Entities Survey Codebook: Draft November 2020

ID	Name	Type	Label	Values	Value Labels
1	StartDate	numeric	Start Date		
2	EndDate	numeric	End Date		
3	Progress	numeric	Progress		
4	Duration__in_seconds_	numeric	Duration (in seconds)		
5	Finished	numeric	Finished	0 1	False True
6	RecordedDate	numeric	Recorded Date		
7	ResponseId	character	Response ID		
9	Q3_0_GROUP_3	numeric	In what region of the country is your organization located? If your organization operates in multiple regions, select all that apply by rank ordering them. - Groups - Ranked regions Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands	1	
12	Q3_0_GROUP_7	numeric	In what region of the country is your organization located? If your organization operates in multiple regions, select all that apply by rank ordering them. - Groups - Ranked regions Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin	1	
19	Q3_0_3_RANK	numeric	In what region of the country is your organization located? If your organization operates in multiple	1 2 3 4 5 6	1 2 3 4 5 6

			regions, select all that apply by rank ordering them. - Ranks - Ranked regions - Region 2: New Jersey, New York, Puerto Rico, or Virgin Islands - Rank	7 8 9 10	7 8 9 10
22	Q3_0_7_RANK	numeric	In what region of the country is your organization located? If your organization operates in multiple regions, select all that apply by rank ordering them. - Ranks - Ranked regions - Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin - Rank	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
28	Q4	numeric	Which of the following best characterizes your organization?	1 7	My organization reports adverse actions or malpractice payments to the NPDB that occur in my organization's region (e.g., an independent hospital located in one area or a hospital system reporting from a single area). My organization reports adverse actions or malpractice payments to the NPDB that occur in multiple regions (e.g., a hospital system located in multiple regions and reporting from the respective regions).
29	Q5	numeric	Which of the following best describes your organization? Select one category. - Selected Choice	1 2 4 7 8 9 10 11 12 13 14 15	Hospital or Hospital System Health Plan Other Health Care Entities (e.g., Group Practice, Community Health Center, Clinic, Urgent Care or Ambulatory Health Care Facility or another health care organization that is not a hospital) Professional Society Medical Malpractice Payer State Licensing Board or State

Certification Authority
Federal Licensing Agency
Federal or State Prosecutor
(including Attorney General)
Other State Agency
Other Federal Agency
Authorized Agent for NPDB
Registered Health Care
Entities
Other (Please Explain)

30	Q5_15_TEXT	character	Which of the following best describes your organization? Select one category. - Other (Please Explain) - Text
32	Q7_6_TEXT	character	Which of the following two categories best describes your organization? - Other (please specify) - Text
35	Q10_7_TEXT	character	For the typical year, how many staffed beds are in your hospital? - Do not know (Please Explain) - Text
37	Q11_8_TEXT	character	For the typical year, approximately how many patients (including inpatients and outpatients) does your hospital serve? - Do not know (Please Explain) - Text
39	Q12_10_TEXT	character	How would you characterize your hospital? Select one of the categories below: - Other (Please Explain) - Text
41	Q13_5_TEXT	character	How is your hospital insured for medical malpractice? - Other (Please Explain) - Text

43	Q14_6_TEXT	character	In your hospital, who is named in medical malpractice cases? - Other (Please Explain) - Text
48	Q15_4_TEXT	character	For the typical year, to how many health care practitioners does your hospital provide medical malpractice insurance? - Do not know (Please Explain) - Text
49	Q15_5_TEXT	character	For the typical year, to how many health care practitioners does your hospital provide medical malpractice insurance? - Other comments (if you have any) - Text
50	Q16_1_1	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter

them in the text box provided below. - MDs and DOs
- Full-Time

51	Q16_1_2	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - MDs and DOs - Part-Time
52	Q16_1_3	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to

your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - MDs
and DOs
- Contractors

| 53 | Q16_1_4 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - MDs |

and DOs
- Locum tenens

54	Q16_1_5		character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - MDs and DOs - Do not know (please explain)
55	Q16_2_1		character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization,

select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Dentists -
Full-Time

| 56 | Q16_2_2 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Part-Time |

57	Q16_2_3	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Contractors
58	Q16_2_4	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for

			a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Locum tenens
59	Q16_2_5	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Do not know (please explain)
60	Q16_3_1	character	For each of the categories listed below,

how many
health care
practitioners serve in
your hospital?
Type a number for each
category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Full-Time

61	Q16_3_2	character	For each of the
			categories listed below,
			how many

health care
practitioners serve in
your hospital?
Type a number for each
category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a

			particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Advanced Practice Registered Nurses - Part-Time
62	Q16_3_3	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Advanced Practice Registered Nurses - Contractors
63	Q16_3_4	character	For each of the categories listed below,

how many
health care
practitioners serve in
your hospital?
Type a number for each
category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Locum tenens

| 64 | Q16_3_5 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a |

particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Advanced Practice Registered Nurses - Do not know (please explain)

| 65 | Q16_4_1 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Full-Time |
| 66 | Q16_4_2 | character | For each of the |

categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Part-Time

| 67 | Q16_4_3 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a |

particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Contractors

68	Q16_4_4		character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Locum tenens
69	Q16_4_5		character	For each of the categories listed below, how many health care

practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Do not know (please explain)

| 70 | Q16_5_1 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that |

category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Full-Time

71	Q16_5_2	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Physician Assistants - Part-Time
72	Q16_5_3	character	For each of the categories listed below, how many health care practitioners serve in your hospital?

Type a number for each
category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Contractors

| 73 | Q16_5_4 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number |

for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Physician Assistants - Locum tenens

| 74 | Q16_5_5 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Physician Assistants - Do not know (please explain) |
| 75 | Q16_6_1 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each |

category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - Other
Health Care
Practitioners - Full-
Time

| 76 | Q16_6_2 | | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number |

for any given category, provide your best estimate. If you have any comments, please enter
them in the text box provided below. - Other Health Care Practitioners - Part-Time

77	Q16_6_3	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Other Health Care Practitioners - Contractors
78	Q16_6_4	character	For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each

category. If you do not
know, select "do not
know" and explain
your
response. If the
category is not
applicable to
your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - Other
Health Care
Practitioners - Locum
tenens

| 79 | Q16_6_5 | character | For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number |

for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Other Health Care Practitioners - Do not know (please explain)

