

Group A – Reporters/Queriers – Reporters’ Section

NPDB USER COMPONENT – REPORTERS

Directions: For each of the following items, please select the response that best represents your organization's experiences. Please note that the National Practitioner Data Bank will be referred to as the "Data Bank" in items throughout the survey.

*** 1. Please enter the code from your invitation letter.**

*** 2. In what region of the country is your organization located?**

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont
- Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands
- Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia
- Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee
- Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin
- Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, or Texas
- Region 7: Iowa, Kansas, Missouri, or Nebraska
- Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming
- Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands, or Trust Territory of the Pacific Islands
- Region 10: Alaska, Idaho, Oregon, or Washington

*** 3. Which of the following best describes your organization?**

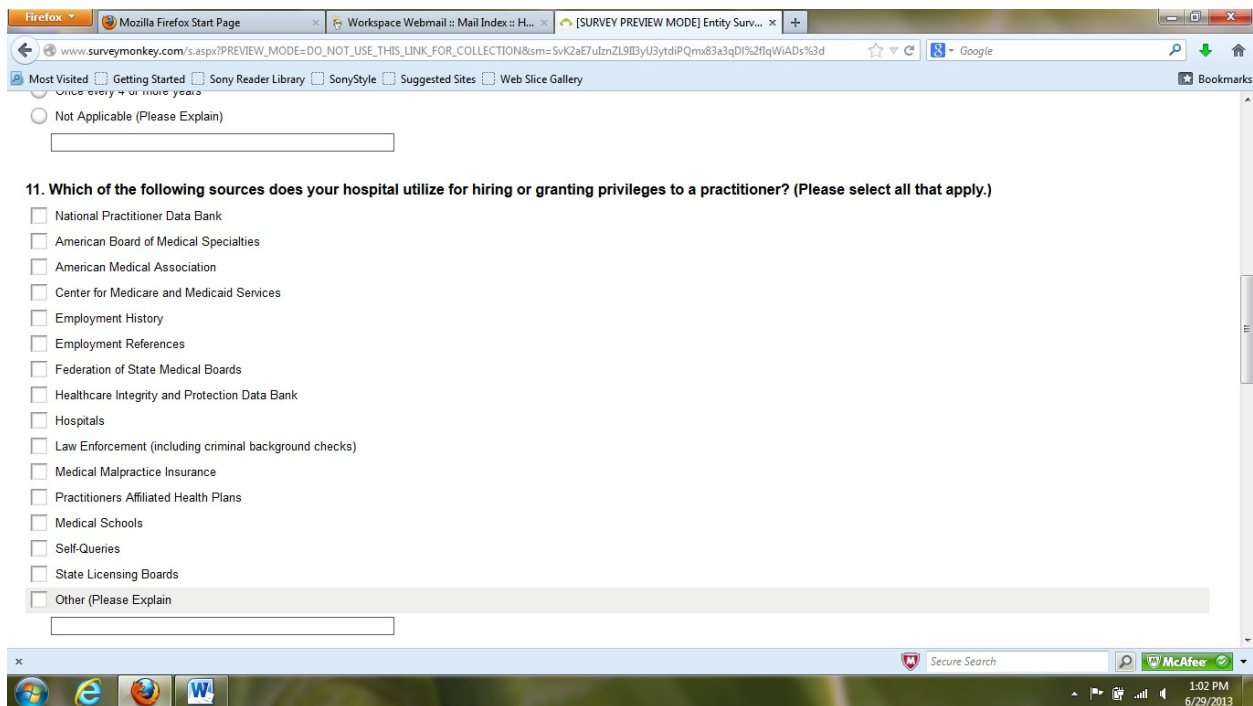
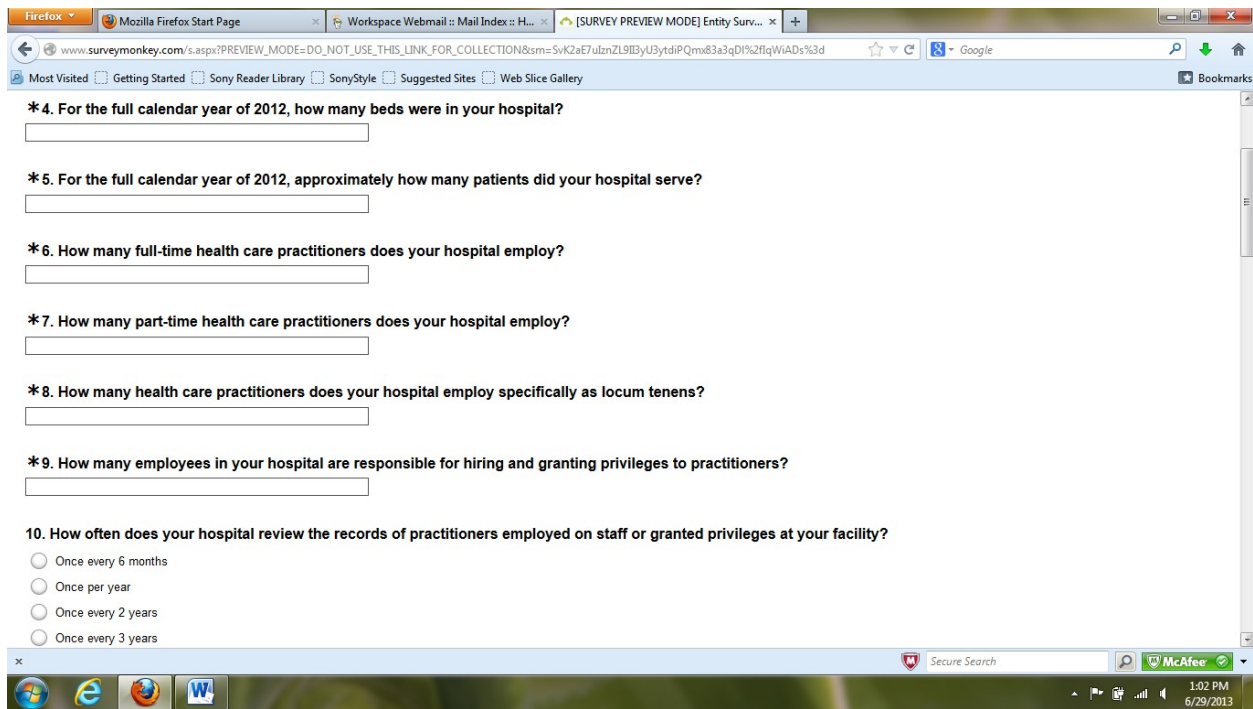
- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital

