

## Survey Information

**This survey is designed to gather information on the delivery of primary health care services across the province of Newfoundland and Labrador. We are interested in the number of primary health care sites operating across the province, the services delivered by those sites, and how and by whom services are delivered. We are also interested in the ways in which RHA primary health care providers collaborate with each other and with other non-RHA primary health care providers.**

**For the purposes of this survey, primary health care can be defined as the day-to-day services and supports needed to protect, maintain or restore our health. For most people, it is both their first point of contact with the health care system and the health services they use most often. Primary health care can include interactions with providers such as community volunteers, counsellors, health educators, family doctors, occupational therapists, pharmacists, registered nurses, social workers, and others. It includes services that promote health and wellness, prevent illness, treat health issues or injuries, and diagnose and manage chronic health conditions. While primary health care may take place at health care facilities such as health centres or hospitals, primary health care is *not the specialized medical services* received in a health care facility like a hospital or a cancer clinic.**

**In this survey, a "primary health care site" is defined as a physical location (such as a community office, health centre or hospital) where primary care or primary health care services are offered by RHA staff. These services may be delivered by telehealth, on-site staff, or visiting staff. This definition of a primary health care site excludes stand-alone long-term care facilities.**

**This survey has been developed by the Newfoundland and Labrador Centre for Health Information in collaboration with the Department of Health and Community Services and the Primary Health Care Review Working Group. The results of this survey will be used in a larger report on the organization of primary health care services in Newfoundland and Labrador. If you have any questions while you are completing this survey, or if you require any technical assistance, please contact:**

**Janelle Hippe  
Program Evaluation Consultant  
Newfoundland and Labrador Centre for Health Information  
Phone: (709) 752-6021  
Email: [janelle.hippe@nlchi.nl.ca](mailto:janelle.hippe@nlchi.nl.ca)**

**or**

**Melody Sorenson  
Program Evaluation Consultant  
Newfoundland and Labrador Centre for Health Information  
Phone: (709) 752-6182  
Email: [melody.sorenson@nlchi.nl.ca](mailto:melody.sorenson@nlchi.nl.ca)**



## Respondent Information

**This section is designed to gather information about your position title and responsibilities.**

1. What is your position title? (e.g. Site Coordinator)

2. What are the primary responsibilities of your position? (check any that apply)

- Oversight of all site operations
- Oversight of some site operations
- Oversight of some regional operations/programs
- Oversight of some on-site primary health care providers
- Oversight of all on-site primary health care providers
- Oversight of some regional primary health care providers
- Clinical duties

Other (please specify)

## Site Information

**This section is designed to gather specific information about your primary health care site, including the location and hours of operation of your site as well as the communities serviced by your site.**

3. Please indicate the name and location of the site that you are reporting on.

Site name:

Site address:

Site city/town:

4. Which of the following best describes your primary health care site:

- The site I am reporting on offers only primary health care.
- The site I am reporting on offers primary health care services and some medical specialist services (e.g. visiting physician specialists).
- The site I am reporting on offers primary health care services, medical specialist services, and tertiary-level care.

5. Please enter your site hours (Emergency and non-Emergency) for each day of a typical week (e.g. 9:00am to 4:00pm). If different services at your site operate during different hours, please indicate hours for each service and separate your entries with a semi-colon (e.g. "diabetes education, 9:00am-12:00pm; outpatient clinics, 9:00am-8:00pm; all other services, 9:00am-4:30pm"). You will have been provided with a reference list of primary health care services to complete this survey. If you have not been provided with a reference list of services, please contact [janelle.hippe@nlchi.nl.ca](mailto:janelle.hippe@nlchi.nl.ca) or [melody.sorenson@nlchi.nl.ca](mailto:melody.sorenson@nlchi.nl.ca) to obtain one.

Note that if a service at your site is only provided through Emergency (for example, if a nurse practitioner is working at your site, but works only in Emergency), then for the purposes of this survey, that service is considered an Emergency service.

