Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

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:

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850