# **STRUCTURAL ASSESSMENT**

The structural assessment asks about your practice’s characteristics, frequency of screening tests ordered, and any existing supports you may have in place that are intended to improve diagnostic processes. You will be asked to complete this survey twice. Once, at the start of the Safety Program, and again at the end of the Safety Program. The results will be used to assess changes in your practice’s infrastructure and capacity to implement the Safety Program over time.

* If a question does not apply to you or you don’t know the answer, please select “Not Sure.”
* If you work in more than one office or location for your practice, when answering this survey answer only about the office location where you received the survey.
* If your medical office is in a building with other medical offices, answer only about the specific medical office where you work—do not answer about any other medical offices in the building.
1. How many of the following clinicians work in your practice?

 MDs/DOs

 NPs/PAs

 Registered Nurses

 Medical Assistants

 Other (please describe)

1. Approximately how many patients does your practice see in an average week?
2. Approximately what proportion of visits in your practice are via telemedicine, as defined by use of synchronous

 video visits?

* 1% to 24%
* 25% to 49%
* 50% to 74%
* 75% to 99%
* All (100%)

**The following questions ask about the total number of tests ordered in the practice (i.e., combining orders from all clinicians in the practice).**

1. During a typical month, approximately how many patients does your practice refer for screening mammography?(Your best estimate is fine.)
* 0
* 1 to 5
* 6 to 10
* 11 to 20
* More than 20

5. During a typical month, approximately how many patients does your practice refer for fecal immunochemical test

 (FIT) OR screening colonoscopy? (Your best estimate is fine.)

* 0
* 1 to 5
* 6 to 10
* 11 to 20
* More than 20
1. **In the last** **12 months**, how many times has your practice referred a patient for low dose computed tomography (CT) for lung cancer screening? (Your best estimate is fine.)
* 0
* 1 to 5
* 6 to 10
* 11 to 20
* More than 20

**The following questions ask about any existing supports within your practice to improve diagnosis or the diagnostic process, specifically, *the degree to which diagnoses are accurate, timely, and communicated effectively to patients*.**

7. Does your practice use an electronic health record system?  Yes  No

 7a. If yes, which one (text box or drop down with list of EHRs)

 7b. If yes, has your practice implemented any prompts in the EHR to assist with tracking and

 follow-up of test results and/or referrals?  Yes  No  Not sure

1. Can your practice easily extract data related to cancer testing from your electronic health record; for instance, the last five patients with positive FIT or last five patients with abnormal mammograms?  Yes  No Not sure

Please provide additional explanation as needed:

1. Does your practice have a quality improvement (QI) program, team, or person responsible for QI-related activities?

 Yes  No  Not sure

1. Has your practice used a team-based safety program (e.g., comprehensive unit-based safety program) to drive improvement activities in the practice in the past?  Yes  No  Not sure

10a. If yes, please describe previous initiatives that have used a team-based safety approach.

1. Are there dedicated individuals, teams, or programs at your practice with defined roles to improve diagnosis or

diagnostic processes through quality improvement activities?  Yes  No  Not sure

11a. If yes, please describe.

1. Are there mechanisms (e.g., incident reporting, EHR reports) that help your team become aware of breakdowns in diagnosis or diagnostic processes, such as when follow-up of a certain abnormality is delayed?

  Yes  No  Not sure

12a. If yes, please describe.

1. Does your practice use any other tools or programs to safely improve diagnosis or the diagnostic process?  Yes  No  Not sure

13a. If yes, please describe.