

# **Medical Office Survey on Patient Safety and Healthcare Quality**

## **Draft—Not for Circulation**

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This document includes a draft patient safety culture survey for medical offices. The draft survey items are grouped according to the patient safety culture areas they are intended to measure. The draft survey will undergo cognitive testing and is likely to be shorter before pilot testing with providers and staff in medical offices.

This draft survey is designed to help medical offices assess provider and staff opinions about important areas of patient safety culture. The survey was developed by Westat under contract with the Agency for Healthcare Research and Quality (AHRQ).

This medical office survey is an expansion of AHRQ's Hospital Survey on Patient Safety Culture (HSOPSC), which was released in November 2004 ([www.ahrq.gov/qual/hospculture](http://www.ahrq.gov/qual/hospculture)). The medical office version contains new and revised questions and safety culture areas that more accurately apply to the medical office setting.

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# DRAFT—Medical Office Survey on Patient Safety and Healthcare Quality

## Survey Instructions

Think about the ways things are done in your medical office and provide your opinions on issues that affect the overall safety and quality of care provided to your patients.

In this survey, the term **provider** refers to physicians, physician assistants, and nurse practitioners who diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the office.

If a question does not apply to you or you don't know the answer, please check "Does not apply or Don't know."

## 1. List of Patient Safety and Quality Issues

The following items describe things that can happen in medical offices that affect quality of care and patient safety. In your best estimate, how often did the following things happen in this medical office **OVER THE PAST 12 MONTHS?**

|  | Daily<br>▼                            | Weekly<br>▼                           | Several<br>times a<br>year<br>▼       | Once or<br>twice a<br>year<br>▼       | Not<br>during<br>past 12<br>months<br>▼ | Does Not<br>Apply or<br>Don't Know<br>▼ |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|---|
| <b><u>a. Access &amp; Patient Flow</u></b>   |                                       |                                       |                                       |                                       |   |   |
| 1. A patient was unable to get an appointment within 48 hours for an <u>acute</u> problem.....                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 2. The next available appointment to see a provider in our office for a <u>nonacute</u> problem was several weeks away ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 3. After office hours a patient was unable to talk to a provider about an urgent medical problem ..                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| <b><u>b. Messages/Triage</u></b>   |                                       |                                       |                                       |                                       |   |   |
| 4. A message from a patient was not responded to in a timely manner.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| <b><u>c. Charts/Medical Records</u></b>  |                                       |                                       |                                       |                                       |   |   |
| 5. A patient's chart/medical record was not available when needed .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 6. Clinical information in a patient's chart/medical record was missing .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 7. Incorrect clinical information was recorded in a patient's chart/medical record.....                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| <b><u>d. Medication</u></b>  |                                       |                                       |                                       |                                       |   |   |
| 8. An inappropriate or wrong medication was prescribed for a patient .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 9. The wrong medication dose was prescribed for a patient .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 10. A patient's medication list was not updated during his or her visit.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |

**1. List of Patient Safety and Quality Issues, continued**

|  | Daily<br>▼                            | Weekly<br>▼                           | Several<br>times a<br>year<br>▼       | Once or<br>twice a<br>year<br>▼       | Not<br>during<br>past 12<br>months<br>▼ | Does Not<br>Apply or<br>Don't Know<br>▼ |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|---|
| <b><u>e. Diagnostics &amp; Tests</u></b>   |                                       |                                       |                                       |                                       |   |   |
| 11. The results from a lab or imaging test were not available when needed .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 12. A patient was not notified of a <u>normal</u> lab or imaging test.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 13. A critical <u>abnormal</u> result from a lab or imaging test was not followed up promptly, resulting in a delay in important care..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| <b><u>f. Medical Supplies &amp; Equipment</u></b>  |                                       |                                       |                                       |                                       |   |   |
| 14. Medical supplies were not available when needed during a patient visit .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 15. Medical equipment was not working properly or was in need of repair or replacement .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| <b><u>g. Diagnosis and Treatment</u></b>   |                                       |                                       |                                       |                                       |   |   |
| 16. A patient's diagnosis was missed, resulting in an inappropriate delay in essential care .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 17. An adequate history was not obtained for a patient, leading to a delay in important care .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 18. A patient's physical exam was not thorough enough for the presenting problem, leading to a delay in diagnosis .....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 19. A treatment or procedure was inappropriately prescribed for a patient .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |
| 20. A provider's limited knowledge or training resulted, or nearly resulted, in a medical problem for a patient .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub>   | <input type="checkbox"/> <sub>99</sub>  |

