Medical Office Information Form

Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

To be completed by a single office point-of-contact for each medical office submitting data to the *Medical Office Survey on Patient Safety Culture* Comparative Database

**Instructions:** Please provide the following information, which will be used to produce descriptive statistics and analyze data in aggregate collected with the *Medical Office Survey on Patient Safety.* Please refer to the Data Use Agreement for assurances regarding the confidentiality and use of this data at <http://www.ahrq.gov/qual/mosurvey11/mosopsdua.pdf>. If you need assistance in answering any of the questions, please email [DatabasesOnSafetyCulture@ahrq.hhs.gov](mailto:DatabasesOnSafetyCulture@ahrq.hhs.gov)

Name of Office Point-of-Contact: (First) (Last)

Job Title:

Name of Office:

Office Mailing Address: (Street)

(City) (State) (Zip code) \_\_\_\_\_\_\_

POC Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

🞎1 Provider(s) and/or Physician(s)

🞎2 University or Academic Medical Institution

🞎3 Hospital or health system

🞎4 Community health center

🞎5 Other, please specify:

1. **Total Number of Employees asked to complete the survey? \_\_\_\_\_\_\_**
2. **What was the mode used to administer the survey?**

🞎1 Paper only

🞎2 Web only

🞎3 Mixed mode (paper and web)

1. **When did your medical office finish its administration of the *Medical Office Survey on Patient Safety Culture*?**

**\_\_\_\_\_\_\_\_\_**month **\_\_\_\_\_\_\_\_\_**year

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the questions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-xxxx) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD.

**5. What is the total number of providers (MDs, DOs, PAs, NPs, etc.) working in this medical office location during a typical week?**

**\_\_\_\_\_\_\_\_\_**total number of providers working during a typical week

**6. To what extent has this medical office implemented the following electronic (computer-based) tools?** (By implemented, we mean the office has the tool capability and is using it.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not implemented &**  **no plans**  **to implement in the next 12 months**  ▼ | **Not implemented but implementation planned** **in the next 12 months**  ▼ | **Implementation** **in process**  **(only partial implementation)**  ▼ | **Fully implemented**  ▼ |
| a) Electronic appointment scheduling | 🞎1 | 🞎2 | 🞎3 | 🞎4 |
| b) Electronic ordering of medications (with pharmacies capable of processing electronic orders) | 🞎1 | 🞎2 | 🞎3 | 🞎4 |
| c) Electronic ordering of tests, imaging, or procedures (with test/‌imaging centers capable of processing electronic orders) | 🞎1 | 🞎2 | 🞎3 | 🞎4 |
| d) Electronic access to your patients’ test or imaging results | 🞎1 | 🞎2 | 🞎3 | 🞎4 |
| e) Electronic medical/health  records (EMR/EHR) | 🞎1 | 🞎2 | 🞎3 | 🞎4 |

**7. Check the type of specialty(s) practiced by all providers in your medical office.** By providers, we mean physicians (MDs and DOs), physician assistants (PAs), and nurse practitioners (NPs) who diagnose, treat patients, and prescribe medications.

**(*Mark all that apply*)**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | 1. Allergy/Immunology | 🞎 | 19. Nephrology |
| 🞎 | 2. Anesthesiology | 🞎 | 20. Neurology |
| 🞎 | 3. Cardiology | 🞎 | 21. Nuclear Medicine |
| 🞎 | 4. Child & Adolescent Psychiatry | 🞎 | 22. OB/GYN or GYN |
| 🞎 | 5. Dermatology | 🞎 | 23. Ophthalmology |
| 🞎 | 6. Diagnostic Radiology | 🞎 | 24. Orthopedics |
| 🞎 | 7. Emergency Medicine | 🞎 | 25. Otolaryngology |
| 🞎 | 8. Endocrinology/Metabolism | 🞎 | 26. Pathology – Anatomic/Clinical |
| 🞎 | 9. Family Practice/Family Medicine | 🞎 | 27. Pediatrics |
| 🞎 | 10. Forensic Pathology | 🞎 | 28. Physical Medicine & Rehabilitation |
| 🞎 | 11. Gastroenterology | 🞎 | 29. Psychiatry |
| 🞎 | 12. General Practice | 🞎 | 30. Public Health & Rehabilitation |
| 🞎 | 13. General Preventive Medicine | 🞎 | 31. Pulmonary Medicine |
| 🞎 | 14. General Surgery | 🞎 | 32. Radiology |
| 🞎 | 15. Geriatrics | 🞎 | 33. Rheumatology |
| 🞎 | 16. Hematology/Oncology | 🞎 | 34. Surgery (All) |
| 🞎 | 17. Internal Medicine | 🞎 | 35. Urology |
| 🞎 | 18. Medical Genetics | 🞎 | 36. Vascular Medicine |
|  |  | 🞎 | 37. Other specialties |