

Medical Office Information Form

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

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: _____

2. Total Number of Employees asked to complete the survey? _____

3. What was the mode used to administer the survey?

- ₁ Paper only
₂ Web only
₃ Mixed mode (paper and web)

4. 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Electronic ordering of medications (with pharmacies capable of processing electronic orders)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Electronic ordering of tests, imaging, or procedures (with test/imaging centers capable of processing electronic orders)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Electronic access to your patients' test or imaging results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Electronic medical/health records (EMR/EHR)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> 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)

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