**2. Patient Care Coordination With Other Settings**

Coordination of patient care involves accurate, complete, and timely information exchange and communication about patients. How would you rate the coordination of patient care between this medical office and:

|  | Good<br>coordination<br>with<br>none<br>▼ | Good<br>coordination<br>with<br>a few<br>▼ | Good<br>coordination<br>with<br>some<br>▼ | Good<br>coordination<br>with<br>most<br>▼ | Good<br>coordination<br>with<br>all<br>▼ | Does Not<br>Apply or<br>Don't Know<br>▼ |
|--|---|--|---|---|--|---|
| 1. Other medical offices? .....  | <input type="checkbox"/> <sub>1</sub>     | <input type="checkbox"/> <sub>2</sub>      | <input type="checkbox"/> <sub>3</sub>     | <input type="checkbox"/> <sub>4</sub>     | <input type="checkbox"/> <sub>5</sub>    | <input type="checkbox"/> <sub>99</sub>  |
| 2. Outside laboratories? .....   | <input type="checkbox"/> <sub>1</sub>     | <input type="checkbox"/> <sub>2</sub>      | <input type="checkbox"/> <sub>3</sub>     | <input type="checkbox"/> <sub>4</sub>     | <input type="checkbox"/> <sub>5</sub>    | <input type="checkbox"/> <sub>99</sub>  |
| 3. Outside imaging centers? .....                                      | <input type="checkbox"/> <sub>1</sub>     | <input type="checkbox"/> <sub>2</sub>      | <input type="checkbox"/> <sub>3</sub>     | <input type="checkbox"/> <sub>4</sub>     | <input type="checkbox"/> <sub>5</sub>    | <input type="checkbox"/> <sub>99</sub>  |
| 4. Other ambulatory testing facilities (cardiac, pulmonary, etc.)..... | <input type="checkbox"/> <sub>1</sub>     | <input type="checkbox"/> <sub>2</sub>      | <input type="checkbox"/> <sub>3</sub>     | <input type="checkbox"/> <sub>4</sub>     | <input type="checkbox"/> <sub>5</sub>    | <input type="checkbox"/> <sub>99</sub>  |

## **2. Patient Care Coordination With Other Settings, continued**

|                         | Good coordination with none<br>▼ | Good coordination with a few<br>▼ | Good coordination with some<br>▼ | Good coordination with most<br>▼ | Good coordination with all<br>▼ | Does Not Apply or Don't Know<br>▼ |
|-------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|-----------------------------------|
| 5. Pharmacies?.....     | <input type="checkbox"/> 1       | <input type="checkbox"/> 2        | <input type="checkbox"/> 3       | <input type="checkbox"/> 4       | <input type="checkbox"/> 5      | <input type="checkbox"/> 99       |
| 6. Hospitals? .....     | <input type="checkbox"/> 1       | <input type="checkbox"/> 2        | <input type="checkbox"/> 3       | <input type="checkbox"/> 4       | <input type="checkbox"/> 5      | <input type="checkbox"/> 99       |
| 7. Nursing homes? ..... | <input type="checkbox"/> 1       | <input type="checkbox"/> 2        | <input type="checkbox"/> 3       | <input type="checkbox"/> 4       | <input type="checkbox"/> 5      | <input type="checkbox"/> 99       |
| 8. Patients?.....       | <input type="checkbox"/> 1       | <input type="checkbox"/> 2        | <input type="checkbox"/> 3       | <input type="checkbox"/> 4       | <input type="checkbox"/> 5      | <input type="checkbox"/> 99       |

## **3. Organizational Learning**

| How much do you agree or disagree with the following statements?  | Strongly Disagree<br>▼     | Disagree<br>▼              | Neither Agree nor Disagree<br>▼ | Agree<br>▼                 | Strongly Agree<br>▼        | Does Not Apply or Don't Know<br>▼ |
|---|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. We are actively doing things to improve the quality of patient care .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 2. Mistakes have led to positive changes here .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 3. After we make changes to improve the patient care process, we evaluate whether the changes have been effective ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 4. When there is a problem in our office, we see if we need to change the way we do things .....                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 5. This office is good at changing office processes to ensure that the same mistakes don't happen again .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |

## **4. Teamwork**

|  |                            |                            |                            |                            |                            |                             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. We support one another in this medical office .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |
| 2. When a lot of work needs to be done quickly, we work as a team to get the work done ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |
| 3. In this office, we treat each other with respect .....                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |
| 4. When someone in this office gets really busy, others help out.....                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |
| 5. This office emphasizes teamwork in taking care of patients .....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |
| 6. In this office, we work together effectively.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99 |

**5. Collegiality (Teamwork Among Providers)**

Adapted from Curoe, A, Kralewski, J, & Kaissi, A. 2003. Assessing the cultures of medical group practices. *J Am Board Fam Pract*, 16, 394-398

| How much do you agree or disagree with the following statements?                                    | Strongly Disagree<br>▼                | Disagree<br>▼                         | Neither Agree nor Disagree<br>▼       | Agree<br>▼                            | Strongly Agree<br>▼                   | Does Not Apply or Don't Know<br>▼      |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. There is a close collegial relationship among the providers in this medical office. ....         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. In this office, there is a great deal of informal consulting among the providers .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. There is a great deal of sharing of clinical information among the providers in this office..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**6. Office Systems and Standardization**

|   |                                       |                                       |                                       |                                       |                                       |  |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Different providers in this office expect staff to follow different processes to do the same things .... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. This office has standardized processes to get most tasks done .....                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. This office has formal processes for getting most things done. ....                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. This office has quality-control processes in place to prevent and catch mistakes.....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. This office has formal processes for documenting patient care.....                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 6. This office is disorganized .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**7. Staff Training**

|  |                                       |                                       |                                       |                                       |                                       |  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Staff in this office are well trained for their tasks.....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. Staff get the training they need in this office .....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. Staff in this office are able to cover tasks of absent coworkers .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. Staff in this office are asked to do tasks they have not been trained to do ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. New staff in this office do not get adequate on-the-job training .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

### 8. Work Pressure and Pace

| How much do you agree or disagree with the following statements?                                | Strongly Disagree<br>▼     | Disagree<br>▼              | Neither Agree nor Disagree<br>▼ | Agree<br>▼                 | Strongly Agree<br>▼        | Does Not Apply or Don't Know<br>▼ |
|---|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. We have enough staff to handle our patient load.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 2. The amount of time we schedule for office visits compromises the care patients receive ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 3. This office has too many patients to be able to handle everything effectively .....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 4. In this office, patient care is never compromised when we are rushed .....                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 5. We have too many patients for the number of providers in this office .....                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |

### 9. Owner/Managing Partner Support for Patient Safety

Are you an owner or managing partner of this office?  Yes (SKIP TO NEXT SECTION)  
 No

| How much do you agree or disagree with the following statements?  | Strongly Disagree<br>▼     | Disagree<br>▼              | Neither Agree nor Disagree<br>▼ | Agree<br>▼                 | Strongly Agree<br>▼        | Does Not Apply or Don't Know<br>▼ |
|---|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. The owners/managing partners of this office emphasize the importance of preventing mistakes that affect patients.....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 2. The actions of owners/managing partners show that providing patients with the best possible care is a top priority. ....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 3. The owners/managing partners of this office seem interested in improving patient care practices only after a patient is harmed ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 4. The owners/managing partners tolerate less-than-optimal patient care .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 5. The owners/managing partners of this office are not making enough of an investment in quality of care .....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |
| 6. The owners/managing partners overlook patient care mistakes that happen over and over. ....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3      | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 99       |

