Aspect Health - Care Team Member Experience\_DRAFT

Start of Block: 1: INTRODUCTION

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Q1   
Thank you for taking the time to participate in this survey.   
    
Your feedback will help us improve the environments in which Northeast Orthopedics and Sports Medicine (NEOSM) care team members such as yourself deliver care.    
   
Pilot trials of the survey have shown it takes between 9 and 13 minutes to complete.  
  
  
Your responses will be confidential. Survey responses will be studied and reported in aggregate with other care team members' responses.      
    
The results of this survey will be tallied by an impartial research firm outside of Northeast Orthopedics and Sports Medicine.  Your participation in this survey is voluntary.      
    
There are no right or wrong answers to the questions in this survey. In no way will your answers affect your employment.   
    
Please disregard this message and survey if you have already taken this survey.     
    
Thank you for your time and expertise. Let's begin.     
    
Please select the **blue button** at the lower right-hand corner of your screen to continue.

End of Block: 1: INTRODUCTION

Start of Block: 2: ABOUT YOU

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Q2   
First, we'd like to ask some questions about you.

Q4 What is your **role** with Northeast Orthopedics and Sports Medicine?  

* Biller/Billing (112)
* Call Center (114)
* Charge Poster (100)
* Check in/Site supervisor (117)
* Check out/Receptionist (108)
* Front desk/Check in (115)
* In/Out Receptionist (109)
* Medical assistant (116)
* Medical doctor (111)
* Medical records (113)
* Medical secretary (119)
* Nurse practitioner (120)
* Office manager (121)
* Patient accounts (122)
* Payment poster (123)
* Physician assistant (124)
* Surgery scheduler (125)
* WC Authorization (126)
* X-Ray tech (127)
* Other (please specify): (101) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3 Are you any of the following?

* Manager (1)
* Supervisor (2)
* Does not apply (3)

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Q6 During a typical week, **how many hours** do you work?

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Q246 During a typical work week, **how many** NEOSM locations do you work at?

* 1 (4)
* 2 (7)
* 3 (8)
* 4 (9)
* 5 (10)
* 6 (11)
* 7 (12)
* 8 (13)
* 9 (14)

Q5 Which Northeast Orthopedics and Sports Medicine do you **primarily** work out of?

* Airmont (114)
* Dobbs Ferry (115)
* Monroe (116)
* Nanuet (117)
* New Windsor (118)
* Orangeburg (119)
* Pomona (120)
* Stony Point (121)
* West Nyack (122)

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Q7 During a typical week, how many hours do you **work, remotely** outside of a NEOSM or other clinical setting)?  (Please enter in a 0 if your answer is "none")

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End of Block: 2: ABOUT YOU

Start of Block: 3: HOW YOU CURRENTLY WORK

Q8   
Now, we'd like to ask about how you work during a typical week.

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Q9 During a typical work week, my job relies on me ...

|  |  |  |  |  |  |  |  |  |
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|  | 1 - Strongly Disagree (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Strongly Agree (7) | Does not apply (8) |
| Working on my own (5) |  |  |  |  |  |  |  |  |
| Working with other colleagues in my department (1) |  |  |  |  |  |  |  |  |
| Working with other colleagues outside my department (4) |  |  |  |  |  |  |  |  |
| Working with other colleagues at different NEOSM locations (13) |  |  |  |  |  |  |  |  |
| Working with others that are not part of NEOSM (14) |  |  |  |  |  |  |  |  |

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Q10 During a typical work week, my job relies on ...

|  |  |  |  |  |  |  |  |  |
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|  | 1 - Strongly Disagree (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Strongly Agree (7) | Does not apply (8) |
| Providing care delivery to patients (10) |  |  |  |  |  |  |  |  |
| Administrative responsibilities (12) |  |  |  |  |  |  |  |  |
| Patient care coordination (2) |  |  |  |  |  |  |  |  |
| Scheduling patients (3) |  |  |  |  |  |  |  |  |
| Direct interaction with patients (11) |  |  |  |  |  |  |  |  |
| Business or operational management (13) |  |  |  |  |  |  |  |  |
| Documentation (i.e., EMR, paper medical record) (15) |  |  |  |  |  |  |  |  |

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Q11 During a typical work week, my job relies on ...

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|  | 1 - Strongly Disagree (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Strongly Agree (7) | Does not apply (8) |
| Face-to-face and in-person interactions with others (10) |  |  |  |  |  |  |  |  |
| Virtual or telemedically-based interactions with others (12) |  |  |  |  |  |  |  |  |
| Audio-only telephone calls with others (11) |  |  |  |  |  |  |  |  |

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Q247 Which of these **non-medical** care team members do you work with during a typical work week?

