

Office Readiness Survey

Date _____ Survey No. _____

This tool can be used to assess your office's readiness for quality and safety improvement.
 Circle the number between 1 and 5 that most accurately describes how you feel about your office.

Practice Improvement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The leadership (e.g., medical director, office manager, head nurse, or other leader) at this office demonstrates a commitment to quality and patient safety.	1	2	3	4	5
2. Communication among staff, physicians, and leadership promotes mutual respect and trust.	1	2	3	4	5
3. All staff in this office work as a team.	1	2	3	4	5
4. All staff are asked to provide input on decisions about office processes.	1	2	3	4	5
5. Monthly meetings are held, and quality of care is a regular item on the agenda.	1	2	3	4	5

Comments:

Quality and Safety of the Testing Process					
6. This office has written procedures describing how to handle testing and test results.	1	2	3	4	5
7. Everyone in this office has read and follows the testing procedures.	1	2	3	4	5
8. Medical testing errors in this office do not harm patients.	1	2	3	4	5
9. Providers and staff openly discuss causes and effects of errors.	1	2	3	4	5
10. This office has systems to prevent, catch, and/or correct problems in the testing process.	1	2	3	4	5

Comments: