTH PROBLEMS, such as a fever, headache, sprained ankle or rash ...**

7. When you need to make this kind of urgent visit with your regular family doctor or health care provider ... do you find it **[READ RESPONSES IN ORDER]** to do so? **CODE ONE ONLY**

- 4 Very Easy
  - 3 Easy
  - 2 A bit difficult
  - 1 Very difficult
- VOLUNTEERED**
- 8 Don't know/No answer
  - 9 Have not made any urgent type visits – **GO TO Q8.**

7a. [And], How quickly can you usually get to see your REGULAR family doctor or health care provider if the appointment you need is for an urgent but minor health problem? Would you say it is usually: **READ RESPONSES – CODE ONE ONLY**

- 05 the Same day
- 04 the Next working day
- 03 Within three working days
- 02 Within four working days
- 01 Five or more working days
- 97 Does not apply
- 98 Don't know/No answer
- 99 Other (SPECIFY: \_\_\_\_\_)



7b. [DO NOT ASK Q.7b IF "DON'T KNOW/NO ANSWER" OR IF "DOES NOT APPLY" IN Q.7a] How do you rate this? Would you say this is... : READ RESPONSES IN ORDER – CODE ONE ONLY

- 1 Poor
2 Fair
3 Good, or
4 Excellent
VOLUNTEERED
7 Does not apply
8 Don't know/No answer

7c. When you need to see your regular family doctor or health care provider during the evening (after 5 pm) or on weekends for an urgent but minor health problem, ... Do you find it ...[READ RESPONSES IN ORDER ] to do so? CODE ONE ONLY

- 4 Very Easy
3 Easy
2 A bit difficult
1 Very difficult
9 Or, you have not required care during the evening or on weekends for an urgent but minor health problem
VOLUNTEERED
8 Don't know/No answer

8. Where did you go the last time you needed care for an urgent but minor health problem ...and your regular family doctor's office or medical clinic was OPEN. Did you ... : READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 06 LAST - CODE ONE ONLY

- 01 Contact your regular family doctor's office & see someone that same day
02 Go to the Emergency department
03 Go to a walk-in clinic that was open
04 Contact your regular family doctor's office & make an appointment for another day
05 Do nothing
06 Or did you try to find help somewhere else? (SPECIFY: Where was that?)
VOLUNTEERED
97 Have not required care for an urgent but minor problem when the clinic was open
98 Don't know/No answer



9. Where did you go the last time you needed care for an urgent but minor health problem and your regular family doctor's office or medical clinic was **CLOSED**? Did you ... :  
**READ AND ROTATE STATEMENTS, EXCEPT ALWAYS READ ITEM 06 LAST - CODE ONE ONLY**

01 Contact your regular family doctor's office and follow the instructions given on the phone telling you where to go for out of hours care?

02 Go to the Emergency department

03 Go to a walk-in clinic that was open

04 Wait until your regular doctor's office was open and then contact them

05 Do nothing

06 Or did you try to find help somewhere else? (**SPECIFY:** Where was that?  
\_\_\_\_\_)

**VOLUNTEERED**

97 Have not required care for an urgent but minor health problem when the clinic was closed

98 Don't know/No answer

10a. How long do you usually have to wait at your regular family doctor's office or medical clinic until your visit begins?

**RECORD EXACT AMOUNT OF TIME IN HOURS AND/OR MINUTES- PROBE TO AVOID A RANGE**

**AMOUNT OF TIME:** \_\_\_\_\_

98 Don't know/No answer

10b. **[DO NOT ASK Q.10b IF "DON'T KNOW/NO ANSWER" IN Q.10a]** How do you rate this? Would you say this is ... : **READ RESPONSES IN ORDER - CODE ONE ONLY**

1 Poor

2 Fair

3 Good, or

4 Excellent

**VOLUNTEERED**

7 Does not apply

8 Don't know/No answer



11. In the past 12 months, have you received care from ...:

**READ STATEMENTS IN ORDER - CODE ONE ONLY PER STATEMENT**

- a. A family physician
- b. A nurse
- c. A nurse practitioner
- d. A mental health worker
- e. A social worker
- f. A nutritionist/Dietician
- g. An addictions counsellor
- i. Anyone else? (**SPECIFY**: Who was that? \_\_\_\_\_)

- 1 Yes
- 2 No
- 8 Not sure/don't remember

12. Who do you **usually** see for your general health care needs? Do you usually see a ... :

**READ LIST IN ORDER, EXCEPT ALWAYS READ ITEM 09 LAST CODE ONE ONLY**

- 01 Family physician
- 02 Nurse
- 03 A nurse practitioner
- 09 Or do you usually see someone else? (**SPECIFY & PROBE**: Who would that be?  
\_\_\_\_\_)

**VOLUNTEERED**

- 98 Don't know/No answer

[IF THE PARTICIPANT **MENTIONED ONLY** A 'FAMILY DOCTOR' IN Q.12, THEN CONTINUE WITH ...]For this survey, we will refer to this person as your 'USUAL FAMILY DOCTOR'

[IF THE PARTICIPANT IN Q.12 **MENTIONED** SOMEONE OTHER THAN A 'FAMILY DOCTOR', THEN CONTINUE WITH ...] For this survey, we will refer to this person as your 'USUAL HEALTH CARE PROVIDER'

These next questions ask about your usual FAMILY DOCTOR [OR HEALTH CARE PROVIDER].

READ THE FOLLOWING ONLY IF NO FAMILY DOCTOR OR HEALTH CARE PROVIDER IS MENTIONED IN Q.12: If you don't have a [usual family doctor]/[health care provider], please answer about the one family doctor [health care provider] at your regular family doctor's office or medical clinic who you know best.

SKIP TO Q.24 IF RESPONDENT SAYS NO DOCTOR [HEALTH CARE PROVIDER] KNOWS HIM/HER BEST.

- 13a. In general, when you go to your regular family doctor's office or medical clinic, how often do you see your usual family doctor [health care provider]? Would it be ... :

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Always
- 2 Almost always
- 3 A lot of the time
- 4 Some of the time
- 5 Almost never, or
- 6 Never
- VOLUNTEERED**
- 8 Don't know/No answer

- 13b. **[DO NOT ASK Q.13b IF “DON'T KNOW/NO ANSWER” IN Q.13a]** How do you rate this? Would you say it is... : **READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

14. When you go to your usual family doctor [health care provider], how do you rate the following? **[READ AND ROTATE STATEMENTS]** Would you say it was **[READ RESPONSES IN ORDER]**? **CODE ONE ONLY PER STATEMENT**

- a. How thoroughly the doctor [provider] asks about your symptoms and how you are feeling
- b. How well the doctor [provider] listens to what you have to say
- c. How well the doctor [provider] puts you at ease during your physical exam
- d. How much the doctor [provider] involves you in decisions about your care and treatment
- e. How well the doctor [provider] explains your problems or any treatment that you need
- f. How thoroughly the doctor [provider] explains the side effects of medication being prescribed



- g. The amount of time the doctor [provider] spends with you
- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Doesn't apply
  - 8 Don't know/No answer
15. Thinking about how well your usual family doctor [health care provider] knows you, how do you rate the following? **[READ AND ROTATE STATEMENTS]** Would you say it is ... :
- READ RESPONSES IN ORDER – CODE ONE ONLY PER STATEMENT**
- a. His or her knowledge of your medical history
  - b. His or her knowledge of what worries you most about your health
  - c. His or her knowledge of your responsibilities at home, work or school
- 1 Poor
  - 2 Fair
  - 3 Good, or
  - 4 Excellent
- VOLUNTEERED**
- 7 Doesn't apply
  - 8 Don't know/No answer
16. After a visit to your regular family doctor's office or medical clinic, does the advice or assistance provided ... :
- READ AND ROTATE STATEMENTS - READ RESPONSES IN ORDER - CODE ONE ONLY PER STATEMENT**
- a. Help you to cope better with your health problem or illness
  - b. Help you to understand your health problem or illness better
  - c. Help you to keep yourself healthy
- 3 To a great extent
  - 2 To some extent, or
  - 1 To little or no extent
- VOLUNTEERED**
- 8 Don't know/No answer



17. In the last 12 months, has your family doctor [health care provider] offered **[READ RESPONSES IN ORDER] help, information or advice on [READ AND ROTATE STATEMENTS]?**  
**CODE ONE ONLY PER STATEMENT**

- A1. Eating a healthy diet
- A2. Regular physical activity appropriate for you

- 3 A lot
- 2 A little, or
- 1 No
- VOLUNTEERED
- 8 Don't know/No answer

18a. Have you smoked over the past 2 years?  
**CODE ONE ONLY**

- 1 Yes CONTINUE
- 2 No GO TO Q19
- 8 Don't know/No answer GO TO Q19

18b. Over the past 2 years, has your family doctor [health care provider] offered **[READ RESPONSES IN ORDER]** help, information or advice to help you quit smoking?  
**CODE ONE ONLY**

- 3 A lot
- 2 A little, or
- 1 No
- VOLUNTEERED
- 8 Don't know/No answer

19. Do you, or anyone around you, feel you need to reduce the amount of alcohol you drink?  
**CODE ONE ONLY**

- 1 Yes CONTINUE
- 2 No SKIP TO Q.20
- 8 Don't know/No answer SKIP TO Q.20

19a. Over the past 2 years, has your family doctor [health care provider] offered **[READ RESPONSES IN ORDER]** help, information or advice on how to manage the amount of alcohol you drink?



