Appendix A – Organizational Characteristics Survey

Diagnostic Safety Capacity Building – Measure Dx Resource

Please complete the following information about your organization:

General Information About Your Organization

Organization name	
Mailing address (city, state, ZIP code)	
Contact person and title	
Organization type	☐ Academic medical center ☐ Other not-for-profit ☐ For-profit

Types of facilities within organization (check all that apply and indicate number of facilities)	☐ Hospital(s): ____ (total number of beds: ____)
	        Annual # of admissions: ____
	
	☐ Emergency department(s): ____
	        Annual # of ED visits: _____
	
	☐ Ambulatory clinic site(s): ____
	        Annual # of ambulatory clinic visits: _____

Approximate number of active staff clinicians	Physicians	_____
	Advance Practice Practitioners (NP, PA)	_____

Total number of patients served by organization	Number of hospital admissions per year: _____ Number of ambulatory clinic visits per year: _____	
Race (indicate % of patients)	White	_____%
	Black or African American	_____%
	American Indian or Alaska Native	_____%
	Asian	_____%
	Native Hawaiian or Other Pacific Islander	_____%
	Multiple racial categories	_____%
Ethnicity (indicate % of patients)	Hispanic or Latino	_____%
	Not Hispanic or Latino	_____%

Information about Patient Safety and Quality Improvement Activities of the Organization

What role(s) and/or department in your organization is responsible for patient safety?	

Does your organization routinely conduct a patient safety culture survey?	☐ No
	☐ Yes →
	
	    Please specify which survey you use:
	
	    _____
	
	    Date of the last survey: _____

Which of the following activities are held regularly in your organization?	☐ Peer reviews ☐ Morbidity and mortality conferences ☐ Death reviews ☐ Root cause analysis ☐ Healthcare failure mode and effects analysis ☐ Other methods:
Does your organization have a patient safety hotline or incident reporting system for providers?	☐ Yes ☐ No
Does your organization have a patient safety hotline or incident reporting system for patients?	☐ Yes ☐ No
Which electronic health record platform does your organization use?	
Do you use electronic health record data for patient safety analysis or improvement?	☐ Yes ☐ No