80	Q17	character	Comments (if you have any)		
84	Q18_4_TEXT	character	How many employees in your hospital are responsible for hiring and granting privileges to practitioners? - Comments (if you have any): - Text		
85	Q394	numeric	How often does your hospital review the records of practitioners employed on staff or granted privileges at your facility? - Selected Choice	1 4 5 6 7 8 9	Once every 6 months Once per year Once every 2 years Once every 3 years Once every 4 or more years Ongoing Other (Please Explain)
86	Q394_9_TEXT	character	How often does your hospital review the records of practitioners employed on staff or granted privileges at your facility? - Other (Please Explain) - Text		
105	Q19_22_TEXT	character	Which of the following sources does your hospital utilize for hiring or granting privileges to a practitioner? (Please select all that apply.) - Other (Please Explain) - Text		
108	Q23	character	If you selected 'Do not know' in the previous		

			question, please explain:		
121	Q24_12_TEXT	character	In the last 5 years, how many times has your hospital taken the following actions regarding practitioners? (Only one answer per row.) - Other (Please Explain) - Text		
125	Q26_6_TEXT	character	Does your hospital use a risk management program for reducing medical errors? - Other (Please Explain) - Text		
128	Q28_4_TEXT	character	Is your hospital accredited by a national accreditation organization? - Not Applicable (Please Explain) - Text		
130	Q29_18_TEXT	character	Which organization has accredited your hospital? - Other (Please Specify) - Text		
133	Q31_5_TEXT	character	Is your hospital located in a state where the medical board has a monetary penalty (for the hospital) for not reporting clinical privileges actions to the state medical board? - Not Applicable (Please Explain) - Text		
134	Q395	numeric	Has your hospital ever been penalized by the state medical board for not reporting clinical privileges actions to the state medical board?	1 4 5	Yes No Do not know
135	Q396	numeric	Has your hospital ever received a rating for	1 4	Yes No

			patient safety and quality of care from the Centers for Medicare & Medicaid Services (CMS)? - Selected Choice	5 6	Not Applicable (Please Explain) Do not know
136	Q396_5_TEXT	character	Has your hospital ever received a rating for patient safety and quality of care from the Centers for Medicare & Medicaid Services (CMS)? - Not Applicable (Please Explain) - Text		
137	Q397	numeric	Which of the following rating has your hospital received from the CMS?	1 4 5 6 7 8	One star Two stars Three stars Four stars Five stars Do not know
138	Q398	numeric	Has your hospital ever received a rating/grade for patient safety and quality of care from any organization other than the CMS? - Selected Choice	1 4 5 6	Yes No Not Applicable (Please Explain) Do not know
139	Q398_5_TEXT	character	Has your hospital ever received a rating/grade for patient safety and quality of care from any organization other than the CMS? - Not Applicable (Please Explain) - Text		
140	Q399	character	What is the name of the organization that rated/graded your hospital?		
141	Q400	character	Which rating/grade did the organization give to your hospital?		
143	Q33_9_TEXT	character	Which of the following best characterizes your		

organization? - Other (Please Specify) - Text

| 145 | Q34_5_TEXT | character | Is your organization affiliated with a larger enterprise or network that provides employment or credentialing services for practitioners on your behalf? - Other (Please Explain) - Text |

| 147 | Q35_8_TEXT | character | How would you classify the larger enterprise or network that provides your organization with employment or credentialing services (if applicable)? - Other Business Entity (Please Explain) - Text |

| 149 | Q36_6_TEXT | character | Does your organization serve inpatients, outpatients, or both? - Not Applicable (Please Explain) - Text |

| 151 | Q37_8_TEXT | character | For the typical year, approximately how many patients does your organization serve? - Do not know (Please Explain) - Text |

| 152 | Q38_1_1 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not |

applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - MDs
and DOs
- Full-Time

| 153 | Q38_1_2 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box |

provided below. - MDs
and DOs
- Part-Time

| 154 | Q38_1_3 | | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - MDs and DOs - Contractors |

| 155 | Q38_1_4 | | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not |

applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - MDs
and DOs
- Do not know (please
explain)

156	Q38_2_1		character	For each of the

For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter

them in the text box provided below. - Dentists - Full-Time

| 157 | Q38_2_2 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Part-Time |
| 158 | Q38_2_3 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the |

category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Dentists - Contractors

| 159 | Q38_2_4 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter |

them in the text box
provided below. -
Dentists -
Do not know (please
explain)

160   Q38_3_1   character   For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Full-Time

161   Q38_3_2   character   For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and

explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Part-Time

| 162 | Q38_3_3 | | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best |

estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Contractors

| 163 | Q38_3_4 | | character | For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Advanced
Practice Registered
Nurses - Do not know
(please
explain) |
| 164 | Q38_4_1 | | character | For each of the
categories listed below,
how many
health care
practitioners serve in
your |

organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Full-Time

| 165 | Q38_4_2 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not |

sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Registered
Nurses - Part-Time

166	Q38_4_3	character	For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Registered Nurses - Contractors
167	Q38_4_4	character	For each of the categories listed below, how many health care practitioners serve in your

organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Registered
Nurses - Do not know
(please explain)

| 168 | Q38_5_1 | character | For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that |

category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Full-Time

169   Q38_5_2   character   For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Part-Time

170   Q38_5_3   character   For each of the
categories listed below,
how many
health care
practitioners serve in

your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Contractors

| 171 | Q38_5_4 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that |

category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. -
Physician
Assistants - Do not
know (please explain)

| 172 | Q38_6_1 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Other Health Care Practitioners - Full-Time |
| 173 | Q38_6_2 | character | For each of the categories listed below, how many |

health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below. - Other Health Care Practitioners - Part-Time

| 174 | Q38_6_3 | character | For each of the categories listed below, how many health care practitioners serve in your organization? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for |

a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - Other
Health Care
Practitioners -
Contractors

| 175 | Q38_6_4 | | character | For each of the |

For each of the
categories listed below,
how many
health care
practitioners serve in
your
organization? Type a
number for each
category. If
you do not know, select
"do not know" and
explain
your response. If the
category is not
applicable
to your organization,
select "Not applicable."
If
your organization does
not employ anyone for
a
particular category,
type "0" (zero) for that
category. If you are not
sure of the exact
number
for any given category,
provide your best
estimate. If you have
any comments, please
enter
them in the text box
provided below. - Other
Health Care
Practitioners - Do not
know (please
explain)

176	Q39	character	Comments (if you have any)
179	Q40_4_TEXT	character	How many employees in your organization are responsible for hiring and granting privileges to practitioners? - Do not know (Please Explain) - Text
181	Q41_9_TEXT	character	How often does your organization review the records of practitioners employed on staff or that have been granted privileges at your facility? - Other (Please Explain) - Text
200	Q42_22_TEXT	character	Which of the following sources does your organization utilize for hiring or granting privileges to a - Other (Please Explain) - Text
203	Q46	character	If you selected 'Do not know' in the previous question, please explain:
207	Q48_6_TEXT	character	Does your organization use a risk management program for reducing medical errors? - Other (Please Explain) - Text
210	Q50_6_TEXT	character	How is your organization insured for medical malpractice? - Other (Please Explain) - Text
212	Q51_6_TEXT	character	In your organization, who is named in medical malpractice cases? - Other (Please Explain) - Text