CODE ONE ONLY

- 3 A lot
- 2 A little, or
- 1 No

VOLUNTEERED

- 8 Don't know/No answer

20a. *Moving along ...* In the past 12 months, have you ever visited any kind of medical specialist?

**CODE ONE ONLY**

- |   |                         |                      |
|---|-------------------------|----------------------|
| 1 | Yes                     | <b>CONTINUE</b>      |
| 2 | No                      | <b>SKIP TO Q.20c</b> |
| 8 | Not sure/Don't remember | <b>SKIP TO Q.20c</b> |

20b. After you went to the specialist, did you have an opportunity to talk about the specialist visit when you went back to your regular family doctor's office or medical clinic?

**CODE ONE ONLY – PROBE FOR SPECIFIC “NO” RESPONSE**

- 1 Yes
- 2 No, I haven't been back to my regular family doctor's office or medical clinic since
- 3 No, it was not discussed
- 8 Not sure/Don't remember

21. Do you experience problems communicating with your usual family doctor [health care provider] due to language differences?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Don't know/No answer

22a. In some clinics there are nurses who work with physicians. Is there a nurse available in your regular family doctor's office or medical clinic?

**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Not sure/Don't remember

22b. In the future, how willing would you be to see a nurse who is working with your doctor [health care provider] for some of your health care needs (such as blood pressure checks, immunizations,



minor illness such as a cold or flu)? Would you be ... :

**READ RESPONSES IN ORDER - CODE ONE ONLY**

- 4 Very willing to see a nurse
- 3 Somewhat willing to see a nurse
- 2 Would prefer not to see a nurse, or
- 1 Would NOT be willing to see a nurse
- VOLUNTEERED**
- 8 Don't know/No answer

23 How would you rate the level of privacy provided by staff in the reception area?

**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good, or
- 4 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

23a. All things considered, are you **[READ RESPONSES IN ORDER]** with your regular family doctor's office or medical clinic? **CODE ONE ONLY**

- 4 Completely Satisfied
- 3 Fairly Satisfied
- 2 Fairly Dissatisfied
- 1 Completely Dissatisfied
- VOLUNTEERED**
- 7 Neutral/neither satisfied nor dissatisfied
- 8 Don't know/No answer

23b. *If your family doctor [provider] was taking on new patients, would you **[READ RESPONSES IN ORDER]** recommend him/her to family or friends? **CODE ONE ONLY***

- 4 Definitely
- 3 Probably
- 2 Probably not
- 1 Definitely no
- VOLUNTEERED**
- 8 Don't know/no answer

*It will help us to understand your answers if you could tell us a little about yourself.*



24. Overall, how has your health been over the last 12 months? Would you say it has been ... :  
**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good, or
- 5 Excellent
- VOLUNTEERED**
- 8 Don't know/No answer

25. Do you have any long-term illnesses, health problems, health issues related to your age, or any disabilities that limit your daily activities or the work you can do?  
**CODE ONE ONLY**

- 1 Yes
- 2 No
- 8 Don't know/No answer

26. Do you have any of the following?  
**READ LIST IN ORDER - CODE ONE PER STATEMENT**

- a. High blood pressure
- b. Diabetes
- c. Heart disease
- d. Lung disease
- e. Cancer
- f. Arthritis
- h. Asthma
- i. Depression
- j. Any other chronic illness/condition? (**SPECIFY:** What would that illness or condition be?  
\_\_\_\_\_)

- 1 Yes
- 2 No
- 8 Refused/No answer

27. Which of the following best describes you? Are you ... :  
**READ RESPONSES IN ORDER – CODE ONE ONLY**

- 01 Employed (full-time or part-time, including self-employed or on a work training program)
- 02 Unemployed and looking for work
- 03 At school or in full-time education
- 04 Unable to work due to long-term sickness or disability



- 05 Looking after your home/family
- 06 Retired from paid work
- 99 Or, some other status (**SPECIFY:** What would that be? \_\_\_\_\_)
- VOLUNTEERED**
- 98 Refused

28. What is the highest level of education that you have completed? **CODE ONE ONLY**

- 01 Grade 8 or less
- 02 Grade 9 or 10
- 03 Grade 11
- 04 Completed high school
- 05 Some university/community college/technical college
- 06 Completed community college/technical college
- 07 Completed an undergraduate university degree program (for example, BA, BSc)
- 08 Completed a graduate university degree program (for example, Masters, PhD)
- 98 Don't know/No answer
- 99 Other (**SPECIFY:** \_\_\_\_\_)

29. What is your best estimate of your total household income, before taxes and deductions, for the past 12 months? Please stop me when I reach the correct amount. Would it be ... :

**READ RESPONSES IN ORDER - CODE ONE ONLY**

- 01 Less than \$10,000
- 02 \$10,000 to less than \$20,000
- 03 \$20,000 to less than \$30,000
- 04 \$30,000 to less than \$40,000
- 05 \$40,000 to less than \$50,000
- 06 \$50,000 to less than \$60,000
- 07 \$60,000 to less than \$80,000, or
- 08 \$80,000 or more
- VOLUNTEERED**
- 98 Not sure/Don't know/Refused

30. Do you consider yourself a visible minority? **CODE ONE ONLY**

- 1 Yes
- 2 No
- 7 Unsure
- 8 Don't know/No answer



31. What is your postal code? **RECORD, EVEN IF PARTIAL**

**RECORD: B** \_ \_ \_ \_ \_

97 Refused/Don't know

On behalf of \_\_\_\_\_ we thank you very much for taking time to complete this survey. It is greatly appreciated.

## Appendix 6: Indicators Assessed by the Primary Health Care Team Survey

Evaluation Question	Indicator
<b>Output 3:</b> Services and programs are delivered in a coordinated and integrated way	
What processes and mechanisms are developed and implemented to coordinate PHC services within PHC teams and between programs, levels of care, and sectors?	<ul style="list-style-type: none"> <li>• % of PHC providers who had complete information (essential demographic and clinical information) at the point of care, most of the time, over the past 12 months. (CIHI 84)</li> </ul>
<b>Output 5:</b> Primary health care providers collaborate	
Are there mechanisms designed to support collaboration within PHC teams, and districts and provincial structures?	<p>Average team effectiveness score based on:</p> <ul style="list-style-type: none"> <li>• Strong leadership,</li> <li>• Clear objectives shared by all team members,</li> <li>• Mechanisms for working in and with the community,</li> <li>• Focus on quality care,</li> <li>• Client/patient focused goals,</li> <li>• Efficient and effective communication,</li> <li>• Appropriate variety of health care providers,</li> <li>• Mechanisms for conflict resolution,</li> <li>• Interdisciplinary professional development,</li> <li>• Shared decision-making, and</li> <li>• Clear understanding of scope of practice and team role (CIHI 99)</li> </ul>
What is the extent and nature of multidisciplinary teams?	% of GPs/FPs who currently work in a solo PHC practice as their main PHC practice setting (CIHI 95)
	% of GPs/FPs/NPs who currently work in a group physician PHC practice as their main PHC practice setting (CIHI 96)
	% of GPs/FPs who currently work in an interdisciplinary PHC team or network as their main practice setting, by type of PHC provider (CIHI 97)
<b>Output 6:</b> Primary health care providers' knowledge, skills and attitudes are appropriate to the services provided	
Are PHC providers practicing to their full scope of practice? [6.1]	% of PHC providers who are satisfied that they utilize the full extent of their skills, by type of PHC provider (CIHI 88)
<b>Output 7:</b> Individuals, health providers and communities have the capacity to participate in PHC planning and delivery	
What mechanisms and/or learning opportunities are in place to build the capacity of DHAs, PHC providers, communities, and individuals to participate in PHC planning and delivery?	Number and type of learning opportunities provided to PHC providers to build their capacity to participate in PHC planning and delivery
	% of PHC providers participating in opportunities that build their capacity to participate in PHC planning and

