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# **Draft Workforce Safety Supplemental Items Survey Invitation and Reminder Notices**

**1/18/2022**

# Pilot Test of the Proposed Workforce Safety Supplemental Item Set for the Surveys on Patient Safety Culture™, Supporting Statement A

## Attachment D: Survey Invitation and Reminder Notices

### WEB SURVEY INVITATION AND REMINDER NOTICES

**Subject Line: Invitation-- AHRQ Nursing Home Survey on Resident and Workplace Safety**



Dear [INSERT FIRST NAME],

A few days ago, you received notice that your nursing home is participating in the Surveys on Patient Safety Culture™ (SOPS®) Nursing Home Survey, sponsored by the Agency for Healthcare Research and Quality (AHRQ).

The SOPS Nursing Home Survey is a 20-minute web survey that asks for your opinions about resident and workplace safety in your nursing home. The survey is voluntary, but your feedback will help your nursing home identify areas for resident and workplace safety improvement. If you do not wish to answer a question, you may leave it blank.

AHRQ and its contractor, Westat, will keep your individual responses to this survey private. Only group results will be reported.

**YOU WERE CHOSEN TO BE PART OF THIS SURVEY. PLEASE DO NOT FORWARD THIS LINK TO ANOTHER PERSON TO COMPLETE.**

Please take a few minutes to complete the web survey through **ONLY ONE** of the following methods.

1) Click on the web survey hyperlink below:

| LINK1 |

2) Copy and paste the website address into your web browser (**Google Chrome recommended**) address line and hit "Enter."

If you have any questions about the survey, please call: [INSERT NURSING HOME POINT OF CONTACT NAME AND PHONE NUMBER].

If you have any technical difficulties accessing the survey, please contact:

[WorkplaceSafety@westat.com](mailto:WorkplaceSafety@westat.com) or 1-855-390-2448.

Thank you very much for your participation.

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**Attachment D: Survey Invitation and Reminder Notices**

**Subject Line: Reminder -- AHRQ Nursing Home Survey on Resident and Workplace Safety**



Dear [INSERT FIRST NAME],

Recently, we sent a web survey invitation for you to complete a 20-minute survey on resident and workplace safety in your nursing home. Your feedback will help your nursing home identify areas for resident and workplace safety improvement.

If you have already completed and submitted your survey, THANK YOU VERY MUCH!

***If you have not yet had a chance to complete your survey***, please follow the below instructions to access the secure survey website.

AHRQ and its contractor, Westat, will keep your individual responses to this survey private. Only group results will be reported.

YOU WERE CHOSEN TO BE PART OF THIS SURVEY. PLEASE **DO NOT FORWARD THIS LINK TO ANOTHER PERSON TO COMPLETE.**

To take the web survey, you must use a computer with Internet access. Please take a few minutes to complete the web survey through **ONLY ONE** of the following methods.

- 1) Click on the web survey hyperlink below:  
|LINK1|
- 2) Copy and paste the website address into your web browser (**Google Chrome recommended**) address line and hit "Enter."

If you have any questions about the survey, please call: [INSERT NURSING HOME POINT OF CONTACT NAME AND PHONE NUMBER].

If you have any technical difficulties accessing the survey, please contact [WorkplaceSafety@westat.com](mailto:WorkplaceSafety@westat.com) or 1-855-390-2448.

Thank you very much for your participation.

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**Subject Line: Final Reminder -- AHRQ Nursing Home Survey on Resident and Workplace Safety**



Dear [INSERT FIRST NAME],

Recently, we sent a web survey invitation for you to complete a 20-minute survey on resident and workplace safety in your nursing home. Your feedback will help your nursing home identify areas for resident and workplace safety improvement.

If you have already completed and submitted your survey, THANK YOU VERY MUCH!

***If you have not yet had a chance to complete your survey, this is your final reminder.*** Please follow these instructions to access the secure survey website:

AHRQ and its contractor, Westat, will keep your individual responses to this survey private. Only group results will be reported.

YOU WERE CHOSEN TO BE PART OF THIS SURVEY. PLEASE **DO NOT FORWARD THIS LINK TO ANOTHER PERSON TO COMPLETE.**

To take the web survey, you must use a computer with Internet access. Please take a few minutes to complete the web survey through **ONLY ONE** of the following methods.

- 1) Click on the web survey hyperlink below:  
|LINK1|
- 2) Copy and paste the website address into your web browser (**Google Chrome recommended**) address line and hit "Enter."

If you have any questions about the survey, please call: [INSERT NURSING HOME POINT OF CONTACT NAME AND PHONE NUMBER].

If you have any technical difficulties accessing the survey, please contact [WorkplaceSafety@westat.com](mailto:WorkplaceSafety@westat.com) or 1-855-390-2448.

Thank you very much for your participation.

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### PAPER SURVEY INVITATION AND REMINDER NOTICES



Hello,

*[Insert name of nursing home]* is participating in an important survey sponsored by the Agency for Healthcare Research and Quality. The survey asks for your opinions about resident and workplace safety in your nursing home.

The survey should take about 20 minutes to complete. The survey is voluntary, but your feedback will help us identify areas for resident and workplace safety improvement. If you do not wish to answer a question, you may leave it blank.

AHRQ and its contractor, Westat, will keep your individual responses to this survey private. Only group results will be reported.

If you have any questions about the survey, please call: [INSERT NURSING HOME POINT OF CONTACT NAME AND PHONE NUMBER].

Thank you very much for your participation.

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Reminder Notice Text

**WE WANT TO HEAR FROM YOU!**

**Nursing Home Survey**



Recently, a survey was distributed to you. The survey is part of a research project sponsored by the Agency for Healthcare Research and Quality (AHRQ) to assess your opinions on resident and workplace safety in your nursing home.

If you have already completed your survey and mailed it back to *[pilot study data collection coordinator]*, THANK YOU VERY MUCH!

***If you have not yet had a chance to complete your survey***, please take a few minutes to fill it out and mail it back to *[pilot study data collection coordinator]* in the postage-paid envelope that was provided. *Your opinions are important to us. Thank you!*



If you have any questions, please call: *[insert nursing home point of contact name and phone number here]*