

Attachment A: Cover letter and reminder notice for AHRQ Safety Program for Improving Surgical Care and Recovery safety culture survey

Purpose of document: This document will be the EMAIL that all survey takers will receive when the survey administration opens.

Greetings \$NAME\$,

As a member of [Hospital Name], we ask you to share your perception of the patient safety culture within your surgery area. Your responses will be completely anonymous and confidential and will be used to improve the safety of our patients.

To complete the **short 15-minute** Surgery Survey on Patient Safety any time between [Date - Date], click here: \$URL\$

Please remember to click “submit” at the end of the survey.

The above link is unique to you; do not share it with anyone else. Please note that your responses cannot be tracked back to you in any way. Your responses will be combined with the responses of others in your unit. These combined results will be shared with you during a debriefing session after the survey has closed.

The Johns Hopkins Armstrong Institute Quality Platform (AIQP) in Baltimore, Maryland, hosts the survey. The survey works best when opened in Google Chrome, Firefox, or Internet Explorer 9 or higher.

If you have any questions regarding this survey, please contact your enhanced surgical care and recovery program coordinator.

Thank you very much. Your input is extremely valuable.

Sincerely,

The Johns Hopkins Armstrong Institute for Patient Safety and Quality team