Appendix A – Organization Characteristics Survey

Diagnostic Safety Capacity Building – Diagnostic Safety Measurement Resource

Please complete the following information about your organization:

Form Approved
OMB No. xxxx-xxxx
Exp. Date xx/xx/20

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	Hospital(s): (total number of beds:) Annual # of admissions:	
(check all that apply and indicate number of facilities)	☐ Emergency department(s): Annual # of ED visits:	
Tuemties)	Ambulatory clinic site(s): Annual # of ambulatory clinic visi	ts:
Approximate number of active staff clinicians	Physicians	
	Advance Practice Practitioners (NP, PA)	
Total number of patients served by	Number of hospital admissions per year: Number of ambulatory clinic visits per year:	
organization		
Race (indicate % of	White	%
patients)	Black or African American	%
	American Indian or Alaska Native	%
	Asian Native Hawaiian or Other Pacific	% %
	Islander	/0
	Multiple racial categories	%
Ethnicity (indicate % of	Hispanic or Latino	%
patients)	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?	ПМо	
Does your organization routinely conduct	□ No	
a patient safety culture survey?	☐ Yes →	
	Please specify which survey you use:	
	Date of the last survey:	
Which of the following activities are held	☐ Peer reviews	
regularly in your organization?	☐ Morbidity and mortality conferences	
	☐ Death reviews	
	☐ Root cause analysis	
	☐ Healthcare failure mode and effects	
	analysis	
	☐ Other methods:	
Does your organization have a patient	Yes	
safety hotline or incident reporting system	□ No	
for providers?		
Does your organization have a patient	☐ Yes	
safety hotline or incident reporting system	□ No	
for patients?		
Which electronic health record platform		
does your organization use?		
Do you use electronic health record data	☐ Yes	
for patient safety analysis or	□ No	
improvement?		

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 60 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-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.