

Document: Culture Survey – Reminder Email Text #1

Purpose: Standardized messaging from PSMs to all MTF members to remind them/encourage them to take the Culture Survey – also serves as a thank you to those that have responded.

Timing for release: 2 weeks after survey release. Text is red to be completed by the PSM prior to sending.

Patient safety survey reminder email #1

TO: ALL [FACILITY NAME] STAFF
SUBJECT: UPDATE: 2022 MHS Patient Safety Culture Survey
FROM: [INSERT NAME], PATIENT SAFETY MANAGER/OFFICER

[On Survey Deployment Date], we began collecting staff opinions about patient safety within the MHS using the 2022 Patient Safety Culture Survey. XX percent of our facility’s team members have responded to the survey to date, and we want to make sure we hear from as many staff members as possible.

THANK YOU to those who have already completed the survey! We take your feedback very seriously.

If you have not had the chance to take the survey yet, we want to hear from you!

Please [click here](#) to take the survey now.

Note: the survey takes approximately 10 minutes to complete. See tips below.

Your perspective is very important to continue improving patient safety at our facility. All responses are anonymous and will not be tracked back to individuals.

If you have any problems accessing the survey, please contact [PATIENT SAFETY MANAGER] at [PHONE NUMBER] and [EMAIL ADDRESS]. For more information about the survey, [click here](#).

Thank you,

[Signature block]

Tips - How to complete the following questions/statements to access the survey.

1. What country is your facility located in?

Our facility is located in [xxxx].

2. Please select the state where your facility is located.

This question asks you to identify the state where the facility is located. Respondents outside the United States will not be asked this question in the survey.

Our facility is located in [xxxx].

3. Please select your facility.

Select from the drop-down list of MTF/DENTAC facilities.

Our facility is [xxxx].

4. What is your primary work area in your MHS facility?

You may not immediately notice the exact name of your specific work area (i.e. Oncology, Pharmacy, Surgery, etc.). Please review the list of options available and choose the one that best or most closely describes the area where you spend most of your work day.

Document: Culture Survey – Reminder Emails #2 - #6 (maximum of 6)

Purpose: Standardized messaging from PSMs to all MTF members to remind them/encourage them to take the Culture Survey – also serves as a thank you to those that have responded.

Timing for release: Once per week, following the initial reminder email #1. Text in red (responses rate, weeks in the field, etc.) to be updated each week by the PSM.

Patient safety survey reminder email #2

TO: ALL [FACILITY NAME] STAFF
SUBJECT: DOD 2022 MHS PATIENT SAFETY CULTURE SURVEY TO CLOSE IN ONE WEEK
FROM: [NAME], PATIENT SAFETY MANAGER/OFFICER

It's been **X** weeks since we first began collecting staff opinions about patient safety using the 2022 MHS Patient Safety Culture Survey. The survey is scheduled to close on [INSERT DATE], and we want to make sure that the perspectives of all staff will be heard.

Thank you to the **XX** percent who have completed the survey! We'll begin compiling results from your feedback soon.

If you have not yet taken the survey, we want to ensure that you have the opportunity to share your opinions before the survey closes.

Please [click here](#) to take the survey now.

Note: the survey takes approximately 10 minutes to complete. See tips below.

Your perspective is very important to continue improving patient safety at our facility. All responses are anonymous and will not be tracked back to individuals. If you have any problems accessing the survey, please contact [PATIENT SAFETY MANAGER] at [PHONE NUMBER] and [EMAIL ADDRESS]. For more information about the survey, [click here](#).

Thank you in advance for your commitment to patient safety efforts at [FACILITY NAME] and within the MHS.

Sincerely,

[Signature block]

Tips - How to complete the following questions/statements to access the survey.

1. What country is your facility located in?

Our facility is located in [xxxx].

2. Please select the state where your facility is located.

This question asks you to identify the state where the facility is located. Respondents outside the United States will not be asked this question in the survey.

Our facility is located in [xxxx].

3. Please select your facility.

Select from the drop-down list of MTF/DENTAC facilities.

Our facility is [xxxx].

4. What is your primary work area in your MHS facility?

You may not immediately notice the exact name of your specific work area (i.e. Oncology, Pharmacy, Surgery, etc.). Please review the list of options available and choose the one that best or most closely describes the area where you spend most of your work day.