**10. Overall Perceptions of Patient Safety and Quality**

| How much do you agree or disagree with the following statements?                       | Strongly Disagree<br>▼                | Disagree<br>▼                         | Neither Agree nor Disagree<br>▼       | Agree<br>▼                            | Strongly Agree<br>▼                   | Does Not Apply or Don't Know<br>▼      |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Mistakes happen more than they should in this office.....                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. The quality of patient care is never sacrificed to get more work done.....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. Our office processes are good at preventing mistakes that could harm patients.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. It is just by chance that we don't make more mistakes that affect our patients..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. This office makes mistakes that negatively affect patients. ....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 6. This office adheres to a common set of care standards.....                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**11. Patient Care Tracking/Follow-up**

| How often do the following things happen in this medical office?                                       | Never<br>▼                            | Rarely<br>▼                           | Sometimes<br>▼                        | Most of the time<br>▼                 | Always<br>▼                           | Does Not Apply or Don't Know<br>▼      |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Our office follows up when a report of findings from a provider is not received as expected. ....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. This office notifies patients of normal lab or imaging results. ....                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. We support our chronic-care patients by tracking how well they adhere to their treatment plans..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. This office reminds patients when they need to come in for routine preventive care.....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. This office follows up with patients who need monitoring.....                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**12. Communication Openness**

|  |                                       |                                       |                                       |                                       |                                       |  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Staff are encouraged to express alternative viewpoints in this office.....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. Providers in this office are open to staff ideas about how to improve office processes..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. Staff are afraid to ask questions when something does not seem right.....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. It is difficult to voice disagreement in this office.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**12. Communication Openness, continued**

| How often do the following things happen in this medical office?                     | Never<br>▼                            | Rarely<br>▼                           | Some-<br>times<br>▼                   | Most of<br>the time<br>▼              | Always<br>▼                           | Does Not<br>Apply or<br>Don't<br>Know<br>▼ |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 5. Staff speak up if they see something that may negatively affect patient care..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub>     |
| 6. Providers show that they do not want to be bothered by staff questions .....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub>     |

**13. Communication about Error**

|   |                                       |                                       |                                       |                                       |                                       |  |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. In this office, we discuss ways to prevent errors from happening again.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. Staff are willing to report mistakes they observe in this office.....        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. Providers are willing to report mistakes they observe in this office.....    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. Staff feel like their mistakes are held against them.....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. Providers feel like their mistakes are held against them.....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 6. Providers and staff talk openly about office problems.....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 7. We openly discuss problems in the office that affect patients. ....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 8. In this office, we do not discuss cases where patients have been harmed..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

**14. Patient-Centered Care**

|   |                                       |                                       |                                       |                                       |                                       |  |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. We actively consider the preferences of patients, or their caregivers, regarding treatment .....                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 2. Providers in this office actively engage patients, or their caregivers, in making care decisions.....                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 3. We treat patients, or their caregivers, as partners in care.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 4. In this office, we encourage patients, or their caregivers, to tell us if they have concerns about the care being provided. .... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 5. When patients' care instructions are complicated, we provide written instructions before they leave the office. ....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| 6. Before patients or their caregivers leave this office, we check to make sure they understand what they need to do. ....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |



## **15A. Overall Rating on Healthcare Quality**

Healthcare quality can be defined as care that is:

- **Safe** *Avoids harming patients*
- **Effective** *Is based on scientific knowledge*
- **Patient-centered** *Is responsive to patient preferences and needs*
- **Timely** *Minimizes waits and harmful delays*
- **Efficient** *Is not wasteful*
- **Equitable** *Does not discriminate against individuals because of gender, race, ethnicity, socioeconomic status, etc*

Considering the definition above, please give your medical office an overall grade on the quality of healthcare patients receive at your office.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Poor                     | Fair                     | Good                     | Very good                | Excellent                |
| ▼                        | ▼                        | ▼                        | ▼                        | ▼                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **15B. Overall Rating on Patient Safety**

Patient safety is a part of healthcare quality. It is the avoidance of patient harm resulting from the way healthcare is provided. Patient safety means having office systems and clinical processes in place to prevent, catch, and correct mistakes that have the potential to harm patients.

