



A joint committee of the NLMA and the Department of Health and Community Services (DHCS) is studying new models to compensate on-call physician coverage in the province. One of the ideas is to use a measurement of “interaction intensity,” in addition to “on-call availability,” to calculate on-call compensation. The committee is now assessing the feasibility of this approach.

This survey is intended to capture data that can be used to measure *Interaction Intensity* for all FFS and salaried physicians who do on-call. For the purposes of this survey, the interaction intensity of call will be captured by measuring the following communication methods — telephone, email, text, and face-to-face interactions. The survey does not capture activities that are billable under the FFS system.

This survey will capture *Interaction Intensity* on a real-time basis for a two week period starting on **Wednesday, February 26, 2014** and is being administered and analyzed by the NL Centre for Health Information in order to maximize the validity and overall quality of information.

You are asked to record all interactions during your call period as accurately as possible on the attached *On-Call Interaction Data Form*.

Please follow these instructions when completing this survey:

1. Provide the requested data for every interaction (e.g., phone call, email, text, face-to-face dialogue) that occurs during on-call, is initiated by another physician (or a nurse practitioner or nurse in a remote area) and does **not** include interaction with the patient.
2. Do **not** include interactions related to your own in-patients or in-patients of your colleagues in the same service.
3. Do **not** include procedures and consultations performed while on-call or travel time to and from health facilities.
4. For greater clarity, do **not** include activities of the kind that are normally billable FFS.
5. After you finish **each** on call shift, return the completed form in the self-addressed envelope provided **or** scan to email oncallsurvey@nlma.nl.ca.
6. If you are on-call more than once during the survey period, you must send a **separate** form upon completion of each on-call period (i.e. one form per call shift). These forms should be returned after each on call shift. Please do not hold the forms once completed.

Additional forms should be requested directly from your on-call coordinator.

If you have questions or require clarification, contact oncallsurvey@nlma.nl.ca or call Tamie L. White, Senior Compensation & Benefits Analyst, NLMA Office (709) 726-7424, ext. 313 or 1-800-563-2003, ext. 313.



ON-CALL INTERACTION DATA FORM

Service: _____ Site: _____

On-Call Physician Name: _____

On-Call Start: Date ____/____/2014 Time ____:____ am __ pm __
MM DD

On-Call End: Date ____/____/2014 Time ____:____ am __ pm __
MM DD

Instructions/Details:

- Please note that each interaction event must be initiated by another physician or a nurse practitioner.
- Only include interaction events that occur WHEN you are on-call and BECAUSE you are on-call. Do not record interactions related to your own inpatients or inpatients of your colleagues in the same service. Also, do not record procedures performed while on-call or travel time to hospitals.
- When recording the duration, please only record the interaction time with the other provider (e.g., beginning of phone call to end of phone call; or the time it takes to read and respond to an email)

Interaction #1		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #2		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #3		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #4		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #5		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #6		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #7		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #8		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #9		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #10		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	



Interaction #11		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #12		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #13		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #14		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #15		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #16		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #17		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #18		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #19		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #20		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #21		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #22		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #23		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #24		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #25		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #26		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	



Interaction #27		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #28		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #29		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #30		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	



Interaction #31		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #32		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #33		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #34		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	



Interaction #35		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #36		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #37		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #38		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #39		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #40		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #41		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #42		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #43		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
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Interaction #44		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #45		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #46		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	



Interaction #47		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #48		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #49		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	

Interaction #50		
PLEASE MARK TYPE OF INTERACTION		
<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> in-person <input type="checkbox"/> other (specify): _____		
Date of Interaction	Duration	Name of Provider Requesting Interaction
□□/□□/2014	____ Minutes	