

Evaluating the Perceptions and Attitudes of Physicians Regarding the Role of Triagist

Please complete the survey below.

Collaborator Demographic Questions:

1) What is your name?

2) What faculty position do you hold?

Clinical Instructor Assistant Professor Associate Professor Professor Other

Other Faculty Position:

3) What is your medical school academic affiliation?

Questions about the hospital(s):**Navigate between hospital entry fields using the tab key**

1) Please identify the primary hospital covered by your residency program.

2) If there is an additional hospital covered by your residency program please identify it.

(Leave blank if this does not apply)

Please identify the third hospital covered by your residency program.

(Leave blank if this does not apply)

Please identify the fourth hospital covered by your residency program.

(Leave blank if this does not apply)

3) Identify the types of Hospitalist Teams for [residency_hospital]
(Check all that apply.)

- Teaching
 Non Teaching
 Other

Please explain:

4) Identify the types of Hospitalist Teams for [add_resid_hosp_2]
(Check all that apply.)

- Teaching
 Non Teaching
 Other

Please explain:

Questions about the hospital(s):**Navigate between hospital entry fields using the tab key**

1) Are the same hospitals covered by your inpatient hospitalist service as your residency program?

- Yes
 No

2) Please identify the primary hospital covered by your hospitalist service.

3) If there is an additional hospital covered by your hospitalist service please identify it.

(Leave blank if this does not apply)

Please identify the third hospital covered by your hospitalist service.

(Leave blank if this does not apply)

Please identify the fourth hospital covered by your hospitalist service.

(Leave blank if this does not apply)

4) Identify the types of Hospitalist Teams for [hospitalist_hospital].

- Teaching
 Non Teaching
 Other

Please explain:

5) Identify the types of Hospitalist Teams for [add_hosp_hosp_1].

- Teaching
 Non Teaching
 Other

Please explain:

Hospital Type	Profit	Private Nonprofit	Public Nonprofit	Federal VA
[residency_hospital]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_resid_hosp_1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_resid_hosp_2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_resid_hosp_3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[hospitalist_hospital]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_hosp_hosp_1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_hosp_hosp_2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[add_hosp_hosp_3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about the Hospitalist service and Emergency Department:

1) How many physicians comprise your hospitalist/inpatient medicine care group?

- 0 - 10 11 - 20 21 - 30 31 - 40 41 - 50 51 - 60 61 - 70 >70

2) Is there a central point of contact for admissions?

- Yes
 No

3) Who serves in that role?
(Check all that apply.)

- Resident
 NP/PA
 Faculty Physician
 Nurse
 Fellow
 Other

Who else serves as the central point of contact for admissions?

What hours do your faculty physicians cover in their role as the admission point of contact ?

- 0-8 hours per day 8-12 hours per day 12-23 hours per day 24 hours Other

Please explain:

Do all physicians in your group rotate on this service?

- Yes
 No

What percentage of physicians in your group rotate on this service?

- None 0 - 25% 26 - 50% 51 - 75% 76 - 100%

4) How is that person contacted?
(Check all that apply.)

- Cell
 Pager
 Other

Please explain how the central point of contact for admissions is contacted.

5) Who calls your physicians for admissions?

(Check all that apply.)

- Outside Hospitals
- ER
- Clinics
- ICU / Other Services

Please list other departments & institutions that contact your physicians for admissions.

6) What other medicine admitting services are there in addition to inpatient medicine?

(Check all that apply.)

- Hematology
- Gastroenterology
- Cardiology
- Infectious Diseases
- Oncology
- Nephrology
- Other

Please list other admitting services.

7) Are admissions from the ED evaluated by inpatient medicine prior to being transferred from the ED?

- Yes
- No

Please select who evaluates admissions prior to ED transfer.

(Please select all that apply.)

- ED residents
- ED faculty physicians
- ED PA/NP
- Faculty Physicians
- Other

Who else evaluates admissions prior to ED Transfer?

8) What percentage of patients are evaluated in person by the admission point of contact prior to admission?

- 0 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

9) Who has admitting privileges from your emergency department?
(Please select all that apply.)

- ED residents
- ED faculty physicians
- ED PA/NP
- Faculty Physicians
- Other

Please list those with admitting privileges.

10) Are there support systems in place such as an electronic bed flow system, RN bed flow coordinator, or centralized system in place for admitting patients and managing patient flow?

- Yes
- No

Please describe the support systems in place.

11) Is there a medicine team embedded in the emergency room?

- Yes
- No

12) How many patients on average are generally admitted in a 24 hour period at your institution?

- 0 - 10
- 11 - 20
- 21 - 30
- 31 - 40
- 41 - 50
- >50

Questions about the admission point of contact role:

1) Check each descriptor you identify as a duty of the admission point of contact for External Transfers.
(Please select all that apply.)

- Inter-hospital flow
- Assess/approve patient transfers from outside hospitals
- Assess/approve patient transfers from outside clinics
- Other

Please list other duties of the admission point of contact for External Transfers.

2) Check each descriptor you identify as a duty of the admission point of contact for Internal Transfers.
(Please select all that apply.)

