

**Attachment C: Cover letter and reminder notice for patient experience survey AHRQ
Safety Program for Improving Surgical Care and Recovery**

COVER LETTER FOR SURVEY

«FirstName» «LastName»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

[HOSPITAL] would like to learn more about the quality of health care that patients receive at [HOSPITAL]. Westat, an independent research company, is helping to conduct this survey. [HOSPITAL] records show that you had surgery at the hospital. The results of this survey will be used to help understand more about patient experiences at [HOSPITAL].

The enclosed survey asks for your experiences with the surgery you had on [DATE OF SURGERY]. We hope that you will take a few minutes to complete and return the questionnaire to Westat in the enclosed, postage-paid envelope.

When answering the questions, please consider the overall experience of your surgical hospitalization at [HOSPITAL] where you had surgery on [DATE OF SURGERY]. Do not answer questions based on any other surgeries you might have had at either this hospital or another.

All information you provide will be kept confidential. Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when survey results are described. The results of this survey will be used to help [HOSPITAL] understand more about patient experiences in [HOSPITAL]. The overall survey results for many hospitals combined will be shared with the Agency for Healthcare Research and Quality (AHRQ) which is funding a project about surgical care. Your participation is voluntary and will not affect any health care benefits you currently receive or will receive in the future.

If you have any questions about the survey, please call the Patient Experience Survey helpline toll-free at 1-800-XXX-XXXX. If you need help in reading the questions or marking responses, a friend or family member can assist you. Thank you in advance for your participation.

Sincerely,

Johns Hopkins University, American College of Surgeons, and Westat

JOHNS HOPKINS
ARMSTRONG INSTITUTE
FOR PATIENT SAFETY AND QUALITY



100+years

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes



Enclosures

[PRINT UNIQUE SAMPLE ID NUMBER HERE]

REMINDER NOTICE FOR SURVEY

«FirstName» «LastName»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

Recently, we sent you a letter asking for your help on a survey to provide [HOSPITAL] with information about the quality of health care provided to patients who receive surgery at [HOSPITAL]. As of today, we have not yet received your completed questionnaire. **If you have already completed and returned the questionnaire, please accept our thanks. If you have not completed it, please take a few minutes to do so now.** Then return the questionnaire in the enclosed, postage-paid envelope.

When answering the questions, please consider the overall experience of your surgical hospitalization at [HOSPITAL] where you had surgery on [DATE OF SURGERY]. Do not answer questions based on any other surgeries you might have had at either this hospital or another.

The results of this survey will be used to help understand more about patient experiences in [HOSPITAL]. All information you provide will be kept confidential. Your participation is voluntary and will not affect any health care benefits you currently receive or will receive in the future.

If you have any questions about the survey, please call the Patient Experience Survey helpline toll-free at 1-800-XXX-XXXX. If you need help in reading the questions or marking responses, a friend or family member can assist you. Thank you in advance for your participation.

Sincerely,

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