Evaluation Question	Indicator
	delivery
<b>Output 8:</b> Services are offered in ways that respond to individuals', families' and communities cultural, racial, spiritual and other diverse needs	
How are the cultural, spiritual, racial and other diverse needs of Nova Scotians assessed and addressed by the PHC team?	% of PHC providers who report participating in learning opportunities in the past 12 months to increase their knowledge and skills to assess and address the cultural, spiritual, racial and other diverse needs of clients
<b>Impact 2:</b> Individuals and families experience continuity of care	
Do clients experience continuity of care (e.g., coordinated and integrated)? [2.2]	% of PHC providers who had complete information (essential demographic and clinical information) at the point of care, most of the time, over the past 12 months (CIHI 84)
	% of PHC GPs/FPs/NPs who repeated tests because findings were unavailable, over the past month (CIHI 83)
<b>Impact 3:</b> The primary health care workforce is healthy and satisfied	
Are the PHC providers satisfied with their work? (this question may be more of an output than an impact) [3.1]	% of PHC providers who report that there are currently adequate provisions to ensure their safety in their workplace, by type of PHC provider (CIHI 89)
	% of PHC providers who were satisfied with the overall quality of work life balance over the past 12 months, by type of PHC provider (CIHI 92)

***Appendix 7: Primary Health Care Team Survey: Pilot Test Version  
and Post-Pilot Test Revised Version***

**Pilot Test Version**

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**Primary Health Care (PHC) Provider/Team Survey**  
**Pilot Test Version: June-July 2006**

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### ***Introduction***

There are many changes taking place in Nova Scotia to improve the delivery of primary health care services throughout the province. As part of our ongoing efforts to support changes in primary health care, the Nova Scotia Department of Health regularly conducts evaluations to monitor changes over time as well as assess what is working and what needs to change. This survey is part of the ongoing evaluation of the primary health care system.

This survey is intended to be filled out by members of a primary care organization. The term ‘primary care organization’ is used to refer to any group of primary health care professionals that work together to offer primary health care services to a practice population. For example, the phrase can refer to a community health centre or a physician group practice.

The survey should be completed individually by members of the primary health care team based on your experiences as a member of the team. Members of the team may include physicians; nurses; other allied health professionals such as pharmacists; social workers, etc.; office administration and management.

The survey is designed to be completed anonymously. Please do not write your name (or any other personally identifiable information) anywhere on the survey. To ensure confidentiality, the results of the surveys will be reported in group form and only grouped data will be presented. A summary of the survey results may be shared with all team members in your primary health care organization.

Thank you for taking the time to complete this survey, and for helping us to evaluate primary health care change in Nova Scotia.

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### ***Section 1: Provider Demographic Information***

#### **1. Please indicate your profession and/or role on the team:**

- |   |   |
|---|---|
| <input type="checkbox"/> Primary Care/Family Physician      | <input type="checkbox"/> Pharmacist             |
| <input type="checkbox"/> Nurse Practitioner                 | <input type="checkbox"/> Dietitian              |
| <input type="checkbox"/> Family Practice Nurse/Clinic Nurse | <input type="checkbox"/> Social Worker          |
| <input type="checkbox"/> Psychiatrist                       | <input type="checkbox"/> Physiotherapist        |
| <input type="checkbox"/> Psychologist                       | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Mental Health Nurse                | <input type="checkbox"/> Public Health Nurse    |
| <input type="checkbox"/> Office Manager                     | <input type="checkbox"/> Office Administration  |
| <input type="checkbox"/> Other (Specify): _____             |   |

**2. Please describe the type of practice you work in:**

- Solo Family Physician Practice
- Group Practice (*an organization of 2 or more FPs/GPs who work together, share client/patient records, office space, staff, technology and on-call coverage*)
- Interdisciplinary Health Care Team or Network (*includes a group of individuals with diverse training who work together to deliver patient care*)
- Other (Specify): \_\_\_\_\_

**Section 2: Collaboration and Continuity of Care**

**Please complete the following questions related to the continuity of patient/client care by indicating the extent to which you agree or disagree with the following statements. Please feel free to add comments to explain your answers.**

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A or	Comments
1. Essential demographic and clinical information on patients is complete most of the time						
2. Our patients/clients have to repeat their demographics and medical histories to multiple clinicians in our primary health care organization (e.g., practice, community health centre, etc).						
3. Our records show that we have duplicated medical tests over the past 12 months						
4. The time between when I request						

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A or	Comments
lab tests and when they are received back by me is appropriate.						
5. We have streamlined procedures for making referrals to other organizations or extended care providers						
6. We have good collaborative relations with other organizations/care providers.						
7. We always share patient/client information, as clinically appropriate, in a timely way with other organizations/care providers.						
8. Care providers outside of our organization incorporate our care plan recommendations into the care of our patients/clients.						
9. We provide a high level of care continuity for our patients/clients.						
10. We need more case conferences to ensure continuity of care within our care team.						

**Section 3: Professional Development**

**1. How did your PHC organization (e.g., Practice, CHC, etc) support your participation in continuing professional development opportunities over the last 12 months? (Check all that apply)**

- No support was provided
- Funding to attend a conference or workshop, or take a course
- Paid time off work to participate in learning opportunities
- Onsite workshops or education programs
- Mentoring by other team members
- Material resources
- Other (Specify): \_\_\_\_\_

**2. What types of continuing professional development opportunities or learning opportunities have you participated in over the last 12 months? (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Chronic disease management                       | <input type="checkbox"/> Population health        |
| <input type="checkbox"/> Health promotion & disease prevention            | <input type="checkbox"/> Program planning         |
| <input type="checkbox"/> Evaluation and research                          | <input type="checkbox"/> Case management          |
| <input type="checkbox"/> Information management/Information technology    | <input type="checkbox"/> Patient behaviour change |
| <input type="checkbox"/> Cultural competence/Diversity & social inclusion | <input type="checkbox"/> Team building            |
| <input type="checkbox"/> Adult learning                                   | <input type="checkbox"/> Conflict resolution      |
| <input type="checkbox"/> Building community relationships                 | <input type="checkbox"/> Primary Health Care      |
| <input type="checkbox"/> Other (Specify): _____                           |   |

**Section 4: Team Functioning**

**Please indicate your level of satisfaction with each of the following by placing a check mark in the appropriate box. Please feel free to add comments to explain your answers.**

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Decision Making</b>							
1. With your participation in decision-making within the team?							
2. With the participation of others in decision-making within the team?							
3. With the process of care planning decisions among members of the team?							
4. With the way your professional expertise is regarded within the team?							
5. With the openness and transparency of decision-making processes?							
<b>Vision and Leadership</b>							
6. That this team has clear leadership?							
7. That this team has a shared vision?							
8. That this team has a clear purpose and objectives?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
9. That this team has clear measures of success?							
<b>Shared Understanding</b>							
10. That team objectives are shared by all team members?							
11. That this team has a shared knowledge of local health needs?							
12. That this team has a high level of trust among its members?							
13. That this team has a shared understanding of its limitations?							
<b>Role Clarity</b>							
14. With your level of understanding of your role within the team?							
15. With your level of understanding of the role of others within the team?							
16. With your level of understanding of how this team functions?							
17. With your level of understanding of how to separate your team role from your professional/clinical role?							
<b>Structure</b>							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
18. With the variety of professional disciplines represented within the team?							
19. With the frequency with which the team is able to meet as a group?							
20. With the number of team members represented on site?							
<b>Communication</b>							
21. With processes and strategies for resolving team conflict?							
22. With communication among professional members within the team?							
23. With the coordination of communication with people and organizations outside the team?							
24. With interpersonal relationships among team members?							
<b>Professional Development</b>							
25. With the professional development opportunities that you have had to support effective team functioning?							

**Section 5: General Work Satisfaction**

Please indicate your level of satisfaction with each of the following by placing a check mark in the appropriate box. Please feel free to add comments to explain your answers.