Monday (non-Emergency hours):

Monday (Emergency hours):

Tuesday (non-Emergency hours):

Tuesday (Emergency hours):

Wednesday (non-Emergency hours):

Wednesday (Emergency hours):

Thursday (non-Emergency hours):

Thursday (Emergency hours):

Friday (non-Emergency hours):

Friday (Emergency hours):

Saturday (non-Emergency hours):

Saturday (Emergency hours):

Sunday (non-Emergency hours):

Sunday (Emergency hours):

6. Please indicate the Regional Health Authority responsible for your site.

- Eastern Regional Health Authority
- Central Regional Health Authority
- Western Regional Health Authority
- Labrador-Grenfell Regional Health Authority

## Eastern Health Region Community List

Please check all of the communities serviced by your site.

- All communities in the Eastern Regional Health Authority
- All communities in the Province
- Admiral's Beach
- Admiral's Cove
- Aquaforte
- Arnold's Cove
- Arnold's Cove Station
- Avondale
- Baine Harbour
- Bareneed
- Bauline
- Bay Bulls
- Bay de Verde
- Bay L'Argent
- Bay Roberts
- Beau Bois
- Bell Island
- Bellevue
- Bellevue Beach
- Big Barachois
- Birchy Cove
- Biscay Bay
- Bishop's Cove
- Black River
- Blaketown
- Bloomfield
- Boat Harbour

- Branch
- Brigus
- Brigus Junction
- Brigus South
- Bristol's Hope
- Broad Cove
- Brooklyn
- Brookside
- Brownsdale
- Bryant's Cove
- Bunyan's Cove
- Burgoynes Cove
- Burin
- Burin Bay Arm
- Burnt Point
- Butler Cove
- Calvert
- Canning's Cove
- Cape Broyle
- Caplin Cove/Low Point
- Caplin/Southport
- Carbonear
- Catalina
- Cavendish
- Champney's West
- Chance Cove
- Chapel Arm
- Chapel Cove
- Charleston
- Charlottetown
- Clarenville



- Clarke's Beach
- Clifton
- Colley's Point South
- Colinet
- Colliers
- Come By Chance
- Conception Bay South
- Conception Harbour
- Creston
- Creston North
- Cupids
- Cuslett
- Daniel's Cove
- Deer Park/Vineland Road
- Dildo
- Dunfield
- Duntara
- Elliston
- English Harbour East
- English Harbour, Trinity Bay
- Epworth Great Salmonier
- Fairhaven
- Fermeuse
- Ferryland
- Flatrock
- Forest Field-New Bridge
- Fox Cove Mortier
- Fox Harbour
- Frenchman's Cove
- Freshwater, Conception Bay
- Freshwater, Placentia Bay

- Garden Cove
- Garnish
- Gaskiers/Point La Haye
- George's Brook
- Gin Cove
- Goobies
- Gooseberry Cove
- Grand Bank
- Grand Beach
- Grand le Pierre
- Grates Cove
- Green's Harbour
- Gull Island
- Hant's Harbour
- Harbour Grace
- Harbour Main/Chapel's Cove/Lakeview
- Harbour Mille/Little Harbour East
- Harcourt-Munroe-Waterville
- Harricott
- Heart's Content
- Heart's Delight/Islington
- Heart's Desire
- Hibbs Cove
- Hickman's Harbour
- Hillview/Adeytown/Hatchet Cove/St. Jones/Deep Bight/Queen's Cove
- Hodderville
- Hodge's Cove
- Holyrood
- Hopeall
- Jean de Baie
- Jersey side

- Job's Cove
- Keels
- King's Cove
- Kingston
- Knight's Cove
- L'Anse au Loup
- La Manche
- Lamaline
- Lawn
- Lead Cove
- Lethbridge
- Lewin's Cove
- Little Bay East
- Little Bay, Placentia Bay
- Little Catalina
- Little Harbour, Placentia Bay
- Little Heart's Ease
- Little St. Lawrence
- Logy Bay/Middle Cove/Outer Cove
- Long Beach
- Long Harbour/Mount Arlington Heights
- Lord's Cove
- Lower Amherst Cove
- Lower Island Cove
- Lower Lance Cove/Britannia
- Makinsons
- Main Point/Davidsville
- Mall Bay
- Markland
- Marystown
- Melrose

