



# FLORIDA ORTHOPAEDIC SOCIETY

## Survey of Political, Professional and Personal Issues Concerning Emergency Services PLEASE FAX THE COMPLETED SURVEY TO 813-269-7539!

You are being asked to participate in research designed to assess the needs and issues of Florida Orthopedists. All data gathered will be used solely for the purpose of our research. All participant specific information will be held strictly confidential and will not be used for any commercial purposes.

### Section One: Demographics

Your age \_\_\_\_\_ County in which you practice \_\_\_\_\_

What is the size of the community in which you principally practice?  
< 100,000....      100,000 – 500,000....      > 500,000....

Would you describe the community as principally.....? Urban...      suburban...      small town or rural...

Would you describe your practice as principally.....? Academic...      private practice...      salaried...

Is the hospital in which you principally practice...

- The sole or principal hospital in its geographic catchment area?      No...      Yes...
  - Affiliated with a formal regional or state trauma system?      No...      Yes...
  - Verified by the American College of Surgeons Committee as a trauma center?      No...      Yes...
- How is it designated?      Undesignated...      Level III...      Level II...      Level I...

Have you ever personally been involved (as expert witness or defendant) in litigation arising from an ER visit?      No...      Yes...

Do you personally accept call at your primary hospital? (If no, skip next section)      No...      Yes...

### Section Two: Trauma Practice

If you are taking call...

- Is trauma call required by hospital bylaws for its active staff?      No...      Yes...
- Do you have a formal contract or written agreement to provide service?      No...      Yes...
- Are you required to limit your elective practice in any way while on call?      No...      Yes...
- Must you be available within a specified period of time?      No...      Yes...
- May you schedule elective cases during your call period?      No...      Yes...
- Are you reimbursed simply for being available for call? Amount?      No...      Yes...
- <\$500/24hr...      \$500-\$1000/24hr...      \$1000-1500/24hr...      >\$1500/24hr...
- Do you receive other incentives for ER coverage (i.e., malpractice assistance)?      No...      Yes...
- Do you take call at more than one trauma center (I,II, or III) at the same time?      No...      Yes...
- If "yes", how many times in the last 12 mos. have you had simultaneous cases? \_\_\_\_\_
- Do you have a formal published back-up call schedule?      No...      Yes...

Do you use physician assistants or nurse practitioners in working with trauma cases?      No...      Yes...  
If "yes", who usually evaluates trauma patients initially in the ER?      PA(NP)..      You...

Approximate number of trauma call days you have per month: \_\_\_\_\_

Approximate number of trauma consults you see per month: \_\_\_\_\_

### Section Three: ER Call Perceptions and Attitudes

Would you take call without reimbursement if not required by hospital or staff rules...?

Most of the time...      Some of the time...      Seldom...      Never...

Would you take call if you were reimbursed for being available...?

Most of the time...      Some of the time...      Seldom...      Never...

Would you ever utilize a PA or NP in your practice to initially evaluate the patient in the ER for you...?

Most of the time...      Some of the time...      Seldom...      Never...

In comparison to other surgical cases, do you find cases generated in the Emergency Department are more...

- Disruptive to personal life:  
Most of the time...    Some of the time...    Seldom...    Never...
- Disruptive to office practice:  
Most of the time...    Some of the time...    Seldom...    Never...
- Complex or difficult:  
Most of the time...    Some of the time...    Seldom...    Never...
- Demanding of specialized knowledge:  
Most of the time...    Some of the time...    Seldom...    Never...
- Likely not to be reimbursed:  
Most of the time...    Some of the time...    Seldom...    Never...
- Emotionally taxing:  
Most of the time...    Some of the time...    Seldom...    Never...
- Litigious:  
Most of the time...    Some of the time...    Seldom...    Never...
- Personally or professionally rewarding:  
Most of the time...    Some of the time...    Seldom...    Never...

Do you find managed care organizations disruptive to the quality or continuity of care for their patient subscribers admitted through the emergency department...?

Most of the time...    Some of the time...    Seldom...    Never...

**Please rate the availability (5 being the most readily available) in the ER at your hospital of the following:**

	<i>Readily Available</i>				<i>Unavailable</i>
Support Staff	5	4	3	2	1
Physician Support	5	4	3	2	1
Ancillary Staff	5	4	3	2	1
Equipment availability for Surgery	5	4	3	2	1
Supplies	5	4	3	2	1
Access to Hospitals	5	4	3	2	1

**Please rate the level of importance (5 being most important) of each of the following possible solutions being discussed to correct some of the current problems with the delivery of Emergency Services:**

	Most Important		Least Important		
Providing federal funding for unfunded EMTALA costs	5	4	3	2	1
Paying stipends to physicians for volunteering to take call	5	4	3	2	1
Create incentives and programs to increase the ancillary staff available	5	4	3	2	1
Institute punitive damages and liability relief for care of ER patients	5	4	3	2	1
Require insurance companies fund a safety net program	5	4	3	2	1
Institute a broad based tax, similar to fire and police services	5	4	3	2	1
Mandate increase in the level of required PIP insurance	5	4	3	2	1
Hold carriers accountable for providing ER services to insureds	5	4	3	2	1
Usual and Customary Rates for ER services should be published	5	4	3	2	1
Insurance companies should be required to provide reimbursement for continuity of patient care after initial treatment to out-of-network physicians	5	4	3	2	1

Thank you for your participation in this FOS survey! **Please return the survey by fax (813) 269-7539 by January 11, 2002**. For more information regarding the FOS, visit us at [www.fos-society.com](http://www.fos-society.com). For questions regarding the survey, please call our office at 866-269-7720.