

Form Approved OMB No. 0920XXXX Exp. Date xx/xx/20xx

Clinical Process Improvement Survey

Instructions

This survey asks questions about how you see yourself as a team member and how you see your health clinic. It begins on the next page with a short demographic section that is for descriptive purposes only. The *Anonymous Linkage Code* is requested so that information you give now can be "linked" to your responses to similar questions you may be asked later.

To complete the form, please mark your answers by marking the appropriate circles. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.

CDC estimates the average public reporting burden for this collection of information as 10 minutes per survey, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXXX).



Clinical Process Improvement Survey

The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.

using your name or inform:	ation that can ident	ify you.				
	First letter in mother's first name:	First letter in father's first name:	First digit in social security number:	Last digit in social security number:		
Please complete the following tems for your anonymous code:						
Today's Date: (MO/DAY/YYYY)						
Are you:						
○ Male						
○ Female						
Your Birth Year: 19(YY)						
Are you Hispanic or Latino?						
O Yes						
O No						
Are you: [MARK AS MANY AS .	APPLY]					
American Indian or Alaskan Nar	tive	Black or Afri	ican American			
Asian		☐ White				
Native Hawailan or other Pacific	c Islander					



Bachelor's degree Master's degree Doctoral degree or equivalent Item tudent dministration
Doctoral degree or equivalent item tudent dministration
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FEN, etc.)



CLINICAL PROCESS IMPROVEMENT ASSESSMENT

INSTRUCTIONS: Please answer the following questions based on your present situation. Each question allows you to choose from several alternatives. Please select the best response and fill in the corresponding circle.

The Institute for Healthcare Improvement Breakthrough Series offers a systematic approach for healthcare organizations to continually improve clinically related work processes and customer products and services (e.g., reducing patient waits and delays). Below is the definition for Clinical Process Improvement that will be used in this survey.

Successful clinical process improvement requires that healthcare providers:

1. Gather data regularly

Yes

- 2. Use technology more effectively
- 3. Participate in cross-functional teams
- 4. Involve customers in decision-making
- 5. Change work processes in response to new knowledge

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In your opin	nion, has <u>your hospital</u> done what it can to facilitate clinician involvement in process improvement?
O No, and	it does not intend to within the next six months.
O No, but i	it intends to within the next six months.
No, but i	it intends to within the next 30 days.
O Yes, it ha	as, but for less than six months.
O Yes, it ha	as for more than six months.
Given your	role at your hospital, have <u>you</u> done what you can to get involved in clinical process improvement?
No, and	I do not intend to within the next six months.
O No, but I	I intend to within the next six months.
O No, but I	I intend to within the next 30 days.
O Yes, I ha	ave, but for less than six months.
O Yes, I ha	ave for more than six months.
Have you be	een asked to get involved in clinical process improvement?
O No	



DECISIONAL BALANCE

The following statements represent different opinions about clinical process improvement. Based on your observations, please rate HOW IMPORTANT each of the following would be in your hospital's decision to get involved in process improvement.

How important are the following in your hospital's decision to get involved in clinical process improvement?

	Not at all important	Somewhat important	Moderately important	Very important	Extremely important
Help my hospital adapt to rapid changes in health care.	0	0	0	0	0
Take time away from patient care.	0	0	0	0	0
Improve work processes.	0	0	0	0	0
Increase paperwork.	0	0	0	0	0
Help my hospital be more competitive.	0	0	0	0	0
Improve our ability to respond to change.	0	0	0	0	0
Get us going in too many directions.	0	0	0	0	0
Be a waste of time, like other management fads.	0	0	0	0	0
Help ensure continued funding.	0	0	0	0	0
Increase stress at work.	0	0	0	0	0
Improve the quality of services.	0	0	0	0	0
Create further demands for documented performance.	0	0	0	0	0
Help my hospital adopt state of the art techniques.	0	0	0	0	0
Strain working relationships.	0	0	0	0	0
Help my hospital focus more on critical services.	0	0	0	0	0
Create conflict across departments.	0	0	0	0	0

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Get us going in too many directions.		0	0	0	0	0
Be a waste of time, like other management fads.		0	0	0	0	0
Help ensure continued funding.		0	0	0	0	0
Increase stress at work.		0	0	0	0	0
Improve the quality of services.		0	0	0	0	0
Create further demands for documented performance.		0	0	0	0	0
Help my hospital adopt state of the art techniques.		0	0	0	0	0
Strain working relationships.		0	0	0	0	0
Help my hospital focus more on critical services.		0	0	0	0	0
Create conflict across departments.		0	0	0	0	0
Strain working relationships. Help my hospital focus more on critical services.		0	0	0	0	

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