

Ontario Health Team Provider Experience Survey

Welcome to the *Ontario Health Team Provider Experience Survey* from the Health System Performance Network. The survey uses a combination of existing and adapted items to assess the dimensions of autonomy, satisfaction, care coordination and workplace culture identified as relevant to capturing provider experience in their work/care setting.

The survey asks a few questions about you and your experience working within your work/care setting. Your name will not be attached to the responses you give, i.e., you will remain anonymous.

OHTs will be provided with aggregated results from providers in their team and summative responses across OHTs will be shared publicly with an aim to identify dimensions of the provider experience where Ontario and OHTs can make improvements.

The survey will take approximately 15 minutes to complete.

Thank you for taking the time to complete this questionnaire.

SECTION A: YOUR ROLE

1. Which OHT are you a part of? (Please select only one.)

Note: If you are a part of more than one OHT, select the one you are most involved with. You can provide your experience using this survey again for another OHT.

- | | |
|---|--|
| <input type="radio"/> Algoma OHT | <input type="radio"/> Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley (KW4) OHT |
| <input type="radio"/> All Nations Health Partners OHT | <input type="radio"/> Middlesex London OHT |
| <input type="radio"/> Barrie and Area OHT | <input type="radio"/> Mid-West Toronto OHT |
| <input type="radio"/> Brantford Brant OHT | <input type="radio"/> Mississauga OHT |
| <input type="radio"/> Burlington OHT | <input type="radio"/> Muskoka and Area OHT |
| <input type="radio"/> Cambridge North Dumfries OHT | <input type="radio"/> Network 24 OHT |
| <input type="radio"/> Central West OHT | <input type="radio"/> Niagara OHT |
| <input type="radio"/> Chatham-Kent OHT | <input type="radio"/> Nipissing Wellness OHT |
| <input type="radio"/> Connected Care Halton OHT | <input type="radio"/> North Simcoe OHT |
| <input type="radio"/> Connected for Care -Lanark, Leeds and Grenville OHT | <input type="radio"/> North Toronto OHT |
| <input type="radio"/> Couchiching OHT | <input type="radio"/> North Western Toronto OHT |
| <input type="radio"/> Downtown East Toronto OHT | <input type="radio"/> North York Toronto Health Partners |
| <input type="radio"/> Durham OHT | <input type="radio"/> Northumberland OHT |
| <input type="radio"/> East Toronto OHT | <input type="radio"/> Ottawa OHT |
| <input type="radio"/> Eastern York Region and North Durham OHT | <input type="radio"/> Ottawa East OHT |
| <input type="radio"/> Elgin OHT | <input type="radio"/> Oxford and Area OHT |
| <input type="radio"/> Four Rivers OHT | <input type="radio"/> Peterborough OHT |
| <input type="radio"/> Frontenac, Lennox & Addington OHT | <input type="radio"/> Rainy River District OHT |
| <input type="radio"/> Greater Hamilton Health Network | <input type="radio"/> Sarnia Lambton OHT |
| <input type="radio"/> Grey-Bruce OHT | <input type="radio"/> Scarborough OHT |
| <input type="radio"/> Guelph and Wellington OHT | <input type="radio"/> South Georgian Bay OHT |
| <input type="radio"/> Hastings Prince Edwards OHT | <input type="radio"/> Southlake Community OHT |
| <input type="radio"/> Hills of Headwaters Collaborative OHT | <input type="radio"/> Upper Canada-Cornwall and Area OHT |
| <input type="radio"/> Huron Perth and Area OHT | <input type="radio"/> West Toronto OHT |
| <input type="radio"/> Kawartha Lakes OHT | <input type="radio"/> Western York Region OHT |
| | <input type="radio"/> Windsor Essex OHT |

2. Please provide your email address. _____

3. Which of the following best describes your current role? (Please select only one.)

- Physician / Surgeon
- Nurse Practitioner
- Registered Nurse
- Registered Practical Nurse
- Allied Health Professional (Physiotherapist, Occupational, Speech-Language or Respiratory Therapist)
- Social Worker
- Personal Support Worker-Health Care Aide
- Community support worker
- Pharmacist
- Other: (Please specify) _____

4. Which of the following describes your employment status? (Please select only one.)

- Full-time
- Part-time
- Temporary Contract

5. Which of the following describes your work/care setting within your OHT? (Select all that apply.)

- Primary health care practice
- Acute Care hospital
- Mental Health hospital
- Rehabilitation or Complex Continuing Care hospital
- Long-term care
- Hospice
- Home care
- Public Health
- Community health agency (e.g., mental health, addiction, etc.)
- Community support services (e.g., housing, peer support, food bank, etc.)
- Other: (Please specify) _____

5.A. If you have selected more than one setting, please indicate your **primary work setting**, (i.e., where you work the majority of the time):

6. Please rate your current OHT Involvement. (Please select only one.)

- High: Actively involved in the design or implementation of new care pathways
- Medium: Somewhat involved in the design or implementation of new care pathways
- Low: Not directly involved in the design or implementation of the new care pathways
- None

SECTION B: CARE COORDINATION EXPERIENCE

The following questions concern your experience with care coordination across providers (i.e., other organizations, practices, agencies) that your patients/clients receive care from.

	Never	Rarely	Sometimes	Often	Always	Don't know / Not Applicable
1. When your patients/clients have an Emergency Room visit, how often do you know the reason for the visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When your patients/clients are admitted to the hospital, how often do you know the reason for the admission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often do you know about all the visits that your patients/clients make to other health care providers (including physicians and other care providers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. For the patients/clients referred to you by another provider, how often do you receive the information you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often do you have the information you need from other providers about the ongoing care needs of your patients/clients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often do you receive timely AND accurate information that you need to deliver care from other providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When clinically appropriate, how often is it easy to obtain a (“curbside”) consult from peers or other providers in lieu of referring the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. After your patient has seen other providers, how often do you talk with the patient or family members about the care recommendations from other providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How often is patient care well-coordinated with community resources (e.g., support groups, food banks, shelters)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C: WORKPLACE CULTURE

The following questions ask about the workplace culture in your work/care setting. Workplace culture includes the character and personality of your team and how leadership, management, workplace practices, policies, people, and more, impact the culture of your work/care setting.

To what degree does the following statement reflect the conditions in your work/care setting?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My professional goals and values fit well with those of the leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our administrative decision-making process can accurately be described as consensus building.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have opportunities to contribute to major strategic decisions (e.g., mergers, partnering).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Financial decisions are made with clinical/provider involvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We regularly take time to consider ways to improve how we do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. We regularly use feedback from patients and families to improve services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I suggest an idea for improving quality, this team actually tries out the idea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Everyone (clerical, clinical, managerial, and leadership staff) is encouraged to share new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Most people/co-workers are willing to change how they do things in response to feedback from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In my practice/care setting, differences of opinion can be voiced and are heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I understand the roles and responsibilities of other providers involved in the care of my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I can rely on other people/co-workers to do their jobs well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Leadership promotes an environment that makes the work I do enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Leadership promotes an environment that makes the work I do safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It is possible to provide high-quality care to all my patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION D: AUTONOMY

The following questions ask about practices in your work and care setting whether it be an institution, community clinic, or in patients'/clients' homes.

In your work/care setting, to what extent do you have input into the following?

	Not at all	Minimal	Some	Moderate	A great deal
1. The allotment of additional time for difficult-to-help patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How you execute your daily responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The way things are done in daily work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Your shifts/scheduling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION E: DIGITAL/VIRTUAL CARE

Please indicate your agreement with the following statements about digital and virtual care:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't know / Not Applicable
1. We rely on electronic information systems (e.g., Meditech, Ocean, etc.) to share patient information with other providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our electronic health record system improves the quality of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Using an electronic health record interferes with patient-provider communication during face-to-face clinical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Our electronic health record system improves my job satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The use of digital methods (e.g., video call, telephone, SMS, email, etc.) to communicate with a patient improves the quality of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The use of digital methods (e.g., video call, telephone, SMS, email, etc.) improves my job satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION F: BURNOUT & SATISFACTION

1. Using your own definition of “burnout”, which statement best describes your situation at work? (Please select only one.)

- 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. I am at the point where I may need some changes or may need to seek some sort of help.

Please indicate how much you agree with the following statements about your daily work:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
2. I receive useful information about the quality of care/services I deliver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have enough time in my day for documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My income reflects the value of my contribution to the health of my patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall, I am satisfied with my current job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION G: DEMOGRAPHICS

1. Select your age category. (Please select only one.)

- Under 35 35-49 50-64 65 or older

2. Select the gender category you identify with. (Please select only one.)

- Woman Trans woman Two-Spirit
 Man Trans man Prefer not to answer
 Another gender identity: (Please specify) _____

3. What best describes your race/ethnicity? (Please select all that apply.)

- Asian – East (e.g., Chinese, Japanese, Korean)
 Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
 Asian – South (e.g., Indian, Pakistani, Sri Lankan)
 Indo-Caribbean (e.g., Guyanese with origins in India)
 Middle Eastern / North African (e.g., Algerian, Iranian, Lebanese)
 Black – Sub-Saharan African (e.g., Ghanaian, Kenyan, Somali)
 Black – North American (e.g., Canadian, American)
 Black – Caribbean (e.g., Barbadian, Jamaican)
 Latin American / Hispanic (e.g., Argentinean, Chilean, Salvadoran)
 First Nations (Status/Non-Status Indian)
 Inuk / Inuit
 Métis
 White – European (e.g., English, Italian, Russian)
 White – North American (e.g., Canadian, American)
 You do not have an option that applies to me. (Please specify) _____
 Prefer not to answer

4. Do you self-identify as a Francophone? (Please select only one.)

- Yes No

COMMENTS

Do you have any suggestions for how your work experience could be improved?

Thank you for your time!