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Patient/Client Care</b>							
1. With the level of care you are able to provide to patients/clients?							
2. With the amount of time you have for direct patient/client care?							
3. With the balance between patient/client care and documentation (e.g., charting)?							
4. With the time you have to do case management?							
<b>Patient/Client Relationship</b>							
5. With the participation of patients/clients in their own care?							
6. With your ability to develop a rapport with patients?							
7. With your guiding/directing relationship with patients/clients?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Collaboration</b>							
8. With the time you have to discuss patient/client care with colleagues with <b>similar</b> professional backgrounds?							
9. With the time you have to discuss patient/client care with colleagues with <b>different</b> professional backgrounds?							
10. With the collaborative care arrangements you have with other health care providers?							
11. With how well the team links patients to community resources?							
12. With how well the team is partnering with the community (e.g., community members and organizations) to plan and deliver programs and services?							
<b>Information Sharing</b>							
13. With the comprehensiveness of information available to you at the point of care?							
14. With the sharing of information between <b>health providers within your health organization</b> ?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
15. That the information you provide <b>to other health professionals</b> is being used?							
<b>Safety</b>							
16. With the safety of staff in your primary work location?							
17. With the safety of patients in your primary work location?							
18. With the safety of property in your primary work location?							
19. With the security measures in your primary work location?							
<b>Work/Family Balance</b>							
20. With your ability to meet family obligations?							
21. With your ability to meet personal obligations (caring for self)?							
22. With your ability to meet professional obligations?							
23. With the overall balance between your personal and professional commitments?							
<b>Professional Growth and Development</b>							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
24. With the opportunities you have had to self-reflect on your care practices?							
25. With the opportunities you have had to reflect on care practices with colleagues?							
26. With the professional development opportunities you have had?							
27. With the opportunities you have had to assess the effectiveness of the care you provide (e.g., evidence-based processes of care and patient/client outcomes)?							
<b>Skill Utilization</b>							
28. With the extent to which your clinical skills are utilized?							
29. With the extent to which your knowledge and expertise is used?							
30. With the extent to which your interpersonal skills are used?							
31. With the extent to which your facilitation/collaboration skills are used?							
<b>Support</b>							
32. With the clerical support you							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
have to conduct your work?							
33. With the material support you have to conduct your work (e.g., equipment, tools, etc)?							
34. With the professional support you have to conduct your work?							
<b>Overall Work Satisfaction</b>							
35. With the job itself?							

*Thank you for taking the time to complete this survey*

**Post Pilot Test Revised Version**

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**Primary Health Care (PHC) Team Survey**  
**Revised Version based on pilot-test October 2006**

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***Introduction***

There are many changes taking place in Nova Scotia to improve the delivery of primary health care services throughout the province. As part of our ongoing efforts to support changes in primary health care, the Nova Scotia Department of Health regularly conducts evaluations to monitor changes over time as well as assess what is working and what needs to change. This survey is part of the ongoing evaluation of the primary health care system.

This survey is intended to be filled out by members of a primary care organization. The term 'primary care organization' is used to refer to any group of primary health care professionals that work together to offer primary health care services to a practice population. For example, the phrase can refer to a community health centre or a physician group practice.

The survey should be completed individually by members of the primary health care team based on your experiences as a member of the team. Members of the team may include physicians; nurses; other allied health professionals such as pharmacists; social workers, etc.; office administration and management.

The survey is designed to be completed anonymously. Please do not write your name (or any other personally identifiable information) anywhere on the survey. To ensure confidentiality, the results of the surveys will be reported in group form and only grouped data will be presented. A summary of the survey results may be shared with all team members in your primary health care organization.

It should take you approximately 20 minutes to complete this survey. Thank you for your time in helping us to evaluate primary health care change in Nova Scotia.

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***Section 1: Provider Demographic Information***

**1. Please indicate your profession and/or role on the team:**

- |   |   |
|---|---|
| <input type="checkbox"/> Family Physician                   | <input type="checkbox"/> Pharmacist               |
| <input type="checkbox"/> Nurse Practitioner                 | <input type="checkbox"/> Dietitian                |
| <input type="checkbox"/> Family Practice Nurse/Clinic Nurse | <input type="checkbox"/> Physiotherapist          |
| <input type="checkbox"/> Public Health Nurse                | <input type="checkbox"/> Occupational Therapist   |
| <input type="checkbox"/> Mental Health Nurse                | <input type="checkbox"/> Office Manager           |
| <input type="checkbox"/> Social Worker                      | <input type="checkbox"/> Clerical/Reception staff |
| <input type="checkbox"/> Psychiatrist                       | <input type="checkbox"/> Psychologist             |
| <input type="checkbox"/> Other (Specify): _____             |   |

**Please describe the type of practice you work in:**

- Solo Family Physician Practice
- Group Practice (*an organization of 2 or more FPs/GPs who work together, share client/patient records, office space, staff, technology and on-call coverage*)
- Interdisciplinary Health Care Team or Network (*includes a group of individuals with diverse training who work together to deliver patient care, such as family physicians, nurses, social workers, dieticians, and other health care providers*)
- Other (Specify): \_\_\_\_\_

**Section 2: Collaboration and Continuity of Care**

**Please complete the following questions related to the continuity of patient/client care by indicating the extent to which you agree or disagree with the following statements. Please feel free to add comments to explain your answers.**

Statement						Comments
	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A or	
11. Essential demographic and clinical information on patients is complete most of the time						
12. Our patients/clients have to repeat their demographics and medical histories to multiple clinicians in our primary health care organization (e.g., practice, community health centre, etc).						
13. Our records show that we have unnecessarily duplicated medical tests over the past 12 months						Item reworded.
14. The time between when I request lab tests and when they are received back by me is appropriate.						Consider dropping this item.
15. We have streamlined procedures for making referrals to other organizations or extended care providers (e.g., specialists,						Item revised.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A or	Comments
community organizations, etc.)						
16. We have good collaborative relations with the other organizations/care providers we work with.						Item revised.
17. We always share patient/client information, as clinically appropriate, in a timely way with other organizations/care providers.						
18. Care providers outside of our organization incorporate our care plan recommendations into the care of our patients/clients.						
19. We provide a high level of care continuity for patients between our organization and other health care organizations.						Reworded item.
20. Case conferences are a valuable means to ensure continuity of care within our care team and should be encouraged/supported						New item/reworded.

**Section 3: Professional Development****1. What kind of support did your PHC organization (e.g., Practice, CHC, etc) provide to allow your participation in continuing professional development opportunities over the last 12 months? (Check all that apply)**

- No support was provided
- Funding
- Paid time off work
- Material resources
- Mentoring by other team members
- Other (Specify): \_\_\_\_\_

**2. In what kind of continuing professional development opportunities did you participate over the last 12 months? (Check all that apply.)**

- Attended a conference
- Attended a workshop
- Took a course or educational program
- Other (Specify): \_\_\_\_\_

**3. What topics for continuing professional development or learning opportunities have you participated in over the last 12 months? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic disease management                              | <input type="checkbox"/> Population health          |
| <input type="checkbox"/> Health promotion & disease prevention                   | <input type="checkbox"/> Program planning           |
| <input type="checkbox"/> Evaluation and research                                 | <input type="checkbox"/> Case management            |
| <input type="checkbox"/> Information management/Information technology           | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Cultural competence; Diversity & social inclusion       | <input type="checkbox"/> Team building; Leadership  |
| <input type="checkbox"/> Adult learning  | <input type="checkbox"/> Conflict resolution        |
| <input type="checkbox"/> Patient behaviour change; Counseling                    | <input type="checkbox"/> Primary Health Care        |
| <input type="checkbox"/> Building community relationships; Community development |   |
| <input type="checkbox"/> Computer technology training                            |   |
| <input type="checkbox"/> Other (Specify): _____                                  |   |

**Section 4: Team Functioning**

Please indicate your level of satisfaction with each of the following by placing a check mark in the appropriate box. Please feel free to add comments to explain your answers.

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Decision Making</b>							
26. With your participation in decision-making within the team?							
27. With the participation of others in decision-making within the team?							
28. With the process of care planning decisions among members of the team?							
29. With the way your professional expertise is regarded within the team?							
30. With the openness and transparency of decision-making processes?							
<b>Vision and Leadership</b>							
31. That this team has clear leadership when that is needed?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
							Item revised.
32. That this team has a shared vision?							
33. That this team has a clear purpose and objectives?							
34. That this team has clear measures of success?							
<b>Shared Understanding</b>							
35. That team objectives are shared by all team members?							
36. That this team has a shared knowledge of local health needs?							
37. That this team has a high level of trust among its members?							
38. That this team has a shared understanding of its limitations?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Role Clarity</b>								
39. With your level of understanding of your role within the team?								
40. With your level of understanding of the role of others within the team?								
41. With your level of understanding of how this team functions?								
42. With your level of understanding of how to separate your team role from your professional/clinical role?								
<b>Structure</b>								
43. With the variety of professional disciplines represented within the team?								
44. With the frequency with which the team is able to meet as a group?								
45. With the number of team members who are on site?								Item reworded.
<b>Communication</b>								
46. With processes and strategies for resolving team conflict?								
47. With communication among professional members within the team?								
48. With the coordination of communication with people and organizations outside the								

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
team?							
49. With interpersonal relationships among team members?							
<b>Professional Development</b>							
50. With the professional development opportunities that you have had to support effective team functioning?							