- Intra-hospital patient bed flow or capacity coordination
- Assess downgrades from MICU/CCU
- Assign ED patients to admit service
- Consult other services
- Communicate with patients & family
- Other

Please list other duties of the admission point of contact for Internal Transfers.

Please list all admitting services that admission point of contact assign ED patients to:

3) Check each descriptor that you identify as an administrative duty of the admission point of contact?
(Please select all that apply.)

- Utilization
- Quality
- Patient Safety
- None
- Other

Other administrative duties include:

4) Describe any duties not previously listed that you would identify as a role or activity of a admission point of contact.

Questions about the residency program:

1) Does your residency program have a medical school academic affiliation?

- Yes
 No

What is the name of the medical school, college, or university?

2) How many residents (all years) do you have in your residency training program?

- 0 - 10 11 - 25 26 - 50 51 - 75 76 - 100 >100

3) How many are categorical residents?

- 0 - 10 11 - 25 26 - 50 51 - 75 76 - 100 >100

4) Does your residency program have a hospital medicine rotation?

- Yes
 No

5) What is the average census on a resident ward service?

- 0 - 5 6 - 10 11 - 15 16 - 20 >20

6) Who comprises a resident ward service?

- 2 interns and one resident 1 resident and one intern Other

Others that comprise the resident ward team:

Residents as Admission Point of Contact

1) When during their training are residents designated the admission point of contact?

2) In addition to 'triaging' or being the point of admission contact, please identify any other resident concurrent responsibilities.

(Please select all that apply.)

- Admitting patients
- Managing an Inpatient Service
- Cross cover for other medicine services
- Consultations
- Holding the code pager
- Other

Please list other resident concurrent responsibilities.

3) Do you orient your residents to being the admission point of contact?

- No Orientation Verbal Orientation on Day 1 Online Orientation Written Orientation

4) Do you have curriculum on triaging or being the admission point of contact?

- Yes
 No

5) Is it required or an elective?

- Required
 Elective

6) What percentage of residents take the rotation/elective?

- 0 - 25% 26 - 50% 51 - 75% 76 - 100%

7) How long is the elective / rotation ?

- 1 week 1 - 2 weeks 2 - 3 weeks 3 - 4 weeks >4 weeks

8) Is there a 'triaging' experience during the rotation/elective?

- Yes
 No

9) Please describe the triaging experience.

10) How do your residents rate their triaging experience?

Thank you for taking the time to fill out the survey.

Please list your phone number for question clarification, if needed.

Hospitalist Survey of the Triage Role

1. My medical degree is:

MD/DO/NP/PA

Other: Please List: _____

2. Please select the hospital(s) where you triage: (Please select all that apply.)

Albert B. Chandler Hospital

Central Texas VA Hospital

Denver Health Medical Center

Denver VA

Duke Regional Hospital

Duke University Medical Center

Durham VA

Good Samaritan Hospital

Harborview Medical Center

Lexington VA Medical Center

Massachusetts General Hospital

Mercy Health

Nebraska Medicine

Olive View - UCLA Medical Center

PSL / Rose Medical Center

Scott & White Memorial Hospital

South Texas VA Hospital

Spectrum Health - Butterworth campus University Hospital (San Antonio, TX)

University of Colorado Anschutz Hospital University of Nebraska Medical Center

University of Washington Medical Center Hospital VA - Puget Sound

Other: Please list other hospitals where you triage: _____

(Please list the entire name of the hospital(s) and location(s).)

3. What year did you complete residency training?

2017

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002
2001
2000
1999
1998
1997
1996
1995
1994
1993
1992
1991
1990
1989
1988
1987
1986
1985
1984
1983
1982
1981
1980
1979
1978
1977
1976
1975

4. In which state did you complete residency training?

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas

Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

5. What is your gender?
Female/Male

6. What is your age (years)?
24
25
26
27
28
29
30

31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75

7. What percentage of your total clinical time do you spend triaging?

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

8. What percentage of calls do you receive from the various locations during triaging?

Emergency Department (ED): (Please ensure total equals 100%.)

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

Specialty Clinics (including outpatient procedure clinics within the hospital):

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

Outside Hospitals:

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

Outpatient Primary Care Providers:

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

Within Hospital Transfers (e.g. transfers from the ICU or other services):

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

Total percentage of calls while triaging: _____ (Please ensure total equals 100%)

9. What percentage of patients do you see in person when you are triaging?

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

10. Indicate how much you agree with each of the following statements: When triaging, I frequently have differing opinions regarding patient management than the consulting provider.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

N/A

11. Please indicate the percentage of time you do the following: Percentage of time I verbally discuss the plan with the consulting provider after evaluating the patient and determining disposition:

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
95% 100%

12. Please indicate the percentage of time you do the following: Percentage of time I communicate the plan electronically with the consulting provider after evaluating the patient and determining disposition:

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

13. Indicate how much you agree with each of the following statements: A patient must meet criteria for admission to be admitted.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

N/A

14. What qualities does an effective triagist have?

15. What qualities make a triagist ineffective?

Thematic Analysis Flow