215	Q52_4_TEXT	character	For the typical year, to how many health care practitioners does your organization provide medical malpractice insurance? - Do not know (Please Explain) - Text		
216	Q52_5_TEXT	character	For the typical year, to how many health care practitioners does your organization provide medical malpractice insurance? - Not applicable (Please Explain) - Text		
217	Q53	character	Other comments about the previous question (if you have any)		
219	Q54_5_TEXT	character	Is your organization accredited by a national accreditation organization? - Not Applicable (Please Explain) - Text		
221	Q55_18_TEXT	character	Which organization has accredited your organization? - Other (Please Specify) - Text		
223	Q59	numeric	For the typical year, how many applications for membership does your professional society receive? - Selected Choice	1 4	Type a number: Do not know (Please Explain)
224	Q59_1_TEXT	numeric	For the typical year, how many applications for membership does your professional society receive? - Type a number: - Text	*range: 1-1*	
225	Q59_4_TEXT	character	For the typical year, how many applications for membership does your professional society		

receive?
- Do not know (Please Explain) - Text

226	Q61	numeric	For the typical year, how many membership applications does your professional society approve? - Selected Choice	1 4	Type a number: Do not know (Please Explain)
227	Q61_1_TEXT	numeric	For the typical year, how many membership applications does your professional society approve? - Type a number: - Text		
228	Q61_4_TEXT	character	For the typical year, how many membership applications does your professional society approve? - Do not know (Please Explain) - Text		
229	Q62	numeric	For the typical year, how many members belong to your professional society? - Selected Choice	1 4	Type a number: Do not know (Please Explain)
230	Q62_1_TEXT	numeric	For the typical year, how many members belong to your professional society? - Type a number: - Text		
231	Q62_4_TEXT	character	For the typical year, how many members belong to your professional society? - Do not know (Please Explain) - Text		
232	Q63	numeric	How many individuals in your professional society are responsible for granting membership to practitioners? - Selected Choice	1 4	Type a number: Do not know (Please Explain)

233	Q63_1_TEXT	numeric	How many individuals in your professional society are responsible for granting membership to practitioners? - Type a number: - Text		
234	Q63_4_TEXT	character	How many individuals in your professional society are responsible for granting membership to practitioners? - Do not know (Please Explain) - Text		
235	Q64	numeric	How often does your organization review the records of practitioners that have been granted membership into your professional society? - Selected Choice	1 4 5 6 7 8 9 10	Once every 6 months Once per year Once every 2 years Once every 3 years Once every 4 or more years Ongoing Records are never routinely reviewed after membership is granted. Other (Please Explain)
236	Q64_10_TEXT	character	How often does your organization review the records of practitioners that have been granted membership into your professional society? - Other (Please Explain) - Text		
240	Q65_8	numeric	Which of the following sources does your professional society utilize for granting membership to a practitioner? (Please select all that apply.) - Selected Choice Licensing board(s) in your state	1	
255	Q65_22_TEXT	character	Which of the following sources does your professional society utilize for granting membership to a		

			practitioner? (Please select all that apply.) - Other (Please Explain) - Text		
256	Q66	numeric	Has your professional society ever taken any NPDB reportable action(s)?	1 4	Yes No
257	Q67	numeric	In the last 5 years, how many times does your professional society take professional review actions regarding practitioners?	1 2 3 4 5 6 7 8 9 10 11 12 13	0 1 2 3 4 5 6 7 8 9 10 more than 10 Do not know
258	Q68	character	If 'Do not know' in previous question, then please explain:		
259	Q69_1	numeric	In the last 5 years, how many times does your professional society take the following actions through a professional review process regarding practitioners? (Only one answer per row) - Revocation of Professional Society Membership	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 more than 10 Do not know
260	Q69_2	numeric	In the last 5 years, how many times does your professional society take the following actions through a professional review process regarding practitioners? (Only one answer per row) - Suspension of	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 more than 10 Do not know

Professional Society
Membership

261	Q69_3	numeric	In the last 5 years, how many times does your professional society take the following actions through a professional review process regarding practitioners? (Only one answer per row) - Disciplinary Probation Affecting Membership Rights or Privileges	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 more than 10 Do not know
262	Q69_4	numeric	In the last 5 years, how many times does your professional society take the following actions through a professional review process regarding practitioners? (Only one answer per row) - Other Restriction/Limitation on Professional Society Membership (Specify)	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 more than 10 Do not know
263	Q69_4_TEXT	character	In the last 5 years, how many times does your professional society take the following actions through a professional review process regarding practitioners? (Only one answer per row) - Other Restriction/Limitation on Professional Society Membership (Specify) - Text		
264	Q69_5	numeric	In the last 5 years, how many times does your professional society take the following actions through a professional	1 2 3 4 5 6	1 2 3 4 5 6

			review process regarding practitioners? (Only one answer per row) - Denial of Professional Society Membership (Subsequent)	7 8 9 10 11 12	7 8 9 10 more than 10 Do not know
267	Q71_4_TEXT	character	For the typical year, how many applications (new and renewals) for licensure or certification does your organization receive? - Do not know (Please Explain) - Text		
270	Q72_4_TEXT	character	For the typical year, how many applications (new and renewals) does your organization approve for licensure or certification? - Do not know (Please Explain) - Text		
273	Q73_4_TEXT	character	How many total staff members within your organization are responsible for licensing or certifying practitioners? - Do not know (Please Explain) - Text		
275	Q74_9_TEXT	character	How often does your organization review the records of practitioners for which your organization has granted licensure or certification? - Other (Please Explain) - Text		
294	Q75_22_TEXT	character	Which of the following sources does your organization utilize for granting licensure or certification to a		

practitioner? (Please select
all that apply.) - Other
(Please Explain) - Text

313	Q76_19_TEXT	character	What types of adverse licensure or certification actions does your organization take regarding practitioners? (Select all that apply.) - Prescriptive/Dispensing Authority Action – Not Classified (Please Specify) - Text
314	Q76_20_TEXT	character	What types of adverse licensure or certification actions does your organization take regarding practitioners? (Select all that apply.) - Publicly Available Negative Action or Finding (Please Specify) - Text
315	Q76_21_TEXT	character	What types of adverse licensure or certification actions does your organization take regarding practitioners? (Select all that apply.) - Other Licensure or Certification Action – Not Classified (Please Specify) - Text
317	Q77_9_TEXT	character	For the typical year, how many times does your organization take disciplinary actions regarding practitioners? - Do not know (Please Explain) - Text