*Section 5: General Work Satisfaction*

**Please indicate your level of satisfaction with each of the following by placing a check mark in the appropriate box. Please feel free to add comments to explain your answers.**

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
<b>Patient/Client Care</b>							
36. With the level of care you are able to provide to patients/clients?							
37. With the amount of time you have for direct patient/client care?							
38. With the balance between patient/client care and documentation (e.g., charting)?							
39. With the time you have to do case management?							
<b>Patient/Client Relationship</b>							
40. With the participation of patients/clients in their own care?							
41. With your ability to develop a rapport with patients?							
7. With the guiding/directing you do in your relationships with patients/clients.							Item revised
<b>Collaboration</b>							
8. With the time you have to discuss patient/client care with colleagues with <b>similar</b> professional backgrounds?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
9. With the time you have to discuss patient/client care with colleagues with <b>different</b> professional backgrounds?							
10. With the collaborative care arrangements you have with other health care providers?							
11. With how well the team links patients to community resources?							
12. With how well the team is partnering with the community (e.g., community members and organizations) to plan and deliver programs and services?							
<b>Information Sharing</b>							
13. With the comprehensiveness of information available to you at the point of care?							
14. With the sharing of information between <b>health providers within your health organization</b> ?							
15. That the information you provide <b>to other health professionals</b> is being used?							
<b>Safety</b>							
16. With the safety of staff in your primary work location?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
17. With the safety of patients in your primary work location?							
18. With the safety of property in your primary work location?							
19. With the security measures in your primary work location?							
<b>Work/Family Balance</b>							
20. With your ability to meet family obligations?							
21. With your ability to meet personal obligations (caring for self)?							
22. With your ability to meet professional obligations?							
23. With the overall balance between your personal and professional commitments?							
<b>Professional Growth and Development</b>							
24. With the opportunities you have had to self-reflect on your care practices?							
25. With the opportunities you have had to reflect on care practices with colleagues?							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
26. With the professional development opportunities you have had?							
27. With the opportunities you have had to assess the effectiveness of the care you provide (e.g., evidence-based processes of care and patient/client outcomes)?							
<b>Skill Utilization</b>							
28. With the extent to which your clinical skills are utilized?							
29. With the extent to which your knowledge and expertise is used?							
30. With the extent to which your interpersonal skills are used?							
31. With the extent to which your facilitation/collaboration skills are used?							
<b>Support</b>							
32. With the clerical support you have to conduct your work?							Consider dropping
33. With the material support you have to conduct your work (e.g., equipment, tools, etc)?							
34. With the professional support you have to conduct your work?							
<b>Overall Work Satisfaction</b>							

How satisfied are you...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	N/A	Comments
35. With the job itself?							

*Thank you for taking the time to complete this survey*

## Appendix 8: Indicators Assessed by the Primary Health Care Organization Survey

Evaluation Question	Indicator
<b><i>Output 1: Planning for service delivery is informed by evidence</i></b>	
What forms of evidence were used by the Department of Health, District Health Authorities (DHAs) and Primary Health Care (PHC) teams to inform PHC planning and delivery?	% of PHC organizations who used information on the composition of their practice population to allocate resources for programs/services, over the past 12 months (CIHI 5)
	% of PHC organizations who currently have a PHC client/patient registry for chronic conditions (CIHI 6)
	% of PHC organizations who currently have specific programs for PHC clients/patients with specific chronic conditions (CIHI 7)
	% of PHC organizations who currently do outreach to deliver PHC services to vulnerable/special population groups (CIHI 9)
	% of PHC organizations who currently provide specialized programs for vulnerable/special needs population groups (CIHI 10)
	% of PHC organizations who currently receive information or process support from their health region to serve vulnerable/special needs population groups (CIHI 11)
	% of PHC organizations who primarily use electronic systems to complete their professional tasks (CIHI100) – could be inferred from the Survey but not asked directly
<b><i>Output 2: Accountabilities within relationships in the primary health care system are clearly defined.</i></b>	
Are accountability relationships in the PHC system clearly defined?	Number and type of accountability mechanisms for PHC teams/organizations, and partnerships
	% of PHC organizations who currently have processes to involve community input into planning the organization's services (e.g., advisory committees, focus groups) (CIHI 8)
<b><i>Output 3: Services and programs are delivered in a coordinated and integrated way.</i></b>	
What processes and mechanisms are developed and implemented to coordinate PHC services within PHC teams and between programs, levels of care, and sectors?	% of PHC organizations who currently coordinate client/patient care with other health care organizations using standardized clinical protocols or assessment tools (CIHI 79)
	% of PHC organizations who currently have collaborative care arrangements with other health care organizations (CIHI 80)

Evaluation Question	Indicator
	<p>% of PHC organizations who currently have collaborative care arrangements with providers/organizations beyond the health care sector (e.g., housing, justice, police, education, etc) (CIHI 81)</p> <p>% of PHC organizations who currently use a variety of electronic communications modalities in the exchange of health care information with other PHC providers (CIHI 101)</p> <p>% of PHC organizations who currently have two-way electronic communication linkages (beyond fax and telephone) with other health care organizations (e.g. hospitals, community mental health agencies, LTC facilities, public health, etc) (CIHI 102)</p>
<b><i>Output 4: A range of services and programs provide an equitable balance between health promotion and provision of health care service.</i></b>	
Do PHC teams offer a range of services and programs that provide an equitable balance between health promotion and the provision of health care services?	<p>% of PHC organizations who currently provide the following services:</p> <ul style="list-style-type: none"> <li>• Management care for an emergent but minor health problem (e.g., sprained ankle, unexplained rash, etc)</li> <li>• Non-urgent care (e.g. well care (baby, child, woman and/or man), chronic illness management, etc.),</li> <li>• Prevention and health promotion and/or education services,</li> <li>• Full maternity and child care,</li> <li>• Primary mental health care</li> <li>• Psychosocial services (e.g. counseling advice for physical/emotional/ financial problems, etc),</li> <li>• Liaison with home care,</li> <li>• Referral to and follow-up care from specialized agencies such as hospitals, youth centres, specialists and/or other providers (through formalized arrangements and/or agreements),</li> <li>• Rehabilitation services,</li> <li>• Nutrition counseling services,</li> <li>• Provision of home visits by PHC physicians/nurses/nurse practitioners/ pharmacists, and</li> <li>• End-of-life care (CIHI 12)</li> </ul>
<b><i>Output 5: Primary health care providers collaborate.</i></b>	
Are there mechanisms designed to support collaboration within PHC teams, and district and provincial structures?	% of PHC team/organization resources allocated to team building
	% of PHC teams/organizations that have mechanisms

Evaluation Question	Indicator
	to support collaboration: <ul style="list-style-type: none"> <li>▪ Regular Team meetings,</li> <li>▪ Joint goal setting,</li> <li>▪ Shared vision</li> </ul>
<b><i>Output 7: Individuals, health providers and communities have the capacity to participate in PHC planning and delivery.</i></b>	
What mechanisms and/or learning opportunities are in place to build the capacity of DHAs, PHC health providers, communities, and individuals to participate in PHC planning and delivery?	% of PHC organization who currently have processes to involve community input into planning the organization's services (e.g. advisory committees, focus groups) (CIHI 8)
<b><i>Output 8: Services are offered in ways that respond to individuals', families' and communities' cultural, racial, spiritual and other diverse needs.</i></b>	
How are the cultural, spiritual, racial and other diverse needs of Nova Scotians assessed and addressed by the PHC team?	% of PHC teams/organizations who report that they currently use tools and/or processes to assess the cultural, spiritual, racial & other diverse needs of patients/clients
<b><i>Impact 1: Individuals and families have access to services, programs and information.</i></b>	
Do Nova Scotians have access to: <ul style="list-style-type: none"> <li>▪ Timely routine care,</li> <li>▪ Primary health care (PHC) team,</li> <li>▪ Health promotion programs and preventive services,</li> <li>▪ Screening services,</li> <li>▪ Health care for urgent needs,</li> </ul> 24/7 health information or advice?	% of PHC organizations who currently provide after hours coverage (beyond 9:00am to 5:00pm Monday to Friday) for their practice population (CIHI 30)  Average number of extended hours (beyond 9:00am to 5:00pm, Monday to Friday), provided by PHC organizations per month, by PHC organization (CIHI 31)
Are there sufficient numbers of physicians, FPNs and NPs, to meet the demand for PHC? (CIHI)	% PHC organizations who are currently accepting new PHC clients/patients (CIHI 87)
<b><i>Impact 4: Quality primary health care services are safe, efficient, affordable and acceptable to the community.</i></b>	
What mechanisms are in place to ensure safe patient care and to decrease patient risk (e.g., are Nova Scotians receiving PHC service based on the best available evidence)?	% of PHC organizations who currently use an electronic prescribing/drug ordering system that includes patient specific medication alerts (CIHI 68)  % of PHC organizations who implemented at least one or more changes in clinical practice as a result of quality improvement initiatives over the past 12 months (CIHI 69)  % of PHC organizations with a process in place to ensure that a current medication and problem list is recorded in the PHC client/patient's health record (CIHI 70)
<b><i>Impact 5: Populations have better health literacy and health promoting behaviors.</i></b>	
Do Nova Scotians have improved health-promoting behaviors?	% of PHC organizations who currently have specific programs and/or initiatives (including self help and self

Evaluation Question	Indicator
	management groups) to reduce the following health risks in their practice population: <ul style="list-style-type: none"><li data-bbox="792 344 980 373">▪ Tobacco use,</li><li data-bbox="792 380 1110 409">▪ Unhealthy eating habits,</li><li data-bbox="792 415 1130 445">▪ Problem alcohol drinking,</li><li data-bbox="792 451 971 480">▪ Obesity, and</li><li data-bbox="792 487 1166 516">▪ Physical inactivity (CIHI 18)</li></ul>

***Appendix 9: Primary Health Care Organization Survey: Pilot Test  
Version and Post-Pilot Test Revised Version***

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**Primary Care Organization Survey**  
***Pilot Test Version: June-July 2006***

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**Introduction**

There are many changes taking place in Nova Scotia to improve the delivery of primary health care services throughout the province. As part of our ongoing efforts to support changes in primary health care, the Nova Scotia Department of Health regularly conducts evaluations to monitor changes over time as well as assess what is working and what needs to change. This survey is part of that ongoing evaluation initiative.