Overall, how would you rate your medical office at preventing, catching, and correcting mistakes that have the potential to affect patients?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Poor                     | Fair                     | Good                     | Very good                | Excellent                |
| ▼                        | ▼                        | ▼                        | ▼                        | ▼                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **16. BACKGROUND QUESTIONS**

**1. How long have you worked in this medical office location?**

- |  |   |
|--|---|
| <input type="checkbox"/> a. Less than 2 months           | <input type="checkbox"/> d. 3 years to less than 6 years  |
| <input type="checkbox"/> b. 2 months to less than 1 year | <input type="checkbox"/> e. 6 years to less than 11 years |
| <input type="checkbox"/> c. 1 year to less than 3 years  | <input type="checkbox"/> f. 11 years or more              |

**2. Typically, how many hours per week do you work in this medical office location?**

- |   |   |
|---|---|
| <input type="checkbox"/> a. 1 to 4 hours per week   | <input type="checkbox"/> d. 25 to 32 hours per week   |
| <input type="checkbox"/> b. 5 to 16 hours per week  | <input type="checkbox"/> e. 33 to 40 hours per week   |
| <input type="checkbox"/> c. 17 to 24 hours per week | <input type="checkbox"/> f. 41 hours per week or more |

**3. What is your position in this office? Check ONE category that best applies to your job.**

- a. Physician
- b. Resident / Physician in training
- c. Physician Assistant, Nurse Practitioner, Nurse Clinician, Advanced Practice Nurse, Nurse Midwife, etc.
- d. Administrative, management, or clerical staff
  - Office Manager
  - Office Administrator
  - Business Manager
  - Nurse Manager
  - Insurance Processor
  - Database Manager
  - Billing Staff
  - Referral Staff
  - Front Desk
  - Receptionist
  - Scheduler (appointments, surgery, etc.)
  - Other administrative, management, or clerical staff position
- e. Clinical staff or clinical support staff
  - Registered Nurse
  - LVN/LPN
  - Medical Assistant
  - Therapist (all types)
  - Technician (all types)
  - Dietician/Nutritionist
  - Audiologist
  - Other clinical or clinical support staff
- f. Other position; please specify: \_\_\_\_\_

**4. If you are a physician or resident, please indicate your primary specialty:**

- a. Primary care (family medicine, internal medicine, pediatrics, OB/GYN, general practice)
- b. Other specialty

**17. Your Comments**

**Please feel free to write any comments about how things are done in your medical office that affect patient safety or quality of care.**

**Thank you for your participation in this survey.**

# Medical Office Background Questions FOR OFFICE MANAGER ONLY

**NOTE: The office manager completes the following questions BEFORE data collection begins at the office**

Name of Office Point-of-Contact: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Office Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**1. Does your medical practice have:**

- a. Multiple locations? → Total number of locations: \_\_\_\_\_ (GO TO NEXT QUESTION Q2)
- b. One location? (SKIP TO Q3)

**2. Is this office location the:**

- a. Primary/parent location?
- b. Satellite location?

**3. How many of the following types of staff are employed at this medical office location?**

- Include all full-time, part-time, and contract staff who work in this medical office location.

|  | <u>Number of<br/>Individuals</u> | <u>Number<br/>of FTEs</u> |
|--|----------------------------------|---------------------------|
| <b>Physician</b> .....   | _____                            | _____                     |
| <b>Resident/Physician in Training</b> .....                            | _____                            | _____                     |
| <b>PA, NP, Nurse Midwife, Advanced Practice Nurse</b> .....            | _____                            | _____                     |
| <b>Administrative, Management, or Clerical Staff</b> .....             | _____                            | _____                     |
| Office Manager                      Referral Staff                     |                                  |                           |
| Office Administrator              Front Desk                           |                                  |                           |
| Business Manager                  Receptionist                         |                                  |                           |
| Nurse Manager                      Scheduler (appt., surgery, etc.)    |                                  |                           |
| Insurance Processor                Other administrative,               |                                  |                           |
| Billing Staff                            management, or clerical staff |                                  |                           |
| <b>Clinical Support Staff</b> .....                                    | _____                            | _____                     |
| Registered Nurse                    Technician (all types)             |                                  |                           |
| LVN/LPN                                Dietician/Nutritionist          |                                  |                           |
| Medical Assistant                  Audiologist                         |                                  |                           |
| Therapist (all types)                Other clinical support staff      |                                  |                           |
| <b>Other Positions</b> .....   | _____                            | _____                     |
| <b>TOTAL NUMBER OF OFFICE STAFF (100%)</b>                             | _____                            | _____                     |

