

# Appendix 1: Practice prevention inventory practice organisation

1. Is prevention discussed at the practice meeting? (Please tick)

- often     sometimes     rarely     never  
 not applicable, don't have a practice meeting.

## Needs assessment

2. a. Do you hand out a questionnaire to patients to gauge the needs of your practice?     Yes     No

b. If yes, does this include questions on prevention?     Yes     No

3. In the past **two weeks** how often did you use the following resources for patient education?

	Percentage of patients seen who were given resources					
	Not at all	1-20%	21-40%	41-60%	61-80%	81-100%
Pamphlets/leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagrams and handwritten personalised drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Videos/films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past **two weeks** how often did you give your **patients written educational material** on the following issues during the consultation?

	Never	Sometimes	Frequently
a. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Others – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 1: Practice prevention inventory practice organisation

5. Do you have a person in the practice responsible for (tick all that apply):

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Reviewing and updating the noticeboard and waiting room reading material | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reordering patient education material                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Regularly checking the patient reminder systems                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Overall coordination of prevention activities                            | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you use a Health Summary Sheet to act as a prompt to discuss prevention with your patients?

- often     sometimes     rarely     never  
 not applicable, don't have a HSS

7. Do you use a computer for any of the following tasks?

often    sometimes    rarely    never

- |                                       |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Word processing                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Storing and organising information |                          |                          |                          |                          |
| - patient files                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - accounting/billing                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - at-risk/disease register            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - age/sex register                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - other – please specify              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. Computers as a clinical assistant

- |                              |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| - patient education          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - obtaining medical history  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - scheduling appointments    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - computerised prescriptions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - other – please specify     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. Cuing and surveillance

- |                                |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| - generating patient reminders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - GP reminders eg. prompt      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - automated reminders          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - other – please specify       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Appendix 1: Practice prevention inventory practice organisation

## Patient reminders

8. Do you have a reminder system to prompt patients for any preventive activities?  Yes for what conditions

	target every patient in relevant group	target selected patients	not systematic (ie. ad hoc)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No go to question 10

9. What form does the patient reminder take?

	frequency			
	always	often	sometimes	rarely/never
Personalised and handwritten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personalised and word processed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non personalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GP reminder

10. Do you use case note stickers to flag any of the following conditions (tick all that apply)

a. Specific diseases

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> allergy      | <input type="checkbox"/> chronic illness    |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> diabetes           |
| <input type="checkbox"/> asthma       | <input type="checkbox"/> patient medication |

b. Patients at risk

- |   |   |
|---|---|
| <input type="checkbox"/> influenza                          | <input type="checkbox"/> abnormal Pap smear |
| <input type="checkbox"/> FH eg. Breast cancer, bowel cancer |   |
| <input type="checkbox"/> other, please specify _____        |   |

c. Patient medication

- |  |
|--|
| <input type="checkbox"/> on anticoagulants           |
| <input type="checkbox"/> other, please specify _____ |

11. Do you have a noticeboard or other type of display that includes information on prevention?

- yes how frequently is this reviewed? \_\_\_\_\_
- no

## Appendix 1: Practice prevention inventory practice organisation

### Feasibility and priority of implementation

12. Which of the following prevention strategies are feasible to implement in YOUR practice? (1 = least feasible, 5 = most feasible). What priority do you place on this activity for your practice? (1 = top priority – 5 = lowest priority) (please circle)

	Feasibility	Priority
a. Have one staff member coordinate prevention activities (PPC)	1 2 3 4 5	1 2 3 4 5
b. Regularly discuss prevention activities at practice meetings	1 2 3 4 5	1 2 3 4 5
c. Clarify practice staff role, responsibilities and tasks in prevention	1 2 3 4 5	1 2 3 4 5
d. Design and implement a prevention plan	1 2 3 4 5	1 2 3 4 5
e. Hand out a patient survey to assess preventive activities	1 2 3 4 5	1 2 3 4 5
f. Regularly review the prevention questionnaire with the patient	1 2 3 4 5	1 2 3 4 5
g. Regularly review and update the waiting room notice board	1 2 3 4 5	1 2 3 4 5
h. Regularly review and update the patient education material in the practice	1 2 3 4 5	1 2 3 4 5
i. Implement a regular patient newsletter containing some preventive activities	1 2 3 4 5	1 2 3 4 5
j. Have a completed health summary sheet on regularly attending patients	1 2 3 4 5	1 2 3 4 5
k. Use a patient reminder system	1 2 3 4 5	1 2 3 4 5
l. Use a computerised		
– age/sex register	1 2 3 4 5	1 2 3 4 5
– at risk/disease register	1 2 3 4 5	1 2 3 4 5
– cuing and reminder system	1 2 3 4 5	1 2 3 4 5
– patient education leaflet	1 2 3 4 5	1 2 3 4 5
– information database	1 2 3 4 5	1 2 3 4 5
m. Incorporating case stickers on the notes to prompt preventive activities	1 2 3 4 5	1 2 3 4 5

## Appendix 1: Practice prevention inventory practice organisation

13. Which of the following prevention strategies are you likely to implement in YOUR practice?

Target Area	already in place	immediately	in the next 3 months	in the next 12 months	not at all
a. Have one staff member coordinate prevention activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regularly discuss prevention activities at practice meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clarify practice staff roles, responsibilities and tasks in prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide practice staff training to help put prevention into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss and implement prevention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hand out a patient survey (needs assessment) to assess preventive activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Review the prevention survey with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Regularly review and update the waiting room notice board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Regularly review and update the patient education material in the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Implement a regular patient newsletter containing some preventive activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Have a completed health summary sheet on regularly attending patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Use patient reminder system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 1: Practice prevention inventory practice organisation

Target Area	already in place	immediately	in the next 3 months	in the next 12 months	not at all
<b>m. Use a computerised</b>					
– age/sex register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– at risk/disease register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– cuing and reminder system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– patient education leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– information database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n. Incorporating case stickers on the notes to prompt preventive activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o. Schedule specific appointments for preventive activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p. Systematically organise some preventive activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>