322	Q81_6_TEXT	character	Does your organization receive clinical privileges action reports from the NPDB's report forwarding service? - Other (Please Explain) - Text		
325	Q83_6_TEXT	character	Does your state medical board receive medical malpractice payment reports from the NPDB's reporting forwarding service? - Other (Please Explain) - Text		
327	Q401	numeric	Does your state medical board have a monetary penalty for hospitals for not reporting clinical privileges actions to the state medical board? - Selected Choice	1 4 5	Yes No Not Applicable (Please Explain)
328	Q401_5_TEXT	character	Does your state medical board have a monetary penalty for hospitals for not reporting clinical privileges actions to the state medical board? - Not Applicable (Please Explain) - Text		
329	Q402	character	Please provide the details of the monetary penalty.		
332	Q86_4_TEXT	character	For the typical year, how many cases does your office prosecute? - Do not know (Please Explain) - Text		
335	Q87_4_TEXT	character	For the typical year, how many cases does your		

office settle? - Do not
know (Please Explain)
-
Text

338	Q88_4_TEXT	character	For the typical year, how many health care related cases that are potentially reportable to the NPDB does your office prosecute? - Do not know (Please Explain) - Text
341	Q89_4_TEXT	character	For the typical year, how many health care related cases in your office that are potentially reportable to the NPDB are settled? - Do not know (Please Explain) - Text
344	Q90_4_TEXT	character	For the typical year, approximately how many of the health care related cases in your office that are potentially reportable to the NPDB result in a conviction? - Do not know (Please Explain) - Text
347	Q91_4_TEXT	character	How many total staff members within your office support casework? - Do not know (Please Explain) - Text
349	Q92_4_TEXT	character	Who is responsible for reporting to the NPDB? - Other Federal Agency (Please Specify) - Text
350	Q92_5_TEXT	character	Who is responsible for reporting to the NPDB? -

			Other State Agency (Please Specify) - Text		
351	Q92_6_TEXT	character	Who is responsible for reporting to the NPDB? - Other (Please Explain) - Text		
353	Q93_6_TEXT	character	Does your office report any health care related cases to the NPDB? - Report to a different Federal agency (Please Specify) - Text		
354	Q93_7_TEXT	character	Does your office report any health care related cases to the NPDB? - Report to a different State agency (Please Specify) - Text		
357	Q96	numeric	Have you ever queried the NPDB on behalf of your organization (without using an authorized agent)? - Selected Choice	1 4 5	Yes No Other (Please explain)
358	Q96_5_TEXT	character	Have you ever queried the NPDB on behalf of your organization (without using an authorized agent)? - Other (Please explain) - Text		
359	Q97	numeric	Has your organization ever queried the NPDB (without an authorized agent)? - Selected Choice	1 4 5	Yes No Other (Please explain)
360	Q97_5_TEXT	character	Has your organization ever queried the NPDB (without an authorized agent)? - Other (Please explain) - Text		
361	Q98_1	character	As you have not queried the NPDB, but		

your
organization has,
please provide the
name and
contact information for
the person in your
organization who
submits queries to the
NPDB so
that they can answer
the query related
survey
questions. - First name:

| 362 | Q98_4 | character | As you have not queried the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits queries to the NPDB so that they can answer the query related survey questions. - Last name: |

| 363 | Q98_5 | numeric | As you have not queried the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits queries to the NPDB so that they can answer the query related survey questions. - Telephone number: |

| 364 | Q98_6 | character | As you have not queried the NPDB, but your organization has, please provide the name and contact information for the person in your |

			organization who submits queries to the NPDB so that they can answer the query related survey questions. - Email address:		
366	Q100	numeric	Does your organization contract with an authorized agent to query the NPDB? - Selected Choice	1 4 5	Yes No Other (Please Explain)
367	Q100_5_TEXT	character	Does your organization contract with an authorized agent to query the NPDB? - Other (Please Explain) - Text		
368	Q102	numeric	Why does your organization use an authorized agent to query the NPDB? (Please select all that apply.) - Selected Choice	1 4 5 6 7 8	Cost effectiveness Not enough staff time available Higher quality results Corporate mandate NPDB system too complex Other (Please Explain)
369	Q102_8_TEXT	character	Why does your organization use an authorized agent to query the NPDB? (Please select all that apply.) - Other (Please Explain) - Text		
370	Q103	numeric	Are the responses of your query sent directly to your organization or the agent?	1 4	Sent directly to my organization Sent to the agent
371	Q105	numeric	Why does your organization query the NPDB? (Select all that apply.) - Selected Choice	1 4 5 6	To satisfy legal or regulatory requirements To satisfy requirements of accreditation organization(s) To satisfy internal requirements of my organization(s) Other (Please Explain)

372	Q105_6_TEXT	character	Why does your organization query the NPDB? (Select all that apply.) - Other (Please Explain) - Text
390	Q112_7_TEXT	character	Using the scale provided, please rate your experience regarding each of the following aspects of querying the NPDB. - Other (Please Explain) - Text
395	Q113_6_TEXT	character	How does your organization obtain NPDB information about health care practitioner applicants? (Select all that apply.) - Other (Please Explain) - Text
396	Q114	character	What are your organization's reasons for not using continuous query?
397	Q115	character	What can the NPDB do to facilitate the use of continuous query for your organization?
400	Q117_1_TEXT	character	When do you query for practitioners already on staff? Select all that are applicable. - On a regular schedule, specify interval: every _____months - Text
412	Q121_1_TEXT	character	Should any changes be made to the NPDB's list of responses for type of query? - Yes, additional responses should be added (please specify) - Text
413	Q121_4_TEXT	character	Should any changes be made to the NPDB's list of

			responses for type of query? - Yes, existing responses should be re-worded (please specify) - Text
414	Q121_5_TEXT	character	Should any changes be made to the NPDB's list of responses for type of query? - No changes are needed (please elaborate) - Text
416	Q122_1_TEXT	character	We are interested in learning about the average time it takes your organization to complete a one-time query. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent collecting information about the query - Text
417	Q122_4_TEXT	character	We are interested in learning about the average time it takes your organization to complete a one-time query. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent conducting the query on the NPDB system - Text
419	Q123_1_TEXT	character	We are interested in learning about the average

			time it takes your organization to complete a continuous query. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent collecting information about the query - Text		
420	Q123_4_TEXT	character	We are interested in learning about the average time it takes your organization to complete a continuous query. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent conducting the query on the NPDB system - Text		
423	Q125_7_TEXT	character	The last time this happened, what action did you take? (Select all that apply.) - Other (please explain) - Text		
424	Q126	character	If there is anything else about your query experience that you would like to share with us, please enter it here:		
425	Q128	numeric	How would you describe the cost of NPDB one-time query?	1 4 5 6 7	Very Expensive Expensive Fair Cost Inexpensive Very Inexpensive
426	Q129	numeric	How would you describe the cost of	1 4	Very Expensive Expensive