Taskbar: 1:00 PM 6/29/2013

- County-Owned Hospital
- Community Hospital
- Other Hospital
- Managed Care Organization
- Group Practice
- Clinic or Urgent Care Facility
- Medical Malpractice Payer
- Professional Society
- Board of Medical/Dental Examiners
- State Healthcare Practitioner Licensing
- State Certification Authority
- Federal or State Prosecutor (including Attorney General)
- Other State Agency
- Federal Agency
- Other (Please Explain)

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***12. For the full calendar year 2012, how many times has your hospital taken reportable disciplinary actions against practitioners for misconduct or incompetence?**

None
 At least once but less than 5 times
 At least 5 times but less than 10 times
 More than 10 times

13. What types of actions does your hospital take against any practitioners for misconduct or incompetence? (Please select all that apply.)

Employment or Contract Termination
 Restrict Clinical Privileges
 Probation
 Suspension
 Legal Actions
 Document Incident for Further Review
 Counseling
 No Action
 Unknown
 Not Applicable
 Other (Please Explain)

***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

Yes

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***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

Yes
 No
 Other (Please Explain)

15. How is your hospital insured for medical malpractice?

Self-Insured
 Third Party Insurance
 Uninsured
 Other (Please Explain)

***16. Is your hospital accredited by a national accreditation organization?**

Yes
 No
 Not Applicable (Please Explain)

Prev Next

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1:03 PM 6/29/2013

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***17. Which of the following national accreditation organizations is your hospital accredited by? (Please select all that apply.)**

- Federal Government
- State Government
- Accreditation Association for Ambulatory Health Care
- American Academy of Dental Group Practice / Accreditation Association for Ambulatory Health Care
- Accreditation Commission for Health Care, Inc
- American Association for Accreditation of Ambulatory Surgery Facilities
- American Osteopathic Association/Healthcare Facilities Accreditation Program
- College of American Pathologists
- Commission for Accreditation of Birth Centers
- Commission on Laboratory Accreditation
- Community Health Accreditation Program
- DNV Healthcare
- Healthcare Quality Association on Accreditation
- Intersocietal Accreditation Commission
- Joint Commission
- National Accreditation Program for Breast Centers / American College of Surgeons
- National Integrated Accreditation for Healthcare Organizations
- National Committee for Quality Assurance
- Utilization Review Accreditation Commission
- Other (Please enter name of accrediting organization)

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1:05 PM 6/29/2013

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***18. Has your organization queried the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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1:05 PM 6/29/2013

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***19. Has your organization reported to the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
 - Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
 - Yes, both the NPDB and the HIPDB
 - No
 - Other (Please Explain)
-

Prev Next

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***20. Does your organization report to the Data Bank due to legal or regulatory requirements from a governing body or a national accreditation organization?**

- Yes
 - No
 - Other (Please Explain)
-

***21. Does your organization contract with an authorized agent to report to the Data Bank?**

- Yes
 - No
 - Other (Please Explain)
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Prev Next

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1:07 PM 6/29/2013

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***22. What are the reasons that your organization uses an authorized agent to report to the Data Bank?**

- Credentialing Verification Organization Does All Primary Source Verification
- Result of Centralized Credentialing
- High Volume Processing Efficiency
- Not Enough Resources
- Cost Effective
- Other (Please Explain)

Prev Next

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1:07 PM 6/29/2013

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***23. What aspects of reporting to the Data Bank does your organization consider difficult? (Please select all that apply.)**

- Recalling the Password
- Locating the Website
- Navigating the Website
- Collecting All of the Required Input
- Selecting the Correct Report Form
- Knowing What to Report
- Creating the Factually Sufficient Narrative
- Compliance Actions
- None - Reporting to the Data Bank is Easy
- Other (Please Explain)

***24. When making a report to the Data Bank, does your organization utilize report forwarding in order to send an electronic report to the appropriate state authority?**

- Yes
- No
- Not Applicable
- Other (Please Explain)

Prev Next

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***25. How would you rate your level of overall satisfaction with report forwarding?**

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

***26. My organization understands all of the circumstances in which a report must be sent to the Data Bank.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

***27. Do the reporting requirements to the Data Bank have an impact on how your organization takes action on practitioners?**

- Yes
- No
- Not Applicable
- Other (Please Explain)

Prev Next

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1:09 PM 6/29/2013

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***28. During the past calendar year, my organization has reported all reportable actions to the Data Bank.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

***29. Has your organization ever been named in a civil lawsuit action by a practitioner due to reporting the practitioner to the Data Bank?**

- Yes
- No
- Other (Please Explain)

Prev Next

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1:10 PM 6/29/2013

*** 30. Please share any other comments that you have considering your experiences with reporting to the Data Bank.**

Prev Next

*** 31. Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Data Bank Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informational Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center (800-767-6732)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Resources and Services Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 32. Every time I contact the Customer Service Center, they are effective in resolving all of my issues and concerns.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree
- Not Applicable

*** 33. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

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*** 33. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

*** 34. Customer service hours are: Monday – Thursday 8:30am – 6:00pm, Friday 8:30am – 5:30pm. Are the customer service hours sufficient?**

Yes
 No
 Other (Please Explain)

*** 35. Has the Guidebook, the hard copy or the web version, been a helpful resource in reporting to the Data Bank?**

Yes
 No
 Not Applicable
 Other (Please Explain)

Prev Next

Secure Search McAfee 1:13 PM 6/29/2013

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*** 36. Please rate your organization's level of overall satisfaction with the Data Bank.**

Very Satisfied
 Satisfied
 Neither Satisfied Nor Dissatisfied
 Dissatisfied
 Very Dissatisfied

37. Please share any other comments that you have regarding your experiences with the Data Bank.

Prev Next

Secure Search McAfee 1:14 PM 6/29/2013

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Thank you for your participation with the Eligible Users of the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

***38. Do you have time for three additional questions?**

- Yes
- No

Prev Next

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1:14 PM 6/29/2013

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***39. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?**

- Yes
- No
- Other (Please Explain)

***40. Have you experienced any benefits by the merge of the NPDB and the HIPDB?**

***41. Have you experienced any drawbacks due to the merge of the NPDB and the HIPDB?**

Prev Done

Secure Search McAfee
1:15 PM 6/29/2013

Group A – Reporters/Queriers – Queriers’ Section

NPDB USERS COMPONENT – QUERIERS

Directions: For each of the following items, please select the response that best represents your organization's experiences. Please note that the National Practitioner Data Bank will be referred to as the "Data Bank" in items throughout the survey.