**4. Which of the following best describes the type of practice at this office location?  
(SELECT ONE)**

- a. Single specialty group practice → (Indicate specialty below)
- b. Multispecialty group practice → (Check all specialties below that apply)
  - 1. Child & Adolescent Psychiatry
  - 2. Colon & Rectal Surgery
  - 3. Dermatology
  - 4. Diagnostic Radiology
  - 5. Emergency Medicine
  - 6. Family Practice / Family Medicine
  - 7. Forensic Pathology
  - 8. Gastroenterology
  - 9. General Practice
  - 10. General Preventive Medicine
  - 11. General Surgery
  - 12. Internal Medicine
  - 13. Medical Genetics
  - 14. Neurological Surgery
  - 15. Neurology
  - 16. Nuclear Medicine
  - 17. Otolaryngology
  - 18. Pathology - Anatomic / Clinical
  - 19. Pediatric Cardiology
  - 20. Pediatrics
  - 21. Physical Medicine & Rehabilitation
  - 22. Plastic Surgery
  - 23. Psychiatry
  - 24. Public Health & Rehabilitation
  - 25. Pulmonary Disease
  - 26. Radiation Oncology
  - 27. Radiology
  - 28. Thoracic Surgery
  - 29. Transplant Surgery
  - 30. Urology
  - 31. Vascular Medicine
  - 32. Other specialty (Please specify): \_\_\_\_\_

**5. Which best describes the majority ownership of this medical office/practice?**

- a. Provider(s) and/or Physician(s)
- b. HMO (Health Maintenance Organization)
- c. University or Medical School or Academic Medical Institution
- d. Hospital
- e. Community Health Center
- f. Government (Federal / State / Local)
- g. Health Corporation
- h. Other, please specify: \_\_\_\_\_

**6a. Does your medical office currently use some type of formal system to document or record errors, incidents, accidents, and/or adverse events that occur with patients?**

- a. No, we do not document these events (SKIP TO Q7)
- b. Yes, on both paper (hard copy files) and electronically (computer files)
- c. Yes, on paper (in hard copy files)
- d. Yes, electronically (in computer files)

**6b. IF YES, please briefly describe the types of errors, incidents, accidents, and/or adverse events that your medical office documents:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Do you have meetings attended by at least one provider, the office manager, and most other staff?**

- a. Yes (GO TO NEXT QUESTION Q8)
- b. No (SKIP TO Q9)

**8. How often do the meetings occur?**

- a. Daily
- b. Weekly
- c. Monthly
- d. Every 2 months
- e. 3 to 5 times a year
- f. Twice a year
- g. Once a year
- h. Less than once a year

**9. To what extent has this medical office implemented each of the following electronic tools?**

|   | Not implemented & no plans to implement in the next 12 months<br>▼ | Not implemented but implementation planned in the next 12 months<br>▼ | Implementation in process<br>▼        | Fully implemented<br>▼                |
|---|--|---|---------------------------------------|---------------------------------------|
| a) Electronic appointment scheduling  | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b) Electronic billing of services   | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c) Electronic ordering of medications (with pharmacies capable of processing electronic orders)                             | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d) Electronic ordering of tests, imaging, or procedures (with test/imaging centers capable of processing electronic orders) | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e) Electronic access to your patients' test or imaging results  | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f) Electronic patient medical records   | <input type="checkbox"/> <sub>1</sub>                              | <input type="checkbox"/> <sub>2</sub>                                 | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**Patient Demographics**

**10a. In your best estimate, what percentage of patient revenue at this medical office comes from each of the following sources?**

- Medicare ..... \_\_\_\_\_%
- Medicaid or other state-sponsored insurance \_\_\_\_\_%
- Private insurance, health plans, or HMO..... \_\_\_\_\_%
- Self-pay . ..... \_\_\_\_\_%

**TOTAL = 100%**

**10b. In your best estimate, what percentage of your patients are uninsured? \_\_\_\_\_%**

**11. In your best estimate, approximately what percentage of patients at this medical office are in the following age groups?**

- Pediatric/Adolescent (age 17 or under) ..... \_\_\_\_\_%
- Adult (18-64 yrs old)..... \_\_\_\_\_%
- Geriatric (age 65 or older)..... \_\_\_\_\_%

**TOTAL = 100%**

**12. In your best estimate, what percentage of patients seen at this medical office in the past 12 months speak a language other than English as their primary language? \_\_\_\_\_%**

**13. What is the average number of patient visits per week in this office (across all providers)? \_\_\_\_\_patient visits per week**