Form Approved OMB No. 0935-0238 Exp. Date 09/30/2020

Structural Assessment for the Ambulatory Care Setting

- 1. How many clinicians work in your practice (including MDs, DOs, MBBSs, NPs, & PAs)?
- 2. Approximately how many patients does your practice see in an average week?
- 3. Does your practice have regular meetings?
 - 3a. If yes, who attends these meetings? SELECT ALL THAT APPLY
 - a. Clinicians
 - b. Nurses
 - c. Medical assistants
 - d. Front desk staff
 - e. Others
 - 3b. If yes, how often do you meet?
 - a. more than once a week
 - b. once a week
 - c. 2-3 times a month
 - d. once a month
 - e. less than once a month
 - 3c. If yes, what time of the day do you meet?
 - a. Before clinic
 - b. During morning clinic hours
 - c. During lunch
 - d. During afternoon clinic hours
 - e. After clinic
 - f. Other (please specify)
- 4. Has your practice used a team-based approach (such as the comprehensive unit-based safety program (CUSP)) for quality improvement initiatives in the past?
 - 3a. If yes, please describe previous initiatives that have used a team-based approach.
- 5. Have clinicians in your practice developed local guidelines for conditions for which antibiotics are commonly prescribed?
 - 5a. If yes, please describe.
- 6. Have clinicians in your practice developed a list of conditions for which antibiotic prescriptions are discouraged?
 - 6a. If yes, please describe.
- 7. Does your practice formally track antibiotic prescriptions?
 - 7a. If yes, please describe how tracking occurs and what the data are used for.

Attachment B: Structural Assessment Form for Ambulatory Care Settings

Form Approved OMB No. 0935-0238 Exp. Date 09/30/2020

8. Do patient satisfaction scores impact provider compensation in your practice? 8a. If so, are all clinic visits eligible for patient satisfaction scores?

Public reporting burden for this collection of information is estimated to average 12 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 (0935-0238) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.