***1. Please enter the code from your invitation letter.**

***2. In what region of the country is your organization located?**

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- Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands
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- Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin
- Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, or Texas
- Region 7: Iowa, Kansas, Missouri, or Nebraska
- Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming
- Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands, or Trust Territory of the Pacific Islands
- Region 10: Alaska, Idaho, Oregon, or Washington

***3. Which of the following best describes your organization?**

- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital

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***3. Which of the following best describes your organization?**

- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital
- Other Hospital
- Managed Care Organization
- Group Practice
- Clinic or Urgent Care Facility
- Medical Malpractice Payer
- Professional Society
- Board of Medical/Dental Examiners
- State Healthcare Practitioner Licensing
- State Certification Authority
- Federal or State Prosecutor (including Attorney General)
- Other State Agency
- Federal Agency
- Other (Please Explain)

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***4. For the full calendar year of 2012, how many beds were in your hospital?**

***5. For the full calendar year of 2012, approximately how many patients did your hospital serve?**

***6. How many full-time health care practitioners does your hospital employ?**

***7. How many part-time health care practitioners does your hospital employ?**

***8. How many health care practitioners does your hospital employ specifically as locum tenens?**

***9. How many employees in your hospital are responsible for hiring and granting privileges to practitioners?**

10. How often does your hospital review the records of practitioners employed on staff or granted privileges at your facility?

Once every 6 months

Once per year

Once every 2 years

Once every 3 years

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Once every 3 years

Once every 4 or more years

Not Applicable (Please Explain)

11. Which of the following sources does your hospital utilize for hiring or granting privileges to a practitioner? (Please select all that apply.)

National Practitioner Data Bank

American Board of Medical Specialties

American Medical Association

Center for Medicare and Medicaid Services

Employment History

Employment References

Federation of State Medical Boards

Healthcare Integrity and Protection Data Bank

Hospitals

Law Enforcement (including criminal background checks)

Medical Malpractice Insurance

Practitioners Affiliated Health Plans

Medical Schools

Self-Queries

State Licensing Boards

Other (Please Explain)

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*** 12. For the full calendar year 2012, how many times has your hospital taken reportable disciplinary actions against practitioners for misconduct or incompetence?**

- None
- At least once but less than 5 times
- At least 5 times but less than 10 times
- More than 10 times

13. What types of actions does your hospital take against any practitioners for misconduct or incompetence? (Please select all that apply.)

- Employment or Contract Termination
- Restrict Clinical Privileges
- Probation
- Suspension
- Legal Actions
- Document Incident for Further Review
- Counseling
- No Action
- Unknown
- Not Applicable
- Other (Please Explain)

*** 14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

Yes

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*** 14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

- Yes
- No
- Other (Please Explain)

15. How is your hospital insured for medical malpractice?

- Self-Insured
- Third Party Insurance
- Uninsured
- Other (Please Explain)

*** 16. Is your hospital accredited by a national accreditation organization?**

- Yes
- No
- Not Applicable (Please Explain)

Prev Next

Secure Search McAfee 1:26 PM 6/29/2013

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***17. Does your hospital plan to obtain accreditation from a national accreditation organization?**

- Yes
- No
- Other (Please Explain)

Prev Next

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1:27 PM 6/29/2013

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Health Resources and Services Administration
Entity Survey - Pilot Study

***18. Has your organization queried the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

Secure Search McAfee
1:28 PM 6/29/2013

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***19. Does your organization query the Data Bank due to legal or regulatory requirements either from a governing body or a national accreditation organization?**

Yes
 No
 Other (Please Explain)

***20. Does your organization contract with an authorized agent to query the Data Bank?**

Yes
 No
 Other (Please Explain)

Prev Next

Secure Search McAfee 1:29 PM 6/29/2013

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***21. How long has your work responsibilities included having to query the Data Bank?**

Less than 1 year
 At least 1 year but less than 2 years
 At least 2 years but less than 3 years
 At least 3 years but less than 4 years
 At least 4 years but less than 5 years
 5 years or more

***22. Please rate your level of agreement with the following statements concerning querying the Data Bank. (Only one answer per row.)**

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
The first time that I queried the Data Bank, I found it easy to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Querying the Data Bank is very intuitive; I was able to do it with little to no instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I can teach a fellow co-worker how to query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to complete all of the tasks of querying the Data Bank in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Querying the Data Bank is too complex; it can be simplified for users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whenever I query the Data Bank, I can do it with little to no instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it hard to remember all of the tasks required to query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulties in completing all of the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Querying the Data Bank is too complex; it can be simplified for users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whenever I query the Data Bank, I can do it with little to no instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it hard to remember all of the tasks required to query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulties in completing all of the tasks of querying the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually have to ask for help when I query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I needed to learn a lot of things before I could get going with querying the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***23. What aspects of querying the Data Bank do you consider the most difficult? (Please select all that apply.)**

- Recalling the Password
- Locating the Website
- Navigating the Website
- Collecting All of the Required Input
- Managing a Practitioner (Subject) Database
- Managing User Accounts
- Making Payments
- Other (Please Explain)

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***24. How does your organization obtain Data Bank information about health care practitioner applicants?**

- Utilize One-Time Query
- Applicant Provides Copy of Self-Query
- Continuous Query
- Other (Please Explain)

***25. Does your organization accept copies of self-query provided directly from applicants or are they required to have copies sent directly from the Data Bank?**

- Directly from Applicant
- Sent from Data Bank
- Other (Please Explain)

***26. Does your organization use information from the Data Bank as confirmation that applicants submitted complete and accurate information?**

- Yes
- No
- Other (Please Explain)

***27. What type of query does your organization utilize for health care practitioners who are already members of staff?**

- One-Time Query
- Continuous Query

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Continuous Query
 Both Types of Query
 Other (Please Explain)

***28. I feel that the information that we received from the Data Bank is accurate.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***29. I feel that the information that we received from the Data Bank is complete.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***30. I feel that we have received information from the Data Bank in a timely manner.**