* Biller/Billing (1)
* Call Center (2)
* Charge Poster (3)
* Check in/Site supervisor (4)
* Check out/Receptionist (5)
* Front desk/Check in (6)
* In/Out Receptionist (7)
* Medical records (20)
* Medical secretary (21)
* Office manager (13)
* Patient accounts (14)
* Payment poster (15)
* Surgery scheduler (17)
* WC Authorization (18)

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Q249 Which of these **medical** care team members do you work with during a typical work week?

* Medical assistant (8)
* Medical doctor (9)
* Nurse practitioner (12)
* Physician assistant (20)
* X-Ray tech (19)

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Q12   
During a typical work week, how often do you interact with the following?

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|  | 1 - Never (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very frequently (7) | Does not apply (8) |
| Biller/Billing (112) |  |  |  |  |  |  |  |  |
| Call Center (114) |  |  |  |  |  |  |  |  |
| Charge Poster (100) |  |  |  |  |  |  |  |  |
| Check in/Site supervisor (117) |  |  |  |  |  |  |  |  |
| Check out/Receptionist (108) |  |  |  |  |  |  |  |  |
| Front desk/Check in (115) |  |  |  |  |  |  |  |  |
| In/Out Receptionist (109) |  |  |  |  |  |  |  |  |
| Medical assistant (116) |  |  |  |  |  |  |  |  |
| Medical doctor (111) |  |  |  |  |  |  |  |  |
| Medical records (113) |  |  |  |  |  |  |  |  |
| Medical secretary (119) |  |  |  |  |  |  |  |  |
| Nurse practitioner (120) |  |  |  |  |  |  |  |  |
| Office manager (121) |  |  |  |  |  |  |  |  |
| Patient accounts (122) |  |  |  |  |  |  |  |  |
| Payment poster (123) |  |  |  |  |  |  |  |  |
| Physician assistant (124) |  |  |  |  |  |  |  |  |
| Surgery scheduler (125) |  |  |  |  |  |  |  |  |
| WC Authorization (126) |  |  |  |  |  |  |  |  |
| X-Ray tech (127) |  |  |  |  |  |  |  |  |
| Other (please specify): (101) |  |  |  |  |  |  |  |  |

End of Block: 3: HOW YOU CURRENTLY WORK

Start of Block: 4. EFFICIENCY AND PRODUCTIVITY

Q14 In this section, we would like to ask about work efficiency and productivity during a typical week.

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Q15 How frequently do the following **negatively** impact your productivity during a typical work week?

|  |  |  |  |  |  |  |  |  |
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|  | 1 - Never (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very Often (7) | Does not apply (8) |
| No-shows (1) |  |  |  |  |  |  |  |  |
| Late starts (2) |  |  |  |  |  |  |  |  |
| Lags in the scheduling of a surgery(ies) (3) |  |  |  |  |  |  |  |  |

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Q16 During a typical work week, how often do you experience the following?

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|  | 1 - Never (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very often (7) | Does not apply (8) |
| Interruptions (1) |  |  |  |  |  |  |  |  |
| Multi-tasking (3) |  |  |  |  |  |  |  |  |
| You search for supplies or equipment (4) |  |  |  |  |  |  |  |  |
| You search for others you work with (5) |  |  |  |  |  |  |  |  |
| Redundancies in work (9) |  |  |  |  |  |  |  |  |
| Setbacks (10) |  |  |  |  |  |  |  |  |
| Workarounds (12) |  |  |  |  |  |  |  |  |
| Crowding (13) |  |  |  |  |  |  |  |  |
| Excessive wait times (14) |  |  |  |  |  |  |  |  |
| Lack of storage space (11) |  |  |  |  |  |  |  |  |
| You do not know where others are when you need them (8) |  |  |  |  |  |  |  |  |

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Q17 Please take this opportunity to tell us how this/these can be improved.

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Q18 Do you see patients in consultation or examination spaces?

* Yes (1)
* No (2)

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Q19 During a typical work week, what percentage of your patients need a **consultation** **AND examination?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

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| Percentage () |  |

End of Block: 4. EFFICIENCY AND PRODUCTIVITY

Start of Block: 5: YOUR OVERALL WORK ENVIRONMENT

Q20 In this section, we would like to ask you about the ${Q5/ChoiceGroup/SelectedChoices} location.

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Q21 Please rate the following spaces at your primary NEOSM work location:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 - Very bad (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very good (7) | Does not apply (8) |
| The lobby (1) |  |  |  |  |  |  |  |  |
| The rehabilitation space (2) |  |  |  |  |  |  |  |  |
| The imaging area (3) |  |  |  |  |  |  |  |  |
| The surgical suite (4) |  |  |  |  |  |  |  |  |
| The exam/consult area (5) |  |  |  |  |  |  |  |  |
| Care team member stations (7) |  |  |  |  |  |  |  |  |
| Waiting areas (8) |  |  |  |  |  |  |  |  |
| Lounge spaces (6) |  |  |  |  |  |  |  |  |
| Documentation areas (9) |  |  |  |  |  |  |  |  |
| The X-Ray area (10) |  |  |  |  |  |  |  |  |

Q22 Please tell us how this space can be improved.