			NPDB continuous query?	5	Fair Cost
				6	Inexpensive
				7	Very Inexpensive
427	Q130_1	numeric	Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.) - One-Time Query	1	Very Satisfied
				2	Satisfied
				3	Neither Satisfied Nor
				4	Dissatisfied
				5	Dissatisfied
				6	Very
					Dissatisfied
428	Q130_2	numeric	Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.) - Continuous Query	1	Very Satisfied
				2	Satisfied
				3	Neither Satisfied Nor
				4	Dissatisfied
				5	Dissatisfied
				6	Very
					Dissatisfied
429	Q130_3	numeric	Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.) - Practitioner (Subject) Database	1	Very Satisfied
				2	Satisfied
				3	Neither Satisfied Nor
				4	Dissatisfied
				5	Dissatisfied
				6	Very
					Dissatisfied
430	Q130_4	numeric	Please rate your organization's level of satisfaction for each of the following items. (Only one answer per row.) - Re-Query of Previously Saved Practitioners	1	Very Satisfied
				2	Satisfied
				3	Neither Satisfied Nor
				4	Dissatisfied
				5	Dissatisfied
				6	Very
					Dissatisfied
431	Q131	numeric	How does the ease of querying the NPDB compare to the ease of seeking information from other sources you use?	1	NPDB is much more difficult
				4	NPDB is somewhat difficult
				5	NPDB is as easy as other sources
				6	NPDB is somewhat easier
				7	NPDB is much easier
432	Q132	numeric	How does the cost of querying the NPDB compare to the cost of obtaining information from other sources you use?	1	NPDB is much more expensive
				4	NPDB is somewhat expensive
				5	NPDB costs about the same as other sources
				6	NPDB is somewhat cheaper
				7	NPDB is much cheaper
433	Q134_1	numeric	What do you think are health care organizations'	1	Neutral
				2	Slightly Negative
				3	Somewhat Negative

			perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Medical Malpractice Payment	4 5	Moderately Negative Extremely Negative
434	Q134_2	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - State Licensure Action	1 2 3 4 5	Neutral Slightly Negative Somewhat Negative Moderately Negative Extremely Negative
435	Q134_3	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Clinical Privileges / Panel Membership Action	1 2 3 4 5	Neutral Slightly Negative Somewhat Negative Moderately Negative Extremely Negative
436	Q134_4	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Health Plan Other Adjudicated Action (e.g., contract termination)	1 2 3 4 5	Neutral Slightly Negative Somewhat Negative Moderately Negative Extremely Negative
437	Q134_5	numeric	What do you think are	1	Neutral

				2	Slightly Negative
			health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Professional Society Membership Action	3	Somewhat Negative
				4	Moderately Negative
				5	Extremely Negative
439	Q134_7	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Government Administrative Action	1	Neutral
				2	Slightly Negative
				3	Somewhat Negative
				4	Moderately Negative
				5	Extremely Negative
440	Q134_8	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Federal or State Exclusion or Debarment	1	Neutral
				2	Slightly Negative
				3	Somewhat Negative
				4	Moderately Negative
				5	Extremely Negative
442	Q134_10	numeric	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Judgment or Conviction	1	Neutral
				2	Slightly Negative
				3	Somewhat Negative
				4	Moderately Negative
				5	Extremely Negative
443	Q134_11	numeric	What do you think are health care	1	Neutral
				2	Slightly Negative

			organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Other (Please Explain)	3 4 5	Somewhat Negative Moderately Negative Extremely Negative
444	Q134_11_TEXT		character	What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.) - Other (Please Explain) - Text		
448	Q135_4		numeric	How often does receiving the following kinds of reports from the NPDB impact on health care practitioners' ability to obtain certification, licensing, credentialing, clinical privileges, or employment. (Please select from the rating scale for each of the items.) - Health Plan Other Adjudicated Action (e.g., contract termination)	1 4 5 6 7 8 9 13	All the Time Most of the Time More than Half the Time About Half the Time Less than Half the Time Rarely Never Other
451	Q135_7		numeric	How often does receiving the following kinds of reports from the NPDB impact on health care practitioners' ability to obtain certification, licensing, credentialing, clinical privileges, or employment. (Please select from the rating	1 4 5 6 7 8 9 13	All the Time Most of the Time More than Half the Time About Half the Time Less than Half the Time Rarely Never Other

			scale for each of the items.) - Government Administrative Action		
456	Q135_11_TEXT	character	How often does receiving the following kinds of reports from the NPDB impact on health care practitioners' ability to obtain certification, licensing, credentialing, clinical privileges, or employment. (Please select from the rating scale for each of the items.) - Other (Please Explain) - Text		
457	Q174	character	If selected "Not Applicable" or "Other", please explain:		
458	Q136	numeric	How does having a medical malpractice payment report in the NPDB impact a health care practitioners' medical liability insurance?	1 4 5	No impact Negative impact (increased premiums or hard to get insurance) Do not know
482	Q139_11_TEXT	character	How likely it is that your organization will reject an application with any of the following reports in the NPDB? - Other (Please Explain) - Text		
494	Q140_11_TEXT	character	How does having the following kinds of reports in the NPDB impact on health care practitioners' ability to obtain certification, licensing, credentialing, clinical		

privileges, or employment above and beyond the impact of the original action that resulted in the report? That is, what kind of an impact an NPDB report has, not the action itself? - Other (Please Explain) - Text

| 514 | Q145_19_TEXT | character | What type of information did your organization ever receive as a result of conducting an NPDB query (regardless of one-time or continuous query)? (Please select all that apply.) - Other (Please Explain) - Text |

| 516 | Q146_11_TEXT | character | How often do your query results from the NPDB provide you with new information about practitioners that you did not obtain through other sources, including the practitioner's application? - Other (Please Explain) - Text |

| 534 | Q147_19_TEXT | character | What kinds of reports has your organization received which contained new information that it had not obtained through other sources (e.g., employment application of practitioners, query response from the FSMB, response to requests for information from previous work sites, |

etc.)?
(Please select all that
apply.) - Other (Please
Explain) - Text

543	Q148_10_TEXT	character	What types of actions does your organization take when a query response contains adverse action reports, judgment or conviction reports, or medical malpractice payment reports on practitioners at your facility? (Please select all that apply.) - Other (Please Explain) - Text
557	Q149_15_TEXT	character	Which of the following decisions are affected by the information provided by the NPDB? (Please select all that apply.) - Other (Please Explain) - Text
559	Q150_5_TEXT	character	Would your decisions (selected in the previous question) regarding practitioner(s) have been different if you had not received the NPDB response? - Other (Please Explain) - Text
578	Q152_17_TEXT	character	For each type of report listed below, please rate its effect on your organization's decision to offer employment, credentialing, licensing, certification, or granting of clinical privileges if the practitioner had such a report in the