Completely Agree

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***30. I feel that we have received information from the Data Bank in a timely manner.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***31. How would you rate the cost to query the Data Bank?**

Very Expensive
 Expensive
 Fair Cost
 Inexpensive
 Very Inexpensive

***32. Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
One-Time Query	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuous Query	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioner (Subject) Database	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-Query of Previously Saved Practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Continuous Query	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioner (Subject) Database	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-Query of Previously Saved Practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration Renewal Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 33. What is your organization's perception of health care practitioners with adverse action reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

*** 34. What is your organization's perception of health care practitioners with judgment or conviction reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

*** 35. What is your organization's perception of health care practitioners with medical malpractice payment reports in the Data Bank?**

Very Positive

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*** 35. What is your organization's perception of health care practitioners with medical malpractice payment reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

*** 36. Has your organization ever rejected an applicant because the applicant had a report in the Data Bank?**

Yes
 No
 Other (Please Explain)

*** 37. Has your organization received a query response including an adverse action report, a judgment or conviction report, or a medical malpractice payment report from the Data Bank for a member of staff or someone with clinical privileges between January 2010 and December 2012?**

Yes
 No
 Other (Please Explain)

Prev Next

Secure Search McAfee 1:33 PM 6/29/2013

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***38. Are there any products or services that the Data Bank could offer that would enable your organization to make decisions with greater confidence? (Please select all that apply.)**

- Webinars
- Seminars
- Fact Sheets
- Help Guides
- Informational Brochures
- Tutorials
- Newsletter Articles
- Other (Please Explain)

***39. Please share any other comments that you have about your experience with querying the Data Bank.**

***40. Has your organization reported to the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No

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- Newsletter Articles
- Other (Please Explain)

***39. Please share any other comments that you have about your experience with querying the Data Bank.**

***40. Has your organization reported to the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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***41. Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Data Bank Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informational Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center (800-767-6732)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Resources and Services Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***42. Every time I contact the Customer Service Center, they are effective in resolving all of my issues and concerns.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree
 Not Applicable

***43. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

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***43. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

***44. Customer service hours are: Monday – Thursday 8:30am – 6:00pm, Friday 8:30am – 5:30pm. Are the customer service hours sufficient?**

Yes
 No
 Other (Please Explain)

***45. Has the Guidebook, the hard copy or the web version, been a helpful resource in reporting to the Data Bank?**

Yes
 No
 Not Applicable
 Other (Please Explain)

Prev Next

Secure Search McAfee 1:39 PM 6/29/2013

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Entity Survey - Pilot Study

***46. Please rate your organization's level of overall satisfaction with the Data Bank.**

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

47. Please share any other comments that you have regarding your experiences with the Data Bank.

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Entity Survey - Pilot Study

Thank you for your participation with the Eligible Users of the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

***48. Do you have time for three additional questions?**

- Yes
- No

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Entity Survey - Pilot Study

***49. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?**

Yes

No

Other (Please Explain)

***50. Have you experienced any benefits by the merge of the NPDB and the HIPDB?**

***51. Have you experienced any drawbacks due to the merge of the NPDB and the HIPDB?**

Prev Done

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1:45 PM 6/29/2013

Group B – Querier With Matched Response

NPDB USERS COMPONENT – QUERIERS WITH MATCHED REPORT

Directions: For each of the following items, please select the response that best represents your organization's experiences. Please note that the National Practitioner Data Bank will be referred to as the "Data Bank" in items throughout the survey.

***1. Please enter the code from your invitation letter.**

***2. In what region of the country is your organization located?**

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont
- Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands
- Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia
- Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee
- Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin
- Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, or Texas
- Region 7: Iowa, Kansas, Missouri, or Nebraska
- Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming
- Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands, or Trust Territory of the Pacific Islands
- Region 10: Alaska, Idaho, Oregon, or Washington