This survey is intended to be filled out from the perspective of your primary care organization. The term 'primary care organization' is used to refer to any group of primary health care professionals that work together to offer primary health care services to a practice population. For example, the phrase can refer to a community health centre or a physician group practice.

The survey should be completed by a team of at least two people who together have a good understanding about all administrative and clinical operations of the primary health care organization. Thank you for taking the time to complete this survey, and for helping us to evaluate primary health care change in Nova Scotia.

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***Section 1: Information About the Primary Health Care Organization*****1. What are the regular hours of operation for your primary health care organization?**

- Open during weekdays from \_\_\_\_\_ to \_\_\_\_\_
- Open during evenings on weekdays from \_\_\_\_\_ to \_\_\_\_\_
- Open on Saturdays from \_\_\_\_\_ to \_\_\_\_\_
- Open on Sundays from \_\_\_\_\_ to \_\_\_\_\_

**2. (a) Does your primary health care organization provide after hours on-call coverage to the population served? Please circle one answer.**

YES

NO ⇒ *Go to question 3***If YES:****(b) What days of the week and hours is the on-call service available?**  

---

**(c) How do patients access on-call services (check all that apply):**

- Telephone
- Walk-in clinic
- Other (please describe) \_\_\_\_\_

**3. Is your primary health care organization currently accepting new patients? Please circle one answer.**

YES

NO

**4. Please indicate which of the following types of services are provided by your organization by placing a check mark in either the Yes or No column for each item. Please feel free to add comments to explain any of your answers.**

	Type of service	Yes	No	Comments
<b>a</b>	Care for an emergent but minor problem (e.g. sprained ankle, unexplained rash)			
<b>b</b>	Non-urgent care (e.g. well woman care, chronic illness management)			
<b>c</b>	Pre-natal maternity care			
<b>d</b>	Intrapartum care			
<b>e</b>	Postpartum care			
<b>f</b>	Mental health services			
<b>g</b>	Behaviour change counselling about tobacco use			
<b>h</b>	Behaviour change counselling about healthy eating			
<b>i</b>	Behaviour change counselling about physical activity			
<b>j</b>	Other health promotion or prevention services			
<b>k</b>	Psychosocial services (e.g. counselling advice for physical, emotional, financial problems)			
<b>l</b>	Liaison with home care services			
<b>m</b>	Referral to and follow-up care from specialized agencies such as hospitals, youth centres, specialists and/or other providers (through formalized arrangements and/or agreements)			
<b>n</b>	Rehabilitation services			
<b>o</b>	Provision of home visits			

<b>p</b>	End of life care			
<b>q</b>	Specialized programs (other than outreach services) for vulnerable or special needs population groups			
<b>r</b>	Outreach services to vulnerable or special population groups			
<b>s</b>	Other, specify			

- 5. Please indicate which of the following specific programs (e.g. self help groups, education sessions or workshops) are offered by your primary health care organization. Please feel free to add comments to explain any of your answers.**

	<b>Type of service</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>a</b>	Specific programs to reduce tobacco use among your practice population			
<b>b</b>	Specific programs to reduce unhealthy eating among your practice population			
<b>c</b>	Specific programs to reduce problem alcohol drinking among your practice population			
<b>d</b>	Specific programs to reduce physical inactivity among your practice population			
<b>e</b>	Specific programs for people with diabetes			
<b>f</b>	Specific programs for people with cardiovascular disease			
<b>g</b>	Specific programs for people with cancer			
<b>h</b>	Specific programs for people with asthma			
<b>i</b>	Other specific programs; please describe:			

*Please go to next page*

6. Recent work in Canada has identified four main categories of primary health care organization models. These models are described below. Please place a check mark by the model that best describes your primary health care organization. If your organizational model is a mix of two or more of the models listed below, please describe your model in the bottom row of the table.

Primary Health Care Organization Models	Model That Best Reflects Our Organization
<p><b>1. Professional Contract Model</b></p> <p>This is a model in which care is provided primarily in a physician’s office by a family physician in solo or group practice. It is staffed primarily by physicians and generally reimbursement is on a fee-for-service basis. Information systems are for internal use. There are no formal mechanisms to ensure the continuity of care except loyalty to the physician and there are no formal mechanisms to ensure integration with other parts of the health care system, other than physician affiliations with other resources of care (e.g., referrals to specialists).</p>	
<p><b>2. Professional Coordination Model</b></p> <p>Organizations provide continuous service over time to a defined group of patients/population. Funding is based on a per capita, sessional fee, fee-for-service or other model(s), or a mix of models. There are non-physicians such as nurses on the care team and a physician or nurse is designated to provide follow-up and continuity of care for the patient. There will generally be a nurse who provides liaison with other parts of the health care system and coordinates the clinical integration of services.</p>	
<p><b>3. Integrated Community Model</b></p> <p>The focus of this model is to promote the integration of primary health care into the other parts of the health care system. There is generally a range of providers operating in a community health centre format. Information technology serves the organization and is linked to other, external service providers serving the population. Care responsibility is longitudinal (long term) and is provided by a multi-disciplinary care team. There is active cooperation and coordination with other primary health care providers and with providers of complementary services such as hospitals to guarantee the availability of a range of services</p>	
<p><b>4. Non-Integrated Community Model</b></p> <p>This model is similar to the integrated model in its structure but is differentiated by a lack of specific integration mechanisms. For example, information systems do not link to other parts of the health care system. Services are not provided on a 24/7 basis and there are generally no, or few, mechanisms to ensure the longitudinal continuity of care services to individuals</p>	
<p><b>Mixed Model or Other:</b> Please describe what mix of the four models described above best reflects your organization or another model that better reflects your organization:</p>	

**Section 2: Planning for Primary Health Care Services**

**7. (a) Do you use information about the population you serve to guide your decisions about the type of programs and services that are offered by your primary health care organization?**

YES

NO ⇨ Go to question 8



**If YES:**

**(b) What information about the population you serve do you use to guide your decisions about the type of programs and services that are offered by your primary health care organization?**

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**(c) If you answered YES to 7a, how does your primary health care organization obtain this information?**

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**(d) If you answered YES to 7a , what information does your primary health care organization use to determine the unique cultural, racial and spiritual needs of the population you serve?**

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**8. Does your primary health care organization have a client/patient registry for chronic conditions? Please circle one answer.**

YES

NO

**9. (a) Does your primary health care organization involve community members in planning the services provided by the organization?**

YES

NO ⇨ Go to question 10



**(b) If YES, in what ways are community members involved in planning the services provided by the organization?**

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**Section 3: Accountability Mechanisms**

**10. What accountability mechanisms are used by your primary health care organization?** Please check all that apply.

- Job descriptions for all clinical and administrative people associated with the primary care organization
- Collaborative practice agreement
- Practice plan
- Shared care arrangement
- Other - please specify: \_\_\_\_\_

**Section 4: Collaboration**

**11. Does your primary health care organization have a collaborative practice agreement for the primary health care team?** Please circle one answer.

YES

NO ⇨ Go to question 12



**(a) Please briefly describe your collaborative practice arrangement (e.g. how many and what type of providers are involved in the agreement)?**

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**12. Do the members of your primary health care team use any of the following mechanisms to support collaboration within the team? Please feel free to add comments to explain any of your answers.**

	<b>Mechanism</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
<b>A</b>	Regular team meetings			
<b>B</b>	Joint goal setting			
<b>C</b>	Shared vision for the primary care organization			
<b>D</b>	Team building sessions or workshops			
<b>E</b>	Other; please describe:			

**13. Does your primary health care organization have collaborative care arrangements with other health care providers or health care organizations? Please circle one answer.**

YES

NO ⇨ *Go to question 14*



**(a) Please briefly describe a few examples.**

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**14. Does your primary health care organization currently coordinate patient care with other health care organizations using standardized clinical protocols or assessment tools? Please circle one answer.**

YES

NO ⇨ *Go to question 15*



**If YES:**

**(a) Please briefly describe a few examples.**

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**15. Does your primary health care organization have formalized partnerships with other providers or organizations beyond the health system (e.g. housing, police, education)?** Please circle one answer.