NPDB.
(Only one answer per
row.) - Other (Please
Explain) - Text

580	Q153_11_TEXT	character	How often does your organization contact the original reporters for additional information when it receives reports resulting from querying the NPDB? - Other (Please Explain) - Text
582	Q154_11_TEXT	character	How often does information from the NPDB lead to further investigation into additional sources of information? - Other (Please Explain) - Text
589	Q157_6_TEXT	character	The last time this happened, what action did you take? (Select all that apply.) - Other (please explain) - Text
595	Q159_6_TEXT	character	What does your organization do in the event of a non-response to a query (e.g., you were expecting a report but there was no disclosure of any report)? (Select all that apply.) - Other (please explain) - Text
598	Q163_1	character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits reports to the

NPDB so
that they can answer
the reports related
survey
questions. - First name:

599	Q163_5	character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits reports to the NPDB so that they can answer the reports related survey questions. - Last name:
601	Q163_7	character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits reports to the NPDB so that they can answer the reports related survey questions. - Email address:
613	Q170_8_TEXT	character	Why does your organization use an authorized agent to report adverse actions to the NPDB? (Please select all that apply.) - Other (Please Explain) - Text
633	Q180_8_TEXT	character	Using the scale provided, please rate your experience regarding each of the following

aspects
of reporting adverse
actions to the NPDB. -
Other
(Please Explain) - Text

| 635 | Q182 | character | Explain the reason for your choice about the time elapsed from when an adverse action occurs to the date you file a report to the NPDB. | | |

| 638 | Q183_5 | character | We are interested in learning about the time it takes your organization to complete a typical adverse action report. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Not applicable (please explain) | | |

| 640 | Q185 | numeric | Should any changes be made to the list of Adverse Action Classification responses? - Selected Choice | 1 4 5 | Yes, additional responses should be added (please specify) Yes, existing responses should be changed (please specify) No changes are needed (please elaborate) |

| 641 | Q185_1_TEXT | character | Should any changes be made to the list of Adverse Action Classification responses? - Yes, additional responses should be added (please specify) - Text | | |

| 642 | Q185_4_TEXT | character | Should any changes be made to the list of Adverse Action Classification responses? - Yes, existing responses should be | | |

			changed (please specify) - Text
643	Q185_5_TEXT	character	Should any changes be made to the list of Adverse Action Classification responses? - No changes are needed (please elaborate) - Text
653	Q189_1_TEXT	character	Should any changes be made to the list of Basis for Action responses? - Yes, additional responses should be added (please specify) - Text
654	Q189_4_TEXT	character	Should any changes be made to the list of Basis for Action responses? - Yes, existing responses should be changed (please specify) - Text
655	Q189_5_TEXT	character	Should any changes be made to the list of Basis for Action responses? - Yes, responses should be tailored according to the reported profession (please specify) - Text
656	Q189_7_TEXT	character	Should any changes be made to the list of Basis for Action responses? - No changes are needed (please elaborate) - Text
657	Q190	character	If you have any other comments about the information reported to the NPDB for adverse actions, please provide them here:
669	Q193_8_TEXT	character	The last time this

happened, what action did you take? (Select all that apply.) - Other (please explain) - Text

671	Q194_6_TEXT	character	When submitting a clinical privileges action report or a professional society action report to the NPDB, does your organization use the NPDB's report forwarding service in order to send an electronic report to the appropriate state authority? - Other (Please Explain) - Text
676	Q200	character	Please explain how the NPDB reporting requirements impact the disciplinary actions your organization takes regarding practitioners.
679	Q202_6_TEXT	character	Has your organization ever been named in a civil lawsuit action by a practitioner regarding reporting to the NPDB? - Other (Please Explain) - Text
701	Q207	character	How can the NPDB be more useful to you?
716	Q209_14_TEXT	character	How frequently does your organization use each of the following NPDB resources? (Only one answer per row.) - Other (Please Explain) - Text
731	Q210_14_TEXT	character	Please rate your organization's level of

satisfaction with each of the following NPDB resources. (Only one answer per row.) - Other
(Please Explain) - Text

733	Q212	character	What NPDB customer service hours would be sufficient for your organization? (Please indicate the time zone in your response.)
745	Q213_11_TEXT	character	What is your level of satisfaction with the assistance you have received from the NPDB Customer Service Center regarding each of the following? - Other (specify) - Text
746	Q214	character	What is the typical wait time when you call the Customer Service Center?
748	Q215_11_TEXT	character	When you contact the Customer Service Center, how often are the customer service personnel able to answer your questions? - Other (Please Explain) - Text
751	Q218	character	If there was something about the Guidebook that you did not find helpful or there is some topic that should be added to the Guidebook, please explain.
754	Q220	character	What can the NPDB do to make the initial registration process easier?

755	Q221	character	What can the NPDB do to make the registration renewal process easier?
760	Q226_4_TEXT	character	Do you believe that there is any other registry or repository of judgment or conviction reports, adverse action reports, or medical malpractice payment reports, that is comparable to the NPDB? - Yes (Please Provide Details) - Text
761	Q227	character	Please share any other comments that you have regarding your experiences with any of the products or services provided by the NPDB.
764	Q230_1_TEXT	character	Have you experienced any benefits by the merger of the NPDB and the HIPDB? - Yes (please explain) - Text
766	Q231_1_TEXT	character	Have you experienced any drawbacks due to the merger of the NPDB and the HIPDB? - Yes (please explain) - Text
768	Q232_4_TEXT	character	After the merger, are you receiving all the reports that you are authorized to receive? - No (clarify the issues you experienced) - Text
769	Q232_5_TEXT	character	After the merger, are you receiving all the reports that you are authorized to receive? - Not

			applicable (explain) - Text		
770	Q233	character	Please share any comments that you have regarding your experiences with the merger of the NPDB and the HIPDB.		
772	Q235_7_TEXT	character	Who (what position) in your organization attests to compliance with NPDB requirements? - Other (specify) - Text		
774	Q236_4_TEXT	character	Are there any benefits of the attestation process to your organization? - Yes (Please explain) - Text		
775	Q237	numeric	Are there any disadvantages of the attestation process to your organization? - Selected Choice	1 4	No Yes (Please explain)
776	Q237_4_TEXT	character	Are there any disadvantages of the attestation process to your organization? - Yes (Please explain) - Text		
778	Q239	numeric	To what extent were the email reminders helpful?	1 2 3 4 5 6	Not at all To a small extent To some extent To a moderate extent To a great extent To a very great extent
782	Q240_4_TEXT	character	Did your organization have to make any significant changes in its standard operations to comply with the new attestation		

process? - Yes (Please explain) - Text

784 Q243_1_TEXT character Has the attestation process made a difference in your organization's compliance with NPDB requirements? - Yes, explain how: - Text

786 Q244_6_TEXT character As result of the requirement to attest to compliance with NPDB requirements, has there been any change in the number of reports from your organization to the NPDB? - Do not know (Please explain) - Text

788 Q245_6_TEXT character As result of the requirement to attest to compliance with NPDB requirements, has there been any change in the number of queries from your organization to the NPDB? - Do not know (Please explain) - Text

793 Q247_4_TEXT character Is your organization's attestation reviewed by a legal counsel before it is signed? - Yes (Please explain) - Text

794 Q248 character If there has been any other impact of the attestation process on your organization or staff members, please explain.

