

<DATE>

RISK MANAGER NAME

HOSPITAL NAME

<ADDRESS>

<CITY, STATE, ZIP>

Dear <TITLE> <FIRST NAME LAST NAME>:

A few years ago, you or another Risk Manager in your hospital completed a survey characterizing adverse event reporting systems within your hospital and the ways in which the collected information may be used and distributed. We are now contacting you again to complete the follow-up survey. The purpose of this follow-up national survey is to further develop the understanding of adverse event reporting systems in US hospitals by examining how hospital use of adverse event reporting systems is changing over time.

The study is sponsored by the Agency for Healthcare Research and Quality (AHRQ), which supports research designed to improve the quality of healthcare, reduce its costs, promote patient safety and reduce medical errors, and broaden access to effective services. As part of its mission to understand the current status of patient safety improvement initiatives, AHRQ is interested in characterizing adverse medical event reporting for managing and improving patient safety within healthcare institutions. To accomplish this, AHRQ conducted a survey about the adverse medical event reporting systems used in inpatient settings in 2005 and is now supporting the follow-up survey. RAND is conducting the follow-up survey in its role as the Patient Safety Evaluation Center under a contract with AHRQ.

Again, we are not asking about specific adverse events. Please complete the enclosed survey and return it in a postage pre-paid envelope to RAND.

How will AHRQ use the study findings?

AHRQ strongly encourages your Hospital's participation in this very important research study. Your answers will help AHRQ further understand characteristics of adverse event reporting systems and how it has changed over time. AHRQ is using the findings from this study to develop a national picture of such systems and how they have changed over time.

How long does it take to complete the questionnaire?

The estimated time for completing the questionnaire is 25 minutes. Completing the survey indicates your agreement to participate in the study and your understanding of the project. You do not have to answer any question you do not feel comfortable answering, or can refuse to participate at all.

Will responses be kept confidential?

RAND will use the information provided for research purposes only. We will regard all information that would permit identification of you and your institution as strictly confidential and will not disclose it, except as required by law. This confidentiality is established by provisions in the AHRQ authorization legislation. Your answers will be

combined with data from other survey participants and reported only as aggregated statistics, totals, and averages.

Whom do I contact for more information?

If you have any questions about this study or the questionnaire, please call the Project Coordinator, Ms. Chau Pham at RAND toll free at 1-866-296-9240 or by email at pham@rand.org.

Thank you very much for helping with this important research effort. The information you provide will provide a benchmark to measure future safety improvement initiatives.

Sincerely,

Carolyn M. Clancy MD
Director,
Agency for Healthcare Research and Quality