

Dear Survey Respondent,

You are receiving this survey because your practice is participating in the Heart of Virginia Healthcare (HVH) project. Now in its **third and final year**, the HVH project is asking staff and clinicians in each practice to complete a Round 3 survey.

The Virginia HVH Collaborative appreciates your time. At the end of the survey you may choose to be entered into a drawing **for a \$300 gift card**. Winners will be chosen from among entrants who reply by February 23, 2018. There will be 20 winners chosen. For specifics please visit <http://www.vahealthinnovation.org/hvhsurvey>.

Your participation in the survey is entirely voluntary. Your responses will not be shared with anyone else in the practice. Moreover, responses to the survey will be aggregated along with other practices in Virginia. We are asking you to answer several questions from your own perspective about your practice as accurately as you can. There are no right or wrong answers.

This research is funded by the federal Agency of Healthcare Research and Quality (AHRQ) and is designed to help primary care practices incorporate the most recent evidence on cardiovascular disease prevention.

The survey should take approximately 10 minutes to complete. If you work at multiple practices, please consider only the practice that is listed on the next page for the purposes of this survey. Please respond by February 23, 2018 and return the survey via email to Iwona Kicingier ([ikicinge@gmu.edu](mailto:ikicinge@gmu.edu)) or return the survey in the envelope provided.

If you have any questions or concerns, you may contact Len M. Nichols, PhD at George Mason University at [lnichol9@gmu.edu](mailto:lnichol9@gmu.edu) or 703-993-9490. You may contact the George Mason University Office of Research Integrity & Assurance at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

Thank you for your continued support of the HVH project.

Sincerely,

Len Nichols, PhD  
Professor, Health Administration and Policy  
Director, Center for Health Policy Research and Ethics  
George Mason University  
Email: [lnichol9@gmu.edu](mailto:lnichol9@gmu.edu)

Alison Cuellar, PhD  
Professor, Health Administration and Policy  
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## Heart of Virginia Healthcare Practice Member Survey

Practice Name: \_\_\_\_\_

Your initials: \_\_\_\_\_ Zip code: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Are you at least 18 years old? Yes \_\_\_\_ No \_\_\_\_

1. Please rate your level of agreement with the following statements about your practice (select only one response)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. Mistakes have led to positive changes here					
B. I have many opportunities to grow in my work					
C. People in our practice actively seek new ways to improve how we do things					
D. People at all levels in this office talk about what is and isn't working					
E. Leadership strongly supports practice change efforts					
F. After trying something new, we take time to think about how it worked					
G. Most of the people who work in our practice seem to enjoy their work					
H. It is hard to get things to change in our practice					
I. This practice is a place of joy and hope					
J. This practice learns from its mistakes					
K. Practice leadership promotes an environment that is an enjoyable place to work					
L. People in this practice operate as a real team					
M. When we experience a problem in this practice, we make a serious effort to figure out what's really going on					
N. Leadership in this practice creates an environment where things can be accomplished					
O. We regularly take time to reflect on how we do things					
P. Most people in this practice are willing to change how they do things in response to feedback from others					
Q. I can rely on other people in this practice to do their jobs well					
R. Difficult problems are solved through face-to-face discussions in this practice					
S. Members of this practice are able to bring up problems and tough issues					

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2. Heart of Virginia Healthcare is a project designed to help small primary care practices incorporate very recent evidence on how best to deliver cardiovascular disease prevention into their patients’ care, including what is known as the ABCS: Aspirin use by high-risk individuals, Blood pressure control, Cholesterol management, and Smoking Cessation.

To help with this change process, the Heart of Virginia Healthcare will provide customized training from on-site practice coaches. In addition, practices will have access to faculty from four medical schools in the state, and other consultants. Practices will be able to access resources, connect with peers and participate in learning collaboratives through an online platform. The HVH team will work with practices on workflow, quality, satisfaction and how to best monitor your performance on the ABCS.

**Please think carefully about the changes we’ve described above. Please select the response that best reflects your practice’s readiness to engage in a change process that involves implementing the changes described above**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. Our practice is ready to make these changes					
B. We are committed to making these changes					
C. We can keep track of progress in implementing these changes					
D. We will do whatever it takes to implement these changes					
E. We can support providers as they adjust to these changes					
F. We want to implement these changes					
G. We can handle the challenges that might arise from these changes					
H. We are determined to implement these changes					
I. We can coordinate tasks so that implementation goes smoothly					
J. We are motivated to implement these changes					
K. We can manage the politics of these changes					

3. **The next set of questions helps us understand your perceptions of how your practice addresses patients’ needs. Please indicate your level of agreement with the following statements (select only one response):**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. Our practice does a good job of assessing patient needs and expectations					
B. Our practice uses data from patients to improve care					
C. Our practice uses data on patient expectations and/or experience when developing new services					

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**4. Using your own definition of burnout - please indicate which of the following statements best describes how you feel about your situation at work (select only one response):**

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
- I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes.

**5. Are you a clinician in the practice (MD, DO, NP, PA)?**

- Physician (MD, DO)
- Nurse Practitioner or Physician Assistant
- Clinical staff (e.g., RN, LNP, MA, CMA, Behavioral health providers)
- Non-clinical staff (receptionist, billing staff)
- Office manager
- Other

**6. How many years have you worked in this practice? Please round it to the nearest year.**

\_\_\_\_\_

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

\_\_\_\_\_

**8. Please rate your level of agreement with the following statements about yourself and your practice (select only one response).**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. It is disruptive to me that so many changes are occurring at my place of employment.					
2. As an employee, I am afraid of being left behind with all the organizational change.					
3. I feel that with all the change going on in my place of employment, I will become unimportant.					
4. When my employment organization goes through change, I frequently feel tense or nervous.					
5. I am insecure about change in my employment organization over which I have no control.					
6. I worry about how others perceive my performance at my place of employment.					
7. I often take my job home with me "in the sense that I think about issues at my place of employment while doing personal activities."					
8. I have recently been apathetic and/or disinterested in my work activities.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. I believe the future at my place of employment is hopeless.					
10. I have no interest in my employment organization.					
11. I don't see any point in performing a task successfully or well if no one else at my place of employment knows about it.					
12. I feel fear when my work colleagues react negatively to my ideas.					
13. My work at the place I am employed does not provide enough opportunity for increasing my knowledge and skills.					
14. I am often irritated by the dysfunctional organizational structure at my place of employment.					
15. I am easily annoyed or irritated by others at my place of employment.					
16. My superiors and/or colleagues don't care whether or not I remain employed.					
17. I communicate infrequently with individuals at my place of employment and often feel disconnected.					
18. I am often frustrated that my supervisors make decisions without my input.					
19. At my place of employment, I have no influence on the successful function of my work.					
20. I would rather call-in "sick than deal with another day of controversy at my place of employment."					
21. I maximize the amount of vacation time away from my place of employment because I cannot cope with the atmosphere.					
22. It is difficult for me to focus on tasks or work activities assigned to me by my supervisor.					
23. As an employee in the organization, I am no longer interested in my work and/or my colleagues.					
24. I do not like the work I have to perform at my employment organization, and I am regularly investigating other career opportunities.					
25. The tasks I am assigned by my supervisor are generally boring and monotonous.					

**Thank you for completing the HVH survey. If you would like to be entered in our drawing for a \$300 gift card, please return the survey by February 23, 2018 and provide your name and contact information below:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

(so, we can contact you if you win)