796 Q250_5_TEXT character Did your organization query the NPDB between

			January 2018 and December 2020 on behalf of a registered NPDB entity? - Other (Please Explain) - Text
799	Q252_4_TEXT	character	For how many organizations did your agency provide NPDB querying services between January 2018 and December 2020? - Do not know (please explain) - Text
800	Q253_1	character	What is the average number of NPDB queries that your organization made per month between January 2018 and December 2020? - Please enter a number:
801	Q254_1	character	For how many practitioners do you typically query per month? - Type a number:
812	Q255_14_TEXT	character	For what types of organizations did your organization provide querying services between January 2018 and December 2020? (Please select all that apply.) - Other (Please Explain) - Text
824	Q258_12_TEXT	character	The QRXS client program provides feedback about successful and unsuccessful transactions. Which of the following issues have you encountered while

querying the NPDB using the QRXS? Select all that apply. - Other (please specify) - Text

825	Q259	character	What are the major hurdles that you have experienced when conducting batch queries on the NPDB system?
839	Q261_8_TEXT	character	Using the scale provided, please rate your experience regarding each of the following aspects of querying the NPDB. - Other (Please Explain) - Text
841	Q262_6_TEXT	character	How does your organization obtain NPDB information about health care practitioner applicants? - Other (Please Explain) - Text
848	Q264_7_TEXT	character	The last time this happened, what action did you take? (Select all that apply.) - Other (please explain) - Text
855	Q266_7_TEXT	character	What does your organization do in the event of a non-response to a query (e.g., you were expecting a report but there was no disclosure of any report)? (Select all that apply.) - Other (please explain) - Text
861	Q270	character	What else would you like to see in the NPDB's

			self-service reports for agents?
863	Q272	character	What else would you like to add in the NPDB's workflow process for agents?
865	Q274	character	Is there anything else that the NPDB can do to improve your experience of querying as an agent?
866	Q275	character	If there is anything else about your query experience that you would like to share with us, please enter it here:
868	Q277_5_TEXT	character	Did your organization submit a report to the NPDB between January 2018 and December 2020 on behalf of a registered NPDB entity? - Other (Please Explain) - Text
871	Q279_4_TEXT	character	For how many organizations did your agency provide NPDB reporting services between January 2018 and December 2020? - Do not know (please explain) - Text
872	Q280_1	character	What is the average number of reports to the NPDB that your organization submitted per month between January 2018 and December 2020? - Please enter a number:
873	Q281_1	character	For how many

			practitioners do you typically report per month? - Type a number:
886	Q282_14_TEXT	character	For what types of organizations did your organization provide reporting services between January 2018 and December 2020? (Please select all that apply.) - Other (Please Explain) - Text
898	Q285_12_TEXT	character	The QRXS client program provides feedback about successful and unsuccessful transactions. Which of the following issues have you encountered while reporting to the NPDB using the QRXS? Select all that apply. - Other (please specify) - Text
899	Q286	character	What are the major hurdles that you have experienced when submitting batch reports to the NPDB?
914	Q288_9_TEXT	character	Using the scale provided, please rate your experience regarding each of the following aspects of reporting to the NPDB. - Other (Please Explain) - Text
916	Q290_1	character	We are interested in learning about the time it takes your organization to complete a typical Adverse Action Report.

			Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent collecting information about the report
917	Q290_4	character	We are interested in learning about the time it takes your organization to complete a typical Adverse Action Report. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent filing the report to the NPDB
918	Q290_5	character	We are interested in learning about the time it takes your organization to complete a typical Adverse Action Report. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Not applicable (please explain)
921	Q292_1_TEXT	character	Have any of the entities that you represent ever provided you with an Adverse Action Classification response that did not correspond to the classifications in the NPDB system? - Yes (please specify) - Text
924	Q294_6_TEXT	character	While filing an adverse action report, if the

Basis for Action
response provided by
the entities
you represent do not
correspond to the Basic
for
Actions listed in the
NPDB system, what do
you
typically do? - Other
(please specify) - Text

925	Q295	character	If you have any other comments about the information reported to the NPDB for adverse actions, please provide them here:
926	Q296	character	Is there anything that the NPDB can do to improve your experience of reporting as an agent?
927	Q297	character	If there is anything else about your reporting experience that you would like to share with us, please enter it here:
930	Q300_4_TEXT	character	Are there any benefits of the attestation process to your organization? - Yes (Please explain) - Text
932	Q301_4_TEXT	character	Are there any disadvantages of the attestation process to your organization? - Yes (Please explain) - Text
937	Q305_4_TEXT	character	Did your organization have to make any significant changes in its standard operations to comply with the new attestation

process? - Yes (Please explain) - Text

941	Q307	character	If there has been any other impact of the NPDB attestation process on you as an authorized agent or on the organizations you represent, please explain.
943	Q309_5_TEXT	character	Have you ever reported a medical malpractice payment to the NPDB on behalf of your organization? - Other (Please explain) - Text
945	Q310_5_TEXT	character	Has your organization ever reported a medical malpractice payment to the NPDB? - Other (Please explain) - Text
946	Q311_1	character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits medical malpractice payment reports to the NPDB so that they can answer the relevant survey questions related to such reports. - First name:
947	Q311_4	character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who

submits medical malpractice payment reports to the NPDB so that they can answer the relevant survey questions related to such reports. - Last name:

948	Q311_5		character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits medical malpractice payment reports to the NPDB so that they can answer the relevant survey questions related to such reports. - Telephone number:
949	Q311_6		character	As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits medical malpractice payment reports to the NPDB so that they can answer the relevant survey questions related to such reports. - Email address:
952	Q313_8_TEXT		character	Which of the following categories best characterizes your organization? - Other (Please Explain) - Text