***3. Which of the following best describes your organization?**

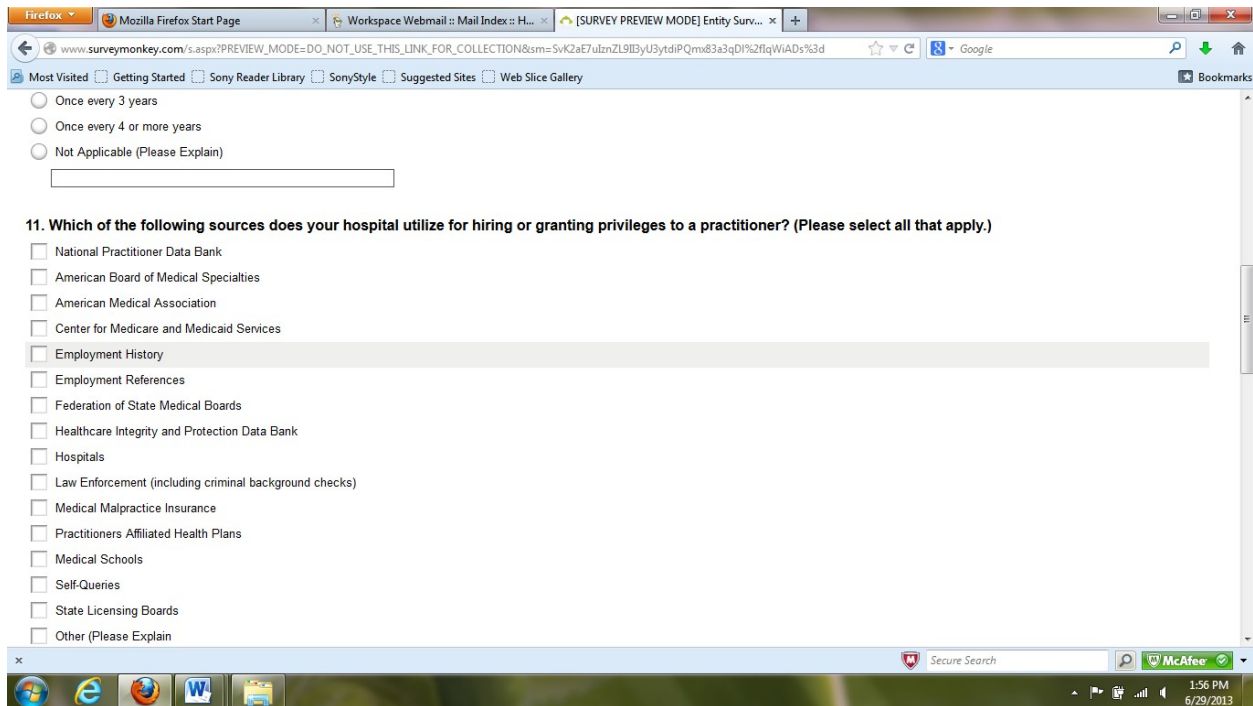
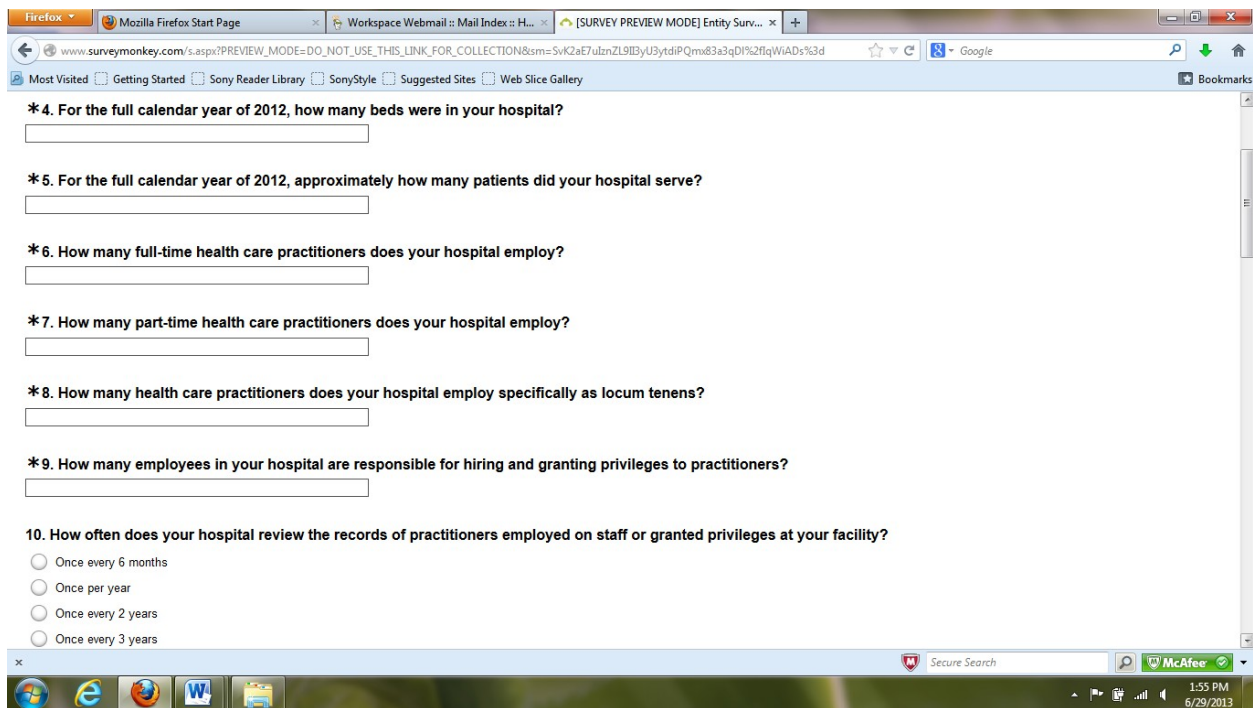
- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital

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- County-Owned Hospital
- Community Hospital
- Other Hospital
- Managed Care Organization
- Group Practice
- Clinic or Urgent Care Facility
- Medical Malpractice Payer
- Professional Society
- Board of Medical/Dental Examiners
- State Healthcare Practitioner Licensing
- State Certification Authority
- Federal or State Prosecutor (including Attorney General)
- Other State Agency
- Federal Agency
- Other (Please Explain)

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***12. For the full calendar year 2012, how many times has your hospital taken reportable disciplinary actions against practitioners for misconduct or incompetence?**

None
 At least once but less than 5 times
 At least 5 times but less than 10 times
 More than 10 times

13. What types of actions does your hospital take against any practitioners for misconduct or incompetence? (Please select all that apply.)

Employment or Contract Termination
 Restrict Clinical Privileges
 Probation
 Suspension
 Legal Actions
 Document Incident for Further Review
 Counseling
 No Action
 Unknown
 Not Applicable
 Other (Please Explain)

***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

Yes

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***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

Yes
 No
 Other (Please Explain)

15. How is your hospital insured for medical malpractice?

Self-Insured
 Third Party Insurance
 Uninsured
 Other (Please Explain)

***16. Is your hospital accredited by a national accreditation organization?**

Yes
 No
 Not Applicable (Please Explain)

Prev Next

Secure Search McAfee 1:57 PM 6/29/2013

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***17. Which of the following national accreditation organizations is your hospital accredited by? (Please select all that apply.)**

- Federal Government
- State Government
- Accreditation Association for Ambulatory Health Care
- American Academy of Dental Group Practice / Accreditation Association for Ambulatory Health Care
- Accreditation Commission for Health Care, Inc
- American Association for Accreditation of Ambulatory Surgery Facilities
- American Osteopathic Association/Healthcare Facilities Accreditation Program
- College of American Pathologists
- Commission for Accreditation of Birth Centers
- Commission on Laboratory Accreditation
- Community Health Accreditation Program
- DNV Healthcare
- Healthcare Quality Association on Accreditation
- Intersocietal Accreditation Commission
- Joint Commision
- National Accreditation Program for Breast Centers / American College of Surgeons
- National Integrated Accreditation for Healthcare Organizations
- National Committee for Quality Assurance
- Utilization Review Accreditation Commission
- Other (Please enter name of accrediting organization)

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1:58 PM 6/29/2013

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Entity Survey - Pilot Study

***18. Has your organization queried the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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1:59 PM 6/29/2013

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Entity Survey - Pilot Study

***19. Does your organization query the Data Bank due to legal or regulatory requirements either from a governing body or a national accreditation organization?**

Yes
 No
 Other (Please Explain)

***20. Does your organization contract with an authorized agent to query the Data Bank?**

Yes
 No
 Other (Please Explain)

Prev Next

Secure Search McAfee 2:00 PM 6/29/2013

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***21. How long has your work responsibilities included having to query the Data Bank?**

Less than 1 year
 At least 1 year but less than 2 years
 At least 2 years but less than 3 years
 At least 3 years but less than 4 years
 At least 4 years but less than 5 years
 5 years or more

***22. Please rate your level of agreement with the following statements concerning querying the Data Bank. (Only one answer per row.)**

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
The first time that I queried the Data Bank, I found it easy to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Querying the Data Bank is very intuitive; I was able to do it with little to no instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I can teach a fellow co-worker how to query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to complete all of the tasks of querying the Data Bank in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Querying the Data Bank is too complex; it can be simplified for users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whenever I query the Data Bank, I can do it with little to no instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it hard to remember all of the tasks required to query the Data Bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulties in completing all of the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I find it hard to remember all of the tasks required to query the Data Bank.

I have difficulties in completing all of the tasks of querying the Data Bank.

I usually have to ask for help when I query the Data Bank.

I needed to learn a lot of things before I could get going with querying the Data Bank.

***23. What aspects of querying the Data Bank do you consider the most difficult? (Please select all that apply.)**

Recalling the Password

Locating the Website

Navigating the Website

Collecting All of the Required Input

Managing a Practitioner (Subject) Database

Managing User Accounts

Making Payments

Other (Please Explain)

***24. How does your organization obtain Data Bank information about health care practitioner applicants?**

Utilize One-Time Query

Applicant Provides Copy of Self-Query

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2:03 PM 6/29/2013

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Applicant Provides Copy of Self-Query

Continuous Query

Other (Please Explain)

***25. Does your organization accept copies of self-query provided directly from applicants or are they required to have copies sent directly from the Data Bank?**

Directly from Applicant

Sent from Data Bank

Other (Please Explain)

***26. Does your organization use information from the Data Bank as confirmation that applicants submitted complete and accurate information?**

Yes

No

Other (Please Explain)

***27. What type of query does your organization utilize for health care practitioners who are already members of staff?**

One-Time Query

Continuous Query

Both Types of Query

Other (Please Explain)

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Both Types of Query
 Other (Please Explain)

***28. I feel that the information that we received from the Data Bank is accurate.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***29. I feel that the information that we received from the Data Bank is complete.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***30. I feel that we have received information from the Data Bank in a timely manner.**

Completely Agree
 Agree
 Neither Agree Nor Disagree

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Neither Agree Nor Disagree
 Disagree
 Completely Disagree

***31. How would you rate the cost to query the Data Bank?**

Very Expensive
 Expensive
 Fair Cost
 Inexpensive
 Very Inexpensive

***32. Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
One-Time Query	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuous Query	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioner (Subject) Database	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-Query of Previously Saved Practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration Renewal Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***33. What is your organization's perception of health care practitioners with adverse action reports in the Data Bank?**

Very Positive

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***33. What is your organization's perception of health care practitioners with adverse action reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

***34. What is your organization's perception of health care practitioners with judgment or conviction reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

***35. What is your organization's perception of health care practitioners with medical malpractice payment reports in the Data Bank?**

Very Positive
 Positive
 Neutral
 Negative
 Very Negative

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Neutral
 Negative
 Very Negative

***36. Has your organization ever rejected an applicant because the applicant had a report in the Data Bank?**

Yes
 No
 Other (Please Explain)

***37. Has your organization received a query response including an adverse action report, a judgment or conviction report, or a medical malpractice payment report from the Data Bank for a member of staff or someone with clinical privileges between January 2010 and December 2012?**

Yes
 No
 Other (Please Explain)

Prev Next

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***38. What type of information did your organization receive as a result of conducting a Data Bank query from January 2010 and December 2012? (Please select all that apply.)**

- State Licensure Action Report
- DEA/Federal Licensure Action Report
- Title IV Clinical Privileges Action Report
- Health Plan Action Report
- Exclusion/Debarment Action Report
- Professional Society Action Report
- Peer Review Organization Action Report
- Accreditation Action Report
- Government Administrative Action Report
- Reinstatement Report
- Criminal Conviction Report
- Deferred Conviction or Pre-Trial Diversion Report
- Nolo Contendere (No Contest) Plea Report
- Civil Judgment Report
- Injunction Report
- Medical Malpractice Payment Report
- Other (Please Explain)

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***39. What types of actions does your organization take when a query response shows adverse action reports, judgment or conviction reports, or medical malpractice payment reports on practitioners at your facility?**

- Take Action Against the Practitioner
- Seek Additional Information
- Conduct a Formal Peer Review
- File Information for Scheduled Review
- No Action Is Taken
- Unknown
- Other (Please Explain)

***40. Which of the following decisions are affected by the information provided by the Data Bank? (Please select all that apply.)**

- Hiring and Firing of Staff
- Credentialing
- Granting Clinical Privileges
- Disciplinary Actions
- Not Applicable
- Other (Please Explain)

***41. Would your decisions regarding practitioner have been different if you had not received the Data Bank response?**

- Yes

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***42. For each type of report listed below, please rate its effect on your organization's decision to offer employment or clinical privileges to a practitioner, if the practitioner had such a report in the Data Bank.**

	Very Strong	Strong	Moderate	Weak	Very Weak	No Effect At All	Not Applicable
State Licensure Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEA/Federal Licensure Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title IV Clinical Privileges Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusion/Debarment Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Review Organization Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accreditation Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative Action Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reinstatement Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Conviction Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deferred Conviction or Pre-Trial Diversion Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nolo Contendere (No Contest) Plea Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civil Judgment Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injunction Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Medical Malpractice Payment Report

***43. How often does a query response from the Data Bank impact the credentialing decisions of your organization for a practitioner?**

All the Time
 Most of the Time
 More than Half the Time
 About Half the Time
 Less than Half the Time
 Rarely
 Never
 Other (Please Explain)

***44. When your organization receives query responses from the Data Bank, how often does your organization contact the original reporters for additional information?**

All the Time
 Most of the Time
 More than Half the Time
 About Half the Time
 Less than Half the Time
 Rarely
 Never
 Other (Please Explain)

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Less than Half the Time
 Rarely
 Never
 Other (Please Explain)

***45. How often does information from the Data Bank lead to further investigation into additional sources of information?**

All the Time
 Most of the Time
 More than Half the Time
 About Half the Time
 Less than Half the Time
 Rarely
 Never
 Other (Please Explain)

***46. Information received from the Data Bank makes my organization confident about the decisions it makes concerning its practitioners.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree

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***47. How often does your query from the Data Bank provide you with new information about practitioners that you did not receive from other sources?**

All the Time
 Most of the Time
 More than Half the Time
 About Half the Time
 Less than Half the Time
 Rarely
 Never
 Other (Please Explain)

***48. Does your organization use information from the Data Bank as confirmation of the information that you receive from other sources?**

Yes
 No
 Other (Please Explain)

***49. Related query response is an enhancement that groups together an initial report and any subsequent revision reports related to the same event submitted by a reporter. How would you rate your level of overall satisfaction with related query response?**

Very Satisfied
 Satisfied

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***49. Related query response is an enhancement that groups together an initial report and any subsequent revision reports related to the same event submitted by a reporter. How would you rate your level of overall satisfaction with related query response?**

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied
- Not Applicable

***50. Are there any products or services that the Data Bank could offer that would enable your organization to make decisions with greater confidence? (Please select all that apply.)**

- Webinars
- Seminars
- Fact Sheets
- Help Guides
- Informational Brochures
- Tutorials
- Newsletter Articles
- Other (Please Explain)

***51. Please share any other comments that you have about your experience with querying the Data Bank.**

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- Help Guides
- Informational Brochures
- Tutorials
- Newsletter Articles
- Other (Please Explain)

***51. Please share any other comments that you have about your experience with querying the Data Bank.**

***52. Has your organization reported to the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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*** 53. Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Data Bank Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informational Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center (800-767-6732)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Resources and Services Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 54. Every time I contact the Customer Service Center, they are effective in resolving all of my issues and concerns.**

Completely Agree
 Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree
 Not Applicable

*** 55. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

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*** 55. If you have had any experiences where the Customer Service Center has failed in meeting your needs, please list the issues you sought assistance for and failed to receive.**

*** 56. Customer service hours are: Monday – Thursday 8:30am – 6:00pm, Friday 8:30am – 5:30pm. Are the customer service hours sufficient?**

Yes
 No
 Other (Please Explain)

*** 57. Has the Guidebook, the hard copy or the web version, been a helpful resource in reporting to the Data Bank?**

Yes
 No
 Not Applicable
 Other (Please Explain)

Prev Next

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Health Resources and Services Administration

Entity Survey - Pilot Study

*** 58. Please rate your organization's level of overall satisfaction with the Data Bank.**

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

59. Please share any other comments that you have regarding your experiences with the Data Bank.

[Prev](#) [Next](#)

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Health Resources and Services Administration

Entity Survey - Pilot Study

Thank you for your participation with the Eligible Users of the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

*** 60. Do you have time for three additional questions?**

- Yes
- No

[Prev](#) [Next](#)

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Entity Survey - Pilot Study

***61. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?**

Yes
 No
 Other (Please Explain)

***62. Have you experienced any benefits by the merge of the NPDB and the HIPDB?**

***63. Have you experienced any drawbacks due to the merge of the NPDB and the HIPDB?**

Prev Done

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Group C & D – Ever Registered & Never Registered (Same Survey)

NPDB NON-USERS COMPONENT – EVER REGISTERED & NEVER REGISTERED

Directions: For each of the following items, please select the response that best represents your organization's experiences. Please note that the National Practitioner Data Bank will be referred to as the "Data Bank" in items throughout the survey.

*** 1. Please enter the code from your invitation letter.**

*** 2. In what region of the country is your organization located?**

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont
- Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands
- Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia
- Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee
- Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin
- Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, or Texas
- Region 7: Iowa, Kansas, Missouri, or Nebraska
- Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming
- Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands, or Trust Territory of the Pacific Islands
- Region 10: Alaska, Idaho, Oregon, or Washington

*** 3. Which of the following best describes your organization?**

- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital

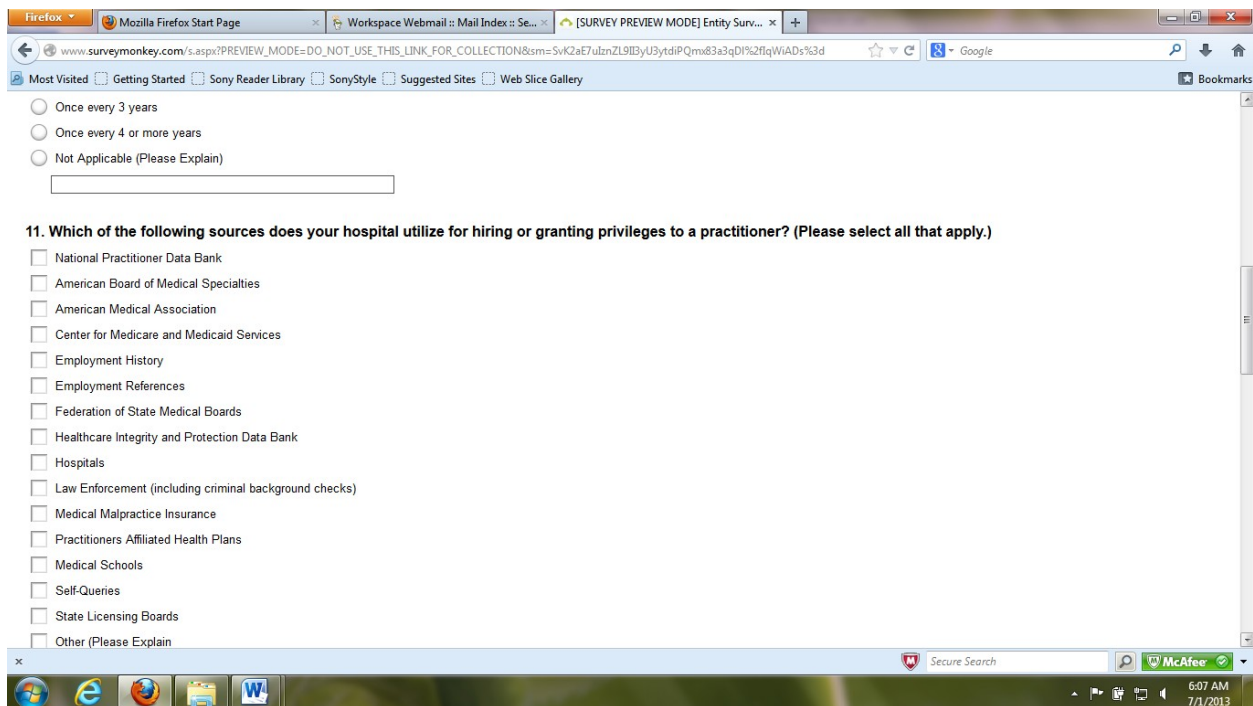
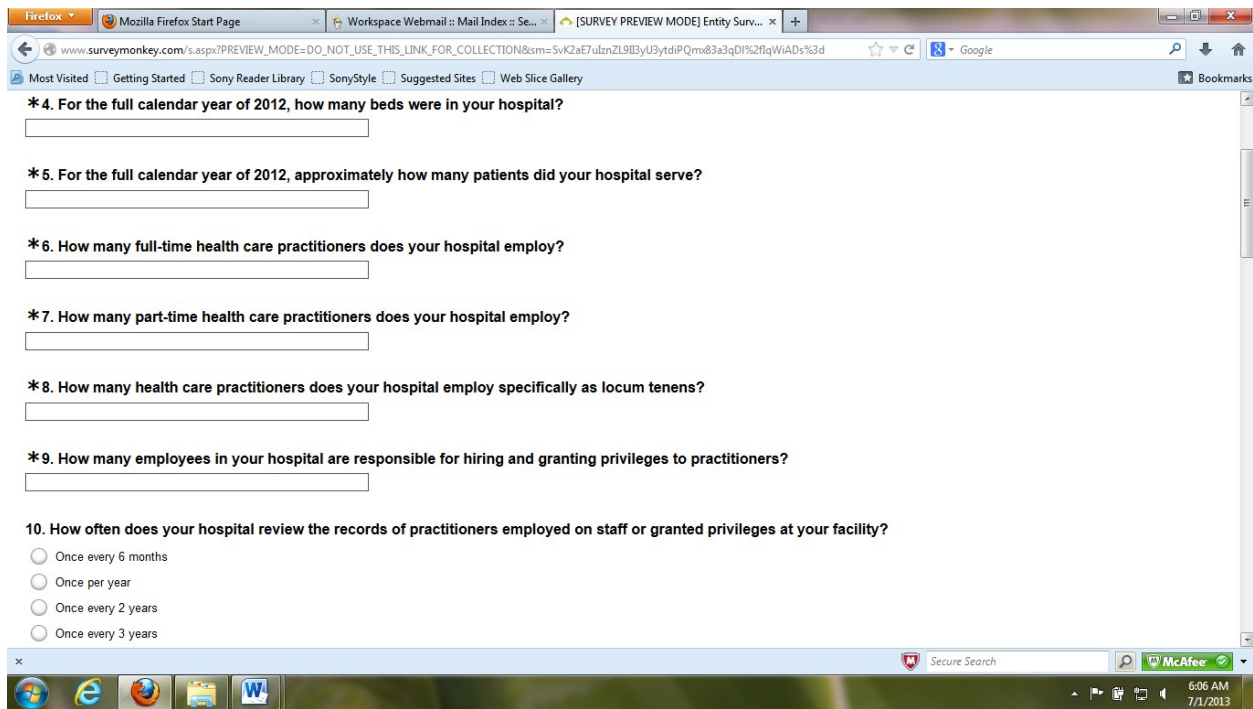
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*** 3. Which of the following best describes your organization?**

- Federal-Owned Hospital
- State-Owned Hospital
- County-Owned Hospital
- Community Hospital
- Other Hospital
- Managed Care Organization
- Group Practice
- Clinic or Urgent Care Facility
- Medical Malpractice Payer
- Professional Society
- Board of Medical/Dental Examiners
- State Healthcare Practitioner Licensing
- State Certification Authority
- Federal or State Prosecutor (including Attorney General)
- Other State Agency
- Federal Agency
- Other (Please Explain)

Next

6:04 AM
7/1/2013



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***12. For the full calendar year 2012, how many times has your hospital taken reportable disciplinary actions against practitioners for misconduct or incompetence?**

- None
- At least once but less than 5 times
- At least 5 times but less than 10 times
- More than 10 times

13. What types of actions does your hospital take against any practitioners for misconduct or incompetence? (Please select all that apply.)

- Employment or Contract Termination
- Restrict Clinical Privileges
- Probation
- Suspension
- Legal Actions
- Document Incident for Further Review
- Counseling
- No Action
- Unknown
- Not Applicable
- Other (Please Explain)

***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

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***14. Does your hospital have a risk management program aimed at health care practitioners that aids in the prevention of medical malpractice related issues?**

- Yes
- No
- Other (Please Explain)

15. How is your hospital insured for medical malpractice?

- Self-Insured
- Third Party Insurance
- Uninsured
- Other (Please Explain)

***16. Is your hospital accredited by a national accreditation organization?**

- Yes
- No
- Not Applicable (Please Explain)

Prev Next

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***17. Does your hospital plan to obtain accreditation from a national accreditation organization?**

- Yes
- No
- Other (Please Explain)

Prev Next

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***18. Has your organization queried the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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6:11 AM 7/1/2013

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***19. Has your organization reported to the Data Bank between January 2010 and December 2012?**

- Yes, the NPDB (National Practitioner Data Bank)
- Yes, the HIPDB (Healthcare Integrity and Protection Data Bank)
- Yes, both the NPDB and the HIPDB
- No
- Other (Please Explain)

Prev Next

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***20. Prior to this survey, has your organization ever heard of the National Practitioner Data Bank or the NPDB?**

- Yes
- No
- Other (Please Explain)

***21. Is your organization aware of the services that the Health Resources and Services Administration (HRSA) provides organizations related to issues in the health care industry?**

- Yes
- No
- Other (Please Explain)

***22. Has your organization ever sought services from the Department of Health and Human Services (DHHS) of the United States of America?**

- Yes
- No
- Other (Please Explain)

Prev Next

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*23. How can the Data Bank be more useful to you?

Prev Next

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Thank you for your participation with the Eligible Users of the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

*24. Do you have time for three additional questions?

- Yes
- No

Prev Next

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***25. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?**

Yes
 No
 Other (Please Explain)

***26. Have you experienced any benefits by the merge of the NPDB and the HIPDB?**

***27. Have you experienced any drawbacks due to the merge of the NPDB and the HIPDB?**

Prev Done

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