- Middle Amherst Cove
- Milton
- Mobile
- Monkstown
- Morley's Siding
- Mount Carmel/Mitchell's Brook/St. Catherine's
- Mount Pearl
- Muddy Brook
- Musgravetown
- New Bonaventure
- New Chelsea
- New Harbour
- New Melbourne
- New Perlican
- Newman's Cove
- Norman's Cove/Long Cove
- North Harbour, Placentia Bay
- North Harbour, St. Mary's Bay
- North River
- North West Brook/Ivany's Cove
- Northern Bay
- O'Donnell's
- Ochre Pit Cove
- Old Bonaventure
- Old Perlican
- Old Shop
- Open Hall/Red Cliffe
- Paradise
- Parkers Cove
- Patrick's Cove-Angel's Cove
- Perry's Cove

- Petite Forte
- Petty Harbour/Maddox Cove
- Placentia
- Plate Cove East
- Plate Cove West
- Point au Gaul
- Point Lance
- Point May
- Point Verde
- Port au Bras
- Port Blandford
- Port de Grave
- Port Kirwan
- Port Rexton
- Port Union
- Portland-Jamestown-Winterbrook
- Portugal Cove South
- Portugal Cove/St. Phillips
- Pouch Cove
- Princeton
- Random Island
- Red Harbour
- Red Head Cove
- Renewals/Cappahayden
- Riverhead
- Roache's Line
- Rock Harbour
- Rushoon
- Salmon Cove
- Shearstown
- Ship Harbour, Placentia Bay

- Shoe Cove
- Sibley's Cove
- Small Point/Adam's Cove/Blackhead/Broad Cove
- South Dildo
- South River
- Southeast Bight
- Southern Bay
- Southern Harbour
- Spaniard's Bay
- Spanish Room
- Spillars Cove
- Spread Eagle
- St. Bernard's/Jacques Fontaine
- St. Bride's
- St. John's
- St. Joseph's
- St. Lawrence
- St. Mary's
- St. Michael's
- St. Shott's
- St. Vincents/St. Stephen's/Peter's River
- Stock Cove
- Summerville
- Sunnyside
- Sweet Bay
- Swift Current
- Taylor's Bay
- Terrenceville
- The Dock
- Thorburn Lake
- Thornlea

- Tickle Cove
- Torbay
- Tors Cove/Burnt Cove/Bauline South
- Trepassey
- Trinity Bay North
- Trinity East
- Trinity, Trinity Bay
- Trouty
- Turk's Cove
- Upper Amherst Cove
- Upper Island Cove
- Victoria
- Wabana
- Western Bay
- Whitbourne
- Whiteway
- Winterland
- Winterton
- Witless Bay
- Witless Bay Line
- Woody Island

Other (please specify)

## Site Services

**This section is designed to gather information about the primary health care services provided at your site, as well as information about how those services are provided.**

7. What types of Routine Primary Care Services are provided at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Nurse practitioner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family physician services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24/7 Emergency Department services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24/7 Emergency on-call primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)



8. What types of Mental Health and Addictions Services are provided at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Addictions counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive Community Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis response (daytime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis response (after hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FASD screening and/or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health promotion/prevention and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

9. What types of Prenatal and Early Child Development Services are delivered/ supported at or by your site and how are they delivered/supported?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Autism services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child development screening and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childbirth education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health services to Family Resource Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Beginnings/ well baby clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health services to Healthy Baby Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool health checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health services to daycare centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

10. What types of Allied Health Prevention and Promotion Services are delivered at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical nutritional counseling and/or education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech language pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

11. What types of Healthy Aging Services are delivered at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall prevention education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy aging education and promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

12. What types of Communicable Disease Prevention and Control Services are delivered at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Immunization clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual and reproductive health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual and reproductive health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STBBI (Sexually Transmitted and Blood-Born Infections) follow-up and contact tracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Diseases (other) follow-up and contact tracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB testing and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

13. What types of Chronic Disease Prevention and Management Services are delivered at or by your site and how are they delivered?

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Blood pressure screening and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer screening services - Breast cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer screening services - Cervical screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer screening services - Colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer screening services - Prostate cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	service not delivered	service delivered by telehealth	service delivered by visiting health care provider(s)	service delivered by on-site staff
Chronic disease self-management - Improving Health My Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease self-management - General (i.e. practitioners trained in self-management approach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes education, including insulin education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating promotion and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure services/ supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention and promotion and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management clinics/ services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity promotion and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco cessation promotion and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify type of service delivery - telehealth, visiting staff, or on-site staff)

## Site Services

14. What types of targeted, disease-specific chronic disease prevention and management programming does your site offer?

	no programming	unsure if programming is offered	programming delivered by visiting health care provider(s)	programming delivered by on-site staff
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's/ Colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia or Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify programming and area and how programming is delivered - i.e. by visiting health care providers or on-site health care providers)

## Team-Based Care

**This section is designed to capture information on the types of clinical team-based care offered at your site.**

15. Does your site offer formalized, multidisciplinary, collaborative team-based care in any area(s) (e.g. diabetes teams, cancer care teams, etc.)?