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Q23 During a typical work week, how easy is it to do the following at your primary NEOSM work location?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 - Very hard (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very easy (7) |
| Access the outdoors when you want access to it. (22) |  |  |  |  |  |  |  |
| Access a window view of natural scenery (23) |  |  |  |  |  |  |  |
| Access daylight (24) |  |  |  |  |  |  |  |
| Access a space for rejuvenation (25) |  |  |  |  |  |  |  |

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Q24 How convenient is your primary NEOSM work location for you?

* 1 - Very inconvenient (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 - Very convenient (7)

Q25 How could your primary NEOSM work location be more convenient?

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Q26 How would you rate the following for your primary NEOSM work location?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 - Very bad (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very good (7) | I do not know (8) |
| Property management (2) |  |  |  |  |  |  |  |  |
| Adherence to safety precautions that protect your health and well-being (4) |  |  |  |  |  |  |  |  |

Q27 Please tell us why you gave a bad rating.

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End of Block: 5: YOUR OVERALL WORK ENVIRONMENT

Start of Block: 6: REMOTE WORK ENVIRONMENT

Q28   
Now, we'd like to ask about **when you work remotely** during a typical week**.**

Q29 When you work **remotely** during a typical work week, which location do you work from the most?

* Home (1)
* A co-working space (2)
* A college or university (3)
* Other (please describe): (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q30 Overall, how would you rate this remote working location?

* 1 - Very bad (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 - Very good (7)

Q31 How could your remote work location be made better?

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End of Block: 6: REMOTE WORK ENVIRONMENT

Start of Block: 7: MOTIVATION

Q32 In this section, we would like to ask you about your motivation to work.

Q33 On a scale from 1 as "Never" to 7 as "Every Day," please indicate how often each of the following occurs:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 - Never (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Every day (7) |
| I deal very effectively with the problems of my patients. (1) |  |  |  |  |  |  |  |
| I feel I treat some patients as if they were impersonal objects. (2) |  |  |  |  |  |  |  |
| I feel emotionally drained from my work. (3) |  |  |  |  |  |  |  |
| I feel fatigued when I get up in the morning and have to face another day on the job. (4) |  |  |  |  |  |  |  |
| I've become more callous towards people since I took this job. (5) |  |  |  |  |  |  |  |
| I feel I am positively influencing other people's lives through my work. (6) |  |  |  |  |  |  |  |
| Working with people all day is a strain for me. (7) |  |  |  |  |  |  |  |
| I don't really care what happens to some people I deal with at work. (8) |  |  |  |  |  |  |  |
| I feel exhilarated after working closely with my patients. (9) |  |  |  |  |  |  |  |

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Q34 How much do you agree with each of the following statements?

|  |  |  |  |  |  |  |  |  |
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|  | 1 - Very much disagree (1) | 1 (2) | 2 (3) | 3 (4) | 4 (5) | 5 (6) | 6 (7) | 7 - Very much agree (8) |
| I feel my opinions are valued at work. (1) |  |  |  |  |  |  |  |  |
| At work, I have the opportunity to do what I do best every day. (2) |  |  |  |  |  |  |  |  |
| I feel a strong sense of community and belonging at work. (5) |  |  |  |  |  |  |  |  |
| I am proud to tell others I am part of NEOSM. (7) |  |  |  |  |  |  |  |  |
| I am able to regularly access opportunities to decompress throughout the work day. (11) |  |  |  |  |  |  |  |  |
| During work, I am able to find space to focus and concentrate any time I need to. (13) |  |  |  |  |  |  |  |  |
| I am able to seamlessly collaborate with teammates any time I need to. (14) |  |  |  |  |  |  |  |  |

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Q35 Now, please tell us how important each of the following is toward you feeling**highly motivated** at work.

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|  | 1 - Not at all important (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 - Very important (7) |
| Having your opinions valued at work. (1) |  |  |  |  |  |  |  |
| At work, having the opportunity to do what I do best every day. (2) |  |  |  |  |  |  |  |
| Feeling a strong sense of community and belonging at work. (5) |  |  |  |  |  |  |  |
| Feeling proud to tell others I am part of NEOSM. (7) |  |  |  |  |  |  |  |
| Having regular opportunities to decompress throughout the work day. (11) |  |  |  |  |  |  |  |
| Finding a space to focus and concentrate any time I need. (13) |  |  |  |  |  |  |  |
| Seamless collaboration with teammates any time I need to. (14) |  |  |  |  |  |  |  |

End of Block: 7: MOTIVATION

Start of Block: 8. ADDITIONAL COMMENTS

Q36 Do you have any more ideas on how your primary NEOSM work environment can be improved?

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Q37 What trends in orthopedic outpatient care should NEOSM adopt?

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End of Block: 8. ADDITIONAL COMMENTS