959	Q315_11_TEXT	character	You indicated that your organization has never reported a medical malpractice payment to the NPDB. What were the reasons for not reporting? (Select all that apply.) - Other (Please Explain) - Text
978	Q323_8_TEXT	character	Using the scale provided, please rate your experience regarding each of the following aspects of reporting malpractice payments to the NPDB. - Other (Please Explain) - Text
980	Q325	character	Explain the reason for your choice about the time elapsed from when a medical malpractice payment is made to the date you file a report to the NPDB.
981	Q326_1	character	We are interested in learning about the time it takes your organization to complete a typical Medical Malpractice Payment Report. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent collecting information about the report
982	Q326_4	character	We are interested in learning about the time it takes your organization

to complete a typical
Medical Malpractice
Payment Report. Please
provide
estimated time (in
minutes) for the
following
aspects of the reporting
process: - Minutes
spent
filing the report to the
NPDB

1001	Q329_1_TEXT	character	Should any changes be made to the list of General Nature of Allegations for medical malpractice payments? - Yes, additional responses should be added (please specify) - Text
1002	Q329_4_TEXT	character	Should any changes be made to the list of General Nature of Allegations for medical malpractice payments? - Yes, existing responses should be changed (please specify) - Text
1003	Q329_5_TEXT	character	Should any changes be made to the list of General Nature of Allegations for medical malpractice payments? - No changes are needed (please elaborate) - Text
1012	Q332_1_TEXT	character	Should any changes be made to the list of Specific Allegations for malpractice payments? - Yes, additional responses should be added (please specify) - Text

1013	Q332_4_TEXT	character	Should any changes be made to the list of Specific Allegations for malpractice payments? - Yes, existing responses should be changed (please specify) - Text
1014	Q332_5_TEXT	character	Should any changes be made to the list of Specific Allegations for malpractice payments? - No changes are needed (please elaborate) - Text
1027	Q335_1_TEXT	character	Should any changes be made to the list of Outcome Responses for malpractice payments? - Yes, additional responses should be added (please specify) - Text
1028	Q335_4_TEXT	character	Should any changes be made to the list of Outcome Responses for malpractice payments? - Yes, existing responses should be re-worded (please specify) - Text
1029	Q335_5_TEXT	character	Should any changes be made to the list of Outcome Responses for malpractice payments? - No changes are needed (please elaborate) - Text
1030	Q336	character	If you have any other comments about the information reported to the NPDB for

malpractice payments, please provide them here:

1037	Q338_6_TEXT	character	In your organization, who is named in medical malpractice cases? - Other (Please Explain) - Text
1044	Q339_8_TEXT	character	Medical malpractice payments can be made due to many reasons, such as, judgment, settlement, and other reasons. Which of these reasons apply to the reports you have filed? (Select all that apply.) - Other (Please Explain): - Text
1051	Q341_8_TEXT	character	The last time this happened, what action did you take? (Select all that apply.) - Other (please explain) - Text
1053	Q342_6_TEXT	character	When submitting a malpractice payment report to the NPDB, does your organization use the NPDB's report forwarding service in order to send an electronic report to the appropriate state authority? - Other (Please Explain) - Text
1057	Q346_10_TEXT	character	Where did you learn about the NPDB fee waiver? - Other (Please explain) - Text
1061	Q350	character	If there was any other impact of the NPDB fee

			waiver on your organization, please explain.
1064	Q353	character	In addition to the fee waiver supporting all eligible entities in disaster credentialing, what else could the NPDB have done during the COVID-19 pandemic?
1065	Q354	character	What could the NPDB do to help your organization prepare for future pandemics, disasters, and emergencies?
1083	Q361_8_TEXT	character	Using the scale provided, please rate your experience regarding each of the following aspects of reporting JOCRs to the NPDB. - Other (Please Explain) - Text
1085	Q363	character	Explain the reason for your choice about the time elapsed from when a reportable action occurs to the date you file a JOCR to the NPDB.
1086	Q364_1	character	We are interested in learning about the time it takes your organization to complete a typical JOCR. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent collecting

			information about the report
1087	Q364_4	character	We are interested in learning about the time it takes your organization to complete a typical JOCR. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Minutes spent filing the report to the NPDB
1088	Q364_5	character	We are interested in learning about the time it takes your organization to complete a typical JOCR. Please provide estimated time (in minutes) for the following aspects of the reporting process: - Not applicable (please explain)
1098	Q367_1_TEXT	character	Should any changes be made to the list of JOCR Act or Omission responses? - Yes, additional responses should be added (please specify) - Text
1099	Q367_4_TEXT	character	Should any changes be made to the list of JOCR Act or Omission responses? - Yes, existing responses should be changed (please specify) - Text
1100	Q367_5_TEXT	character	Should any changes be made to the list of JOCR Act or Omission responses? - No changes are

needed
(please elaborate) -
Text

1101	Q368	character	If you have any other comments about the information reported to the NPDB for JOCR Act or Omission descriptions, please provide them here:		
1108	Q370_8_TEXT	character	The last time this happened, what action did you take? (Select all that apply.) - Other (please explain) - Text		
1109	Q371	character	If you have any other comments about your experience of filing JOCRs to the NPDB, please provide them here:		
1110	Q373	character	If you have any comments about the NPDB or this survey, please feel free to enter them here. For instance, you might mention aspects of your experiences with the NPDB or your views about the NPDB that you feel that this survey did not capture.		
1118	Q378_6	numeric	The NPDB provides detailed online instructions to registered vendors regarding the QRXS file format specifications. Using the rating scale below, please rate your satisfaction with each of the following QRXS specifications provided	1 2 3 4 5	Very Satisfied Satisfied Neither Satisfied Nor Dissatisfied Dissatisfied Very Dissatisfied

by the
NPDB: - Password
Change Specifications

1121	Q380	character	There are many commercial and open-source XML validators available. Which XML validator does your organization use for processing the NPDB QRXS submissions and/or response files? If possible, also provide your reasons for using that XML validator.
1127	Q384_5_TEXT	character	Does your organization implement the QRXS API? - Do not know (please explain) - Text
1134	Q386_7_TEXT	character	At present, the NPDB provides a 6-month notice for making any change to the QRXS. Who informs you about impending changes in the QRXS? (Select all that apply.) - Do not know (please explain) - Text
1136	Q387_11_TEXT	character	As mentioned above, the NPDB provides a 6-month notice for making any change to the QRXS. What would be your organization's preferred time for allowing changes to the NPDB QRXS system? - Do not know (Please explain) - Text

1139	Q390	character	What are the common hurdles in interfacing with the NPDB QRXS?
1140	Q391	character	What can the NPDB do to make the QRXS more useful to you?
1141	Q392	character	If you have any other comments about NPDB's machine-to-machine interface (QRXS), please feel free to enter them here.