Yes

No

## Primary Health Care Teams

**This page is designed to gather additional information on the formalized, multidisciplinary, collaborative primary health care teams operating at your site. In the spaces provided below, for each team, please indicate the team focus, the number and types of on-site RHA providers on the team, the number and types of off-site RHA providers on the team, and the number and types of non-RHA providers on the team.**

15a.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15b.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)



15c.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15d.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15e.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

Enter information for additional teams?

Yes

No

## Additional Teams

15f.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15g.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15h.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15i.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15j.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15k.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15l.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15m.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15n.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

15o.

Team Focus:

RHA providers ON-SITE  
(numbers and formal  
position titles):

RHA providers OFF-SITE  
(including those accessed  
through telehealth;  
numbers and formal  
position titles):

Non-RHA providers  
(numbers, formal position  
titles, and organization/  
organizational affiliation)

## Collaboration in Patient Care

**This next series of questions is designed to gather information on types of collaboration that occur at your primary health care site.**

16. Does your site provide space to non-RHA service providers to deliver primary health care services?  
(This question does not include services offered through telehealth.)

Yes

No

## Collaboration in Patient Care

**This page is designed to gather additional information on the non-RHA providers providing primary care and/or primary health care services at your site. The question below is not intended to capture information on specialists, except for psychiatrists.**

16a. Please indicate the number and types of non-RHA service providers who provide primary health care at your site, the type of service provided, and the method of service provision.

	Type of service provider	Number of Service providers	Method of service provision	RHA provides support staff?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Others (please specify numbers, methods of service provision, and whether or not RHA provides support staff). Please separate entries, if necessary, with a semi-colon.



## Collaboration in Patient Care

This section is designed to capture information on the degree and types of collaboration that take place at your site among RHA primary health care providers at your site, between RHA primary health care providers at your site and RHA primary health care providers at other sites, and between RHA primary health care providers at your site and non-RHA primary health care providers.

17. To what degree do primary health care providers at your site typically consult and/or collaborate in patient care with the following types of primary health care providers:

	Never	Sometimes	Frequently	Don't Know
Other RHA providers at your site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers within your RHA at other sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers from other RHAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-RHA providers at your site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-RHA providers at other sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. To what degree do RHA primary health care providers at your site use the following methods to communicate/collaborate/consult about patient care with other RHA primary health care providers on-site?

	Never	Sometimes	Frequently	Don't Know
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard copy/ paper documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. To what degree do RHA primary health care providers at your site use the following methods to communicate/collaborate/consult about patient care with other RHA primary health care providers located off-site (including primary health care providers from other RHAs)?

	Never	Sometimes	Frequently	Don't Know
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard copy/ paper documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. To what degree do RHA primary health care providers at your site use the following methods to communicate/collaborate/consult about patient care with non-RHA primary health care providers?

	Never	Sometimes	Frequently	Don't Know
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard copy/ paper documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## RHA/non-RHA Collaboration

21. The two types of RHA/ non-RHA collaboration this survey has included questions about are: a) instances where non-RHA primary health care providers deliver services in RHA facilities (Question 16); and b) instances where RHA primary health care providers consult/collaborate/communicate with non-RHA providers in patient care (Questions 17 and 20).

Are there other ways that RHA providers collaborate with non-RHA providers that we have not included questions about in this survey? If so, please briefly describe. Responses to this question will be used to assist the development of focus group questions designed to learn more about RHA/ non-RHA collaboration in primary health care.

## Thank You

**Thank you for taking the time to gather information for and complete this survey.**

Do you have any additional comments to add regarding the organization and delivery of primary health care services at your site?

Please enter your name, phone number, and email address, so that we may contact you for clarification of answers, if necessary.

Name:

Phone number:

Email: