**Attachment D: Pretest Cover Letter and Reminder Notice for**

**Ambulatory Surgery Survey**

Cover Letter of Support from Ambulatory Surgery Center

*[Insert medical office logo here]*

Hello,

*[Insert name of medical office]* is participating in an important survey sponsored by the Agency for Healthcare Research and Quality. The survey asks for your opinions about patient safety issues in this facility. Westat, a private research organization located in Rockville, Maryland, is conducting the survey.

The survey should take about 15 minutes to complete. Your feedback will help us find ways to improve value in ambulatory and outpatient centers. If you do not wish to answer a question, you may leave it blank. Your responses to this survey will be kept confidential to the extent permitted by law. Only group results will be reported.

 If you have any questions or concerns, please contact *[insert medical office point of contact name and phone number here*]. We value and appreciate your participation in this important research!

Sincerely,

*[Insert medical office manager/managing partner name and signature here]*

**Attachment D: Pretest Cover Letter and Reminder Notice for**

**SOPS-AS (continued)**

Reminder Notice Text

**We want to hear from you!**

**Survey of Patient Safety in Ambulatory Surgery and Outpatient Settings**

*![C:\Documents and Settings\milcetich_l\Temporary Internet Files\Content.IE5\RMGTR5L0\MC900078789[1].wmf]()*

Recently, a survey was distributed to you. The survey is part of a research project sponsored by the Agency for Healthcare Research and Quality (AHRQ) to assess patient safety issues in ambulatory and outpatient settings.

If you have already completed your survey and mailed it back to *[pilot study data collection coordinator],* THANK YOU VERY MUCH!



***If you have not yet had a chance to complete your survey,*** please take a few minutes to fill it out and mail it back to *[pilot study data collection coordinator]* in the postage-paid envelope that was provided. *Your opinions are important to us.* Thank you!

If you have any questions, please call: [*insert medical office point of contact name and phone number here]*