YES

NO ⇨ *Go to question 16*



**If YES:**

**(a) Please briefly describe a few examples.**

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***Section 5: Quality Improvement***

**16. Has your organization implemented any quality improvement initiatives over the past 12 months?** Please circle one answer.

YES

NO ⇨ *Go to question 17*



**If YES:**

**(a) Has your primary care organization implemented any changes in clinical practice as a result of these quality improvement initiatives?**

YES

NO ⇨ *Go to question 17*



**(b) Please briefly describe a few examples of changes made as a result of the organization's quality improvement initiatives.**

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**Section 6: Organizational Policies and Procedures**

**17. Policy refers to some form of administrative statement, direction or rule. Procedures refer to how these statements, directions or rules are to be carried out. Please complete each of the three main shaded columns in the table below to indicate if your primary health care organization has policies and/or procedures on any of the following issues.**

	Does your organization have a policy and/or procedures on this topic area?			If you have a policy and/or procedures, how clearly articulated are they?			If you have a policy and/or procedures, to what degree do members of your organization adhere to the policy or procedures?		
	Yes written	Yes, unwritten	No	Very clear	Clear	Unclear	Very high adherence	Moderate adherence	Low adherence
Risk management									
Patient safety									
Medication errors									
Recording of current medication and problem list in all patients' files.									

**Section 7: Information Technology and Communication**

**18. Does your primary health care organization use an electronic prescribing/drug ordering system that includes patient specific medication alerts?**

YES

NO

**19. Do you have two-way electronic links (or share an electronic record) with the following components of the health care system and, if so, in your view how well do these links function?**

Types of Organizations	Have electronic links			How electronic links function			
	Yes	No	Don't Know	Very Well	Well	Poorly	Very poorly
Hospitals							
Hospital Emergency Departments							
Primary Care Physicians in solo practice							
Other primary health care organizations							
Physician specialists							
Tele-Triage							

Types of Organizations	Have electronic links			How electronic links function			
	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>	<i>Very Well</i>	<i>Well</i>	<i>Poorly</i>	<i>Very poorly</i>
Public Health							
Laboratory/Diagnostic Imaging Services							
Ambulance Services							
Pharmacies							
Home Care							
Long Term Care Facilities							
Community Mental Health							
Health Insurance Companies (e.g., Blue Cross)							
Other, Specify:							

**20. The following two pages contain a table that lists different types of communication options in each column. For each type of organization listed in the far left column, please indicate the methods that your primary health care organization uses for communication.**

Types of Organizations	Telephone/teleconference		Video conferencing		Email (computer to computer messaging)		Internet chat sites		Web-casting		Interactive Websites		Other, Specify
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Hospitals													
Hospital Emergency Departments													
Primary Care Physicians in solo practice													
Other primary health care organizations													
Physician specialists													
Tele-Triage													
Public Health													
Laboratory/Diagnostic Imaging Services													
Ambulance Services													
Pharmacies													
Home Care													
Long Term Care Facilities													

Types of Organizations	Telephone/teleconference		Video conferencing		Email (computer to computer messaging)		Internet chat sites		Web-casting		Interactive Websites		Other, Specify
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Community Mental Health													
Health Insurance Companies (e.g., Blue Cross)													
Other, Specify													
Other, Specify													

**Thank you for taking the time to complete this survey!**

## Primary Care Organization Survey

### Revisions based on Pilot Test, October 2006

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#### Introduction

There are many changes taking place in Nova Scotia to improve the delivery of primary health care services throughout the province. As part of our ongoing efforts to support changes in primary health care, the Nova Scotia Department of Health regularly conducts evaluations to monitor changes over time as well as assess what is working and what needs to change. This survey is part of that ongoing evaluation initiative.

This survey is intended to be filled out from the perspective of your primary care organization. The term 'primary care organization' is used to refer to any group of primary health care professionals that work together to offer primary health care services to a practice population. For example, the phrase can refer to a community health centre or a physician group practice.

The survey should be completed by a team of at least two people who together have a good understanding about all administrative and clinical operations of the primary health care organization.

The survey is designed to be completed anonymously. Please do not write your name (or any other personally identifiable information) anywhere on the survey. To ensure confidentiality, the results of the surveys will be reported in group form and only grouped data will be presented.

It should take you approximately 30 minutes to complete this survey. Thank you for your time in helping us to evaluate primary health care change in Nova Scotia

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#### *Section 1: Information About the Primary Health Care Organization*

**1. Is your primary health care organization open during the following non-business hours? (Please do not include on-call coverage.)**

- |                     |                             |   |
|---------------------|-----------------------------|---|
| A. Weekday evenings | <input type="checkbox"/> No | <input type="checkbox"/> Yes __ days per week from ___ to ___ |
| B. Saturdays        | <input type="checkbox"/> No | <input type="checkbox"/> Yes, from _____ to _____             |
| C. Sundays          | <input type="checkbox"/> No | <input type="checkbox"/> Yes, from _____ to _____             |

**2. Does your primary health care organization provide after hours on-call coverage to the population served?**

- |                     |                             |   |
|---------------------|-----------------------------|---|
| A. Weekday evenings | <input type="checkbox"/> No | <input type="checkbox"/> Yes __ days per week from ___ to ___ |
| B. Saturdays        | <input type="checkbox"/> No | <input type="checkbox"/> Yes, from _____ to _____             |
| C. Sundays          | <input type="checkbox"/> No | <input type="checkbox"/> Yes, from _____ to _____             |

**3. Do patients have access to on-call services through a:**

- A. Telephone  No  Yes  
 B. Walk-in clinic  No  Yes  
 C. Other (please describe) \_\_\_\_\_

**4. Is your primary health care organization currently accepting new patients?**

Please circle one answer.

Yes                      No

**5. Please indicate which of the following types of services are provided by your organization to individual patients by placing a check mark in either the Yes or No column for each item. Please feel free to add comments to explain any of your answers.**

	Type of service	Yes	No	Comments
<b>a</b>	Care for an emergent but minor problem (e.g. sprained ankle, unexplained rash)			
<b>b</b>	Non-urgent care (e.g. well woman care, chronic illness management)			
<b>c</b>	Pre-natal maternity care			
<b>d</b>	Intrapartum care			
<b>e</b>	Postpartum care			
<b>f</b>	Mental health services			
<b>g</b>	Behaviour change counselling about tobacco use			
<b>h</b>	Behaviour change counselling about healthy eating			
<b>i</b>	Behaviour change counselling about physical activity			
<b>j</b>	Other health promotion or prevention services			
<b>k</b>	Psychosocial services (e.g. counselling advice for physical, emotional, financial problems)			
<b>l</b>	Liaison with home care services			
<b>m</b>	Referral to and follow-up care from specialized agencies such as hospitals, youth centres, specialists and/or other providers (through formalized arrangements and/or agreements)			
<b>n</b>	Rehabilitation services			

	Type of service	Yes	No	Comments
<b>o</b>	Provision of home visits			
<b>P</b>	Specialized programs (other than outreach services) for vulnerable or special needs population groups			
<b>q</b>	Outreach services to vulnerable or special population groups			
<b>r</b>	Other, specify			

**6. Please indicate which of the following programs (e.g. self help groups, education sessions or workshops) are offered by your primary health care organization to groups of patients/clients (versus individual services). Please feel free to add comments to explain any of your answers.**

	Type of service	Yes	No	Comments
<b>a</b>	Specific programs to reduce tobacco use among your practice population			
<b>b</b>	Specific programs to reduce unhealthy eating among your practice population			
<b>c</b>	Specific programs to reduce problem alcohol drinking among your practice population			
<b>d</b>	Specific programs to reduce physical inactivity among your practice population			
<b>e</b>	Specific programs for people with diabetes			
<b>f</b>	Specific programs for people with cardiovascular disease			
<b>g</b>	Specific programs for people with cancer			
<b>h</b>	Specific programs for people with asthma			
<b>i</b>	Other specific programs; please describe:			

*Please go to next page*

7. **Recent work in Canada has identified four main categories of primary health care organization models. These models are described below. Please place a check mark by the model that best describes your primary health care organization. If your organizational model is a mix of two or more of the models listed below, please describe your model in the bottom row of the table.**

