

**The Primary Care Asthma Pilot Program (PCAPP):**  
Development, Implementation and Evaluation of Outcomes

**Health Care Practitioner Survey**

I am inviting you to take part in evaluating the Primary Care Asthma Pilot Program, which was implemented at <Name of Site> during January 2003 to present, as part of the above-referenced research project. The goal of the PCAPP Project is to evaluate whether the use of an evidence-based asthma patient care protocol will lead to improved asthma patient management and outcomes. The program utilizes an asthma care map, action plan and flow chart. Your input or response to this survey will help us determine the utility of the asthma care map as well as what components of the program work, and what components need to be improved.

Please take a few minutes to complete this survey. Your comments and suggestions are critical to the evaluation of the program. Please return your completed survey to the study principal investigator, using the enclosed stamped self addressed envelope. If you have questions or require further information, please contact Dr. Teresa To, the study principal investigator at (416) 555-5555, by e-mail at [teresa.to@sickkids.ca](mailto:teresa.to@sickkids.ca) or Ms. Jane Doe the project manager at (416) 555-5555. We thank you in advance for your collaboration

**Please answer the following questions about yourself:**

**Your age is within the age group:**

- 20-29 years       30-39 years       40-49 years       > 50 years

**Sex:**       Male       Female

**Position:**

- |  |  |
|--|--|
| <input type="radio"/> Nursing staff          | <input type="radio"/> Paediatrician            |
| <input type="radio"/> Resident               | <input type="radio"/> Respiriologist           |
| <input type="radio"/> Respiratory Therapist  | <input type="radio"/> Fellow                   |
| <input type="radio"/> Allergist/Immunologist | <input type="radio"/> Nurse Practitioner       |
| <input type="radio"/> Family Doctor          | <input type="radio"/> Health Educator/Promoter |
| <input type="radio"/> Asthma Educator        | <input type="radio"/> Clinical/Program Manager |
| <input type="radio"/> Executive Director     | <input type="radio"/> Other _____              |

please specify

**ADMINISTRATIVE STAFF WHO HAVE NOT BEEN INVOLVED IN THE CLINICAL ASPECT OF PCAPP, PLEASE GO TO “SECTION D” AND ANSWER QUESTIONS THAT ARE APPLICABLE**

**SECTION A (administrative staff → go to section D)**

The questions in this section are about the Asthma Care Map (ACM). Please check the most appropriate choice for each statement below reflecting your opinion of the ACM.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. <i>ACM</i> is a convenient source of up-to-date medical information for managing asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <i>ACM</i> is a reliable source of information for managing asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. <i>ACM</i> promotes “cookbook” medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <i>ACM</i> is rigid and therefore is difficult to adapt to individual patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. <i>ACM</i> is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. <i>ACM</i> has helped me in caring for my asthma patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. <i>ACM</i> is helpful in identifying patients for whom a specific intervention is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. <i>ACM</i> is a good learning tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In general, I like to use <i>ACM</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In your opinion and experience with using the *ACM*, would you say that its use would:

a) decrease uncertainties in patient management

- Yes                       No, please specify \_\_\_\_\_

b) decrease variation in patient management between practitioners

- Yes                       No, please specify \_\_\_\_\_

11. What barriers have you encountered while using the *ACM*?

- Lack of clinical resources                       Insufficient time  
 Conflict with accepted practice                       Impracticality of care map  
 Prescribing cost                       Patient compliance  
 Other, please specify \_\_\_\_\_

12. Which format would you prefer for the *ACM*?

- Detailed text                       Short summary (2-3 page)  
 Flow chart/algorithm                       Single page – check list  
 Current format                       Electronic  
 Personal Digital Assistant /Palm PDA  
 Other, please specify \_\_\_\_\_

13. Please identify whether you found the following sections of the *ACM* useful, obvious, controversial or confusing (see enclosed *ACM* for reference)

SECTION	Useful	Obvious	Controversial	Confusing
a) Assessment and Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Severity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Spirometry/Peak flow Meter/ Methacholine challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Environmental Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Do you have any suggestions for integrating the ACM in the patient's chart to avoid duplication in documentation?

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15. Does the ACM need improvement?

Yes                       No

    ↳ If Yes, please specify \_\_\_\_\_

**SECTION B (administrative staff → go to section D)**

The following are questions about the action plan, and flow chart (see enclosed action plan and flow chart for reference)

16. Action Plan

a) Were there barriers to using the Asthma Action Plan?

Yes                       No

    ↳ If Yes, please specify \_\_\_\_\_

b) Does the action plan need improvement?

Yes                       No

    ↳ If Yes, please specify \_\_\_\_\_

17. Flow chart

a) Were there barriers to using the flow chart?

Yes                       No

    ↳ If Yes, please specify \_\_\_\_\_

b) Does the flow chart need improvement?

Yes                       No

    ↳ If Yes, please specify \_\_\_\_\_

## SECTION C (administrative staff → go to section D)

The following questions are about Spirometry, Peak Flow Meter and Medications.

### 18. Spirometry

a) Were there challenges in using Spirometry?

Yes  No

→ If Yes, please select or specify below

- Reporting results on care map  Training of staff  
 Appropriate equipment  
 Other \_\_\_\_\_

### 19. Peak Flow Meter (PFM)

a) Were there challenges in educating patients on the use of the Peak Flow Meter?

Yes  No

→ If Yes, please select or specify below

- Reporting results on care map  Availability of PFM  
 Availability of mouthpieces  Patient motivation  
 Other \_\_\_\_\_

### 20. Medications

Do you have any issues regarding the free medications provided by PCAPP?

Yes  No  Inapplicable

→ If Yes, please specify \_\_\_\_\_

## SECTION D

The following questions are about different aspects of PCAPP, please check the most appropriate choice for each statement below reflecting your opinion

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
21. In general, PCAPP improved asthma care in the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. PCAPP model of care is appropriate for my patient population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. PCAPP improves my patients' access to asthma care. (e.g. they could call anytime they had SOB or wheeze)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Distance is a challenge for my patients to attend the clinic for asthma care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Having an assigned asthma educator is important to the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. PCAPP was implemented with a multidisciplinary approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Training of clinical staff in the implementation of study tools was satisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Time is a limiting factor for health care providers to implement PCAPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. The action plan is helpful to my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Asthma education provided at the clinic is helpful to my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
31. Environmental assessment for my patients is important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Home based asthma care for my patient population is needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The written educational materials help my patients understand asthma better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Patients' compliance with the 6 month follow up visits is a challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Patients' compliance with the 12 month follow up visits is a challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Documentation on the ACM is a challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Provision of free asthma medications for patients who cannot afford it, is a positive factor in their asthma control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Provision of free aerochambers for patients who cannot afford it, is a positive factor in their asthma control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I would like this asthma care program to continue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to comment on issues addressed in this survey. Your opinion on how to improve PCAPP would be greatly appreciated.

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THANK YOU FOR YOUR TIME