DEPARTMENT OF DEFENSE
2024 DoD PