

Appendix A - Baseline Practice Assessment

Form Approved
 OMB No. xxxx-xxxx
 Exp. Date xx/xx/xxxx

Application for Participation in Guide to Improve Patient Safety in Primary Care Settings by Engaging Patients and Families

Thank you for agreeing to implement the Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families (the Guide). The Guide is being developed by a team led by the MedStar Health Research Institute and the project is funded by the Agency for Healthcare Research and Quality (AHRQ).

The following assessment should be completed by one member of the practice staff. The information provided will remain confidential. The assessment will take approximately 60 minutes to complete.

Please complete this form by answering all of the questions on the survey.

General Information About Your Practice

Practice Name		
Location (City, State)		
Select one:	Urban Inner City Rural Suburban Other (Specify)	
Contact Person		
Medical Director		
Number of	Physicians Nurse Practitioners Nurses Medical Assistants Pharmacists Social Workers Case Managers Other Practice Staff Other (specify)	

Public reporting burden for this collection of information is estimated to average 90 minutes per response, the estimated time required to complete the survey. 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 (0935-0179) AHRQ, 5600 Fishers Lane, Mail

Total Number of Patients Served by Practice	
Payer Mix (Indicate % of Patients)	Self-Pay _____% Medicare _____% Medicaid _____% Private Insurance _____% Uninsured _____% Other _____%
Race (indicate % of patients)	White _____% Black or African American _____% American Indian or Alaska Native _____% Asian _____% Native Hawaiian or Other Pacific Islander _____%
Ethnicity (indicate % of patients)	Hispanic or Latino _____% Not Hispanic or Latino _____%

Information about Patient Safety and Quality Improvement Activities of the Practice

	Yes	No
Does your practice routinely conduct a patient safety culture survey? • Please specify which survey you use: _____ • Date of the last survey _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your practice part of a larger healthcare system? Please indicate which health system you are affiliated with: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your practice currently part of the Patient Centered Medical Home initiative?	<input type="checkbox"/>	<input type="checkbox"/>
Is your practice currently part of the Center for Medicare & Medicaid Innovation (CMMI) Transforming Clinical Practice Initiative?	<input type="checkbox"/>	<input type="checkbox"/>
Is your practice currently working on any	<input type="checkbox"/>	<input type="checkbox"/>

other practice improvement strategies?		
Does your practice have or use the services of a practice facilitator?	<input type="checkbox"/>	<input type="checkbox"/>

Experience with Using the Guide Interventions

	Yes	No
Does your practice currently use Teach-back?	<input type="checkbox"/> Please specify how long you have been using teach-back. _____	<input type="checkbox"/>
Does your practice currently use any of the approaches below?		
Questions are the Answer	<input type="checkbox"/>	<input type="checkbox"/>
Ask Me 3	<input type="checkbox"/>	<input type="checkbox"/>
Patient Decision Aids	<input type="checkbox"/>	<input type="checkbox"/>
Shared Decision Making	<input type="checkbox"/>	<input type="checkbox"/>
Patient’s Toolkit for Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Teach-back	<input type="checkbox"/>	<input type="checkbox"/>
Medication Lists for Patients/Families	<input type="checkbox"/>	<input type="checkbox"/>
Does your practice currently use materials and/or approaches to support medication management?	<input type="checkbox"/>	<input type="checkbox"/>
Does your practice currently use a process of warm hand-off?	<input type="checkbox"/> Please specify how long you have been using warm handoff. _____	<input type="checkbox"/>

The assessment will be completed by one practice member (e.g. by the practice champion) and completed on paper and the results entered into a REDCap® form by the contractor. It is anticipated that the collection of the information to respond to the assessment will take approximately 60-minutes. This assessment will be completed at baseline only.