# Six Building Blocks Survey

We are implementing improvements to opioid management using the Six Building Blocks Program. The goal is to equip our organization with tools to better manage our patients using long-term opioid therapy.

This anonymous survey will be conducted at the beginning and end of this program. The results of this survey will help the Opioid Improvement Team track how the program is impacting staff and providers. Thank you for your participation!

1. What position do you hold at this organization? (please select one)

[ ]  Clinical Provider (e.g. PCP, NP, PA)

[ ]  Clinical Staff (e.g. MA, RN, Case Manager/Social Worker, Care Coordinator)

[ ]  Administrative staff (IT, Front Desk, Clerical)

1. How frequently do you work with patients using long-term opioid therapy?

[ ]  Never

[ ]  Rarely

[ ]  Sometimes

[ ]  Very often

[ ]  Always

1. Using your own definition of burnout - please indicate which of the following statements best describes how you feel about your situation at work. (please select one)

[ ]  I enjoy my work. I have no symptoms of burnout.

[ ]  Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.

[ ]  I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

[ ]  The symptoms of burnout that I’m experiencing won’t go away. I think about frustrations at work a lot.

[ ]  I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes.

1. How much does the management of patients using long-term opioid therapy contribute to your overall level of stress at work? (please select one)

[ ]  None

[ ]  A little bit

[ ]  Somewhat

[ ]  Quite a bit

[ ]  A great deal

1. How does the management of patients with chronic pain who are on long-term opioid therapy contribute to your overall level of stress at work?
2. Is there anything else you would like to share with us regarding what you hope will change through this program?
3. Have you signed up with the state Prescription Drug Monitoring Program?

[ ]  Yes, as a provider

[ ]  Yes, as a delegate of a provider

[ ]  No

* 1. If yes, how often do you use the Prescription Drug Monitoring Program for patients on long-term opioid therapy? (If no, skip this question and move to #7)

[ ]  Never

[ ]  Rarely

[ ]  Sometimes

[ ]  Very often

[ ]  Always

**\*\*\*\*\* If you are NOT a Physician, Nurse Practitioner, or Physician Assistant, STOP HERE \*\*\*\*\***

1. Are you waivered to prescribe buprenorphine to patients with opioid use disorders?

[ ]  Yes

[ ]  Not yet