Primary Health Care Organization Models	Model That Best Reflects Our Organization
<b><i>1. Professional Contract Model</i></b>	
This is a model in which care is provided primarily in a physician's office by a family physician in solo or group practice. It is staffed primarily by physicians and generally reimbursement is on a fee-for-service basis. Information systems are for internal use. There are no formal mechanisms to ensure the continuity of care except loyalty to the physician and there are no formal mechanisms to ensure integration with other parts of the health care system, other than physician affiliations with other resources of care (e.g., referrals to specialists).	
<b><i>2. Professional Coordination Model</i></b>	
Organizations provide continuous service over time to a defined group of patients/population. Funding is based on a per capita, sessional fee, fee-for-service or other model(s), or a mix of models. There are non-physicians such as nurses on the care team and a physician or nurse is designated to provide follow-up and continuity of care for the patient. There will generally be a nurse who provides liaison with other parts of the health care system and coordinates the clinical integration of services.	
<b><i>3. Integrated Community Model</i></b>	
The focus of this model is to promote the integration of primary health care into the other parts of the health care system. There is generally a range of providers operating in a community health centre format. Information technology serves the organization and is linked to other, external service providers serving the population. Care responsibility is longitudinal (long term) and is provided by a multi-disciplinary care team. There is active cooperation and coordination with other primary health care providers and with providers of complementary services such as hospitals to guarantee the availability of a range of services	
<b><i>4. Non-Integrated Community Model</i></b>	
This model is similar to the integrated model in its structure but is differentiated by a lack of specific integration mechanisms. For example, information systems do not link to other parts of the health care system. Services are not provided on a 24/7 basis and there are generally no, or few, mechanisms to ensure the longitudinal continuity of care services to individuals	
<b><i>5. Mixed Model or Other:</i></b>	
Please describe what mix of the four models described above best reflects your organization or another model that better reflects your organization:	

**Section 2: Planning for Primary Health Care Services**

**8. Does your primary health care organizations use information about the population you serve to guide decisions about the type of programs and services to offer?**

A. No ⇨ *Go to question 9*

B. Yes  
⇩

If Yes:

**(i) What kind of information do you use?**

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**(i) What is the source of this information?**

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**(iii) Please provide examples of programs or services that were offered based on the above information.**

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**9. Does the population served by your primary health care organization have unique cultural and/or racial characteristics or spiritual needs?**

A. No, the population is typical of the province ⇨ *Go to question 10*

B. Yes, the population is unique culturally  
⇩

If yes:

**(i) In what ways is the population unique?**

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(ii) **Does your primary health care organization have a good understanding of how the cultural qualities of the population impact their health care needs?**

(a) Yes, we monitor these needs through:

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(b) No, we need to:

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10. (i) **Does your primary health care organization involve community members in planning the services provided by the organization?**

A. No    ⇨    *Go to question 11*

B. Yes



If Yes:

(ii) **In what ways are community members involved?**

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11. **Does your primary health care organization have a client/patient registry for chronic conditions?** Please circle one answer.

A. No    ⇨    *Go to question 12*

B. Yes



If Yes:

**Please describe:**

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**Section 3: Accountability Mechanisms**

12. **What accountability mechanisms are used by your primary health care organization?** Please check all that apply.

- Job descriptions for all clinical and administrative people associated with the primary care organization
- Collaborative practice agreement
- Practice plan
- Shared care arrangement
- Terms of Reference
- Other - please specify: \_\_\_\_\_

**Section 4: Collaboration**

**13. Does your primary health care organization have a collaborative practice agreement (e.g. description of roles, accountabilities, etc.) for the primary health care team?**

A. No    ⇨    *Go to question 14*

B. Yes



If Yes:

**Please briefly describe your collaborative practice arrangement (e.g., how many and what type of providers)?**

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**14. Do the members of your primary health care team use any of the following mechanisms to support collaboration within the team?** Please feel free to add comments to explain any of your answers.

	Mechanism	Yes	No	Comment
A	Regular team meetings for <b>organizational administration</b>			
B	Regular team meetings for <b>case management</b>			
C	Joint goal setting			
D	Shared vision for the primary care organization			
E	Team building sessions or workshops			
F	Other; please describe:			

**15. Does your primary health care organization have collaborative care arrangements with other health care providers or health care organizations?** Please circle one answer.

A. No    ⇨    *Go to question 16*

B. N/A    ⇨    *Go to question 16*

C. Yes



If Yes:

**Please briefly describe a few examples.**

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**16. (i) Does your primary health care organization currently coordinate patient care with other health care organizations?**

A. No    ⇨    *Go to question 17*

B. Yes



If Yes:

**(ii) Does your organization use standardized clinical protocols or assessment tools to coordinate patient care?**

A. No    ⇨    *Go to question 17*

B. N/A    ⇨    *Go to question 17*

C. Yes



If Yes:

**(iii) Please briefly describe a few examples.**

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17. (i) **Does your primary health care organization have formalized partnerships with other providers or organizations beyond the health system (e.g. housing, police, education)?**

A. No ⇨ *Go to question 18*

B. Yes



If Yes:

(ii) **Please briefly describe a few examples.**

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### *Section 5: Quality Improvement*

18. (i) **Has your primary care organization implemented any quality improvement initiatives over the past 12 months?**

A. No ⇨ *Go to question 19*

B. Yes



If Yes:

(ii) **Has your primary care organization implemented any changes in clinical practice as a result of these quality improvement initiatives?**

A. No ⇨ *Go to question 19*

B. Yes



If Yes:

(iii) **Please briefly describe a few examples of such changes in clinical practice.**

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**Section 6: Organizational Policies and Procedures**

**19. Policy refers to some form of administrative statement, direction or rule. Procedures refer to how these statements, directions or rules are to be carried out. Please complete each of the three main shaded columns in the table below to indicate if your primary health care organization has policies and/or procedures on any of the following issues.**

	Does your organization have a policy and/or procedures on this topic area?			If you have a policy and/or procedures, how clearly articulated are they?			If you have a policy and/or procedures, to what degree do members of your organization adhere to the policy or procedures?		
	Yes written	Yes, unwritten	No	Very clear	Clear	Unclear	Very high adherence	Moderate adherence	Low adherence
Risk management									
Patient safety									
Medication errors									
Recording of current medication and problem list in all patients' files.									

**Section 7: Information Technology and Communication**

**20. (i) Does your primary health care organization use an electronic patient records?**

A. No    ⇨    *Go to question 21*

B. Yes  
 ↓  
 If Yes:

**(ii) Do you ever examine the data to assess quality of care issues (e.g. influenza immunization rates in the elderly etc.)?**

A. No    ⇨    *Go to question 21*

B. Yes  
 ↓  
 If Yes:

**(iii) Please briefly describe a few examples of issues you have examined.**

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**21. (i) Does your primary health care organization use an electronic prescribing/ drug ordering system?**

A. No    ⇨    *Go to question 22*

B. Yes



If Yes:

**(ii) Does the system perform patient-specific medication alerts?**

Please circle one answer

Yes

No

**22. Do you have two-way electronic links (or share an electronic record) with the following components of the health care system and, if so, in your view how well do these links function?**

Types of Organizations	Do you have electronic links?			If yes: How well do the electronic links function?			
	Yes	No	Don't Know	Very Well	Well	Poorly	Very poorly
Hospitals							
Hospital Emergency Departments							
Primary Care Physicians in solo practice							
Other primary health care organizations							
Physician specialists							
Tele-Triage							
Public Health							
Laboratory/Diagnostic Imaging Services							
Ambulance Services							
Pharmacies							
Home Care							
Long Term Care Facilities							
Community Mental Health							

Types of Organizations	Do you have electronic links?			If yes: How well do the electronic links function?			
	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>	<i>Very Well</i>	<i>Well</i>	<i>Poorly</i>	<i>Very poorly</i>
Health Insurance Companies (e.g., Blue Cross)							
Other, Specify:							

23. The following two pages contain a table that lists different types of communication options in each column. For each type of organization listed in the far left column, please indicate the methods that your primary health care organization uses for communication with these components of the health system.

Types of Organizations	Telephone		Teleconference		Video conferencing		Email (computer to computer messaging)		Fax		Regular mail		Internet chat sites		Web-casting		Interactive Websites		Other, Specify	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Hospitals																				
Hospital Emergency Departments																				
Primary Care Physicians in solo practice																				
Other primary health care organizations																				
Physician specialists																				
Tele-Triage																				
Public Health																				
Laboratory/Diagnostic Imaging Services																				
Ambulance Services																				

Types of Organizations	Telephone		Teleconference		Video conferencing		Email (computer to computer messaging)		Fax		Regular mail		Internet chat sites		Web-casting		Interactive Websites		Other, Specify	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pharmacies																				
Home Care																				
Long Term Care Facilities																				
Community Mental Health																				
Health Insurance Companies (e.g., Blue Cross)																				
Other, Specify																				
Other, Specify																				

Thank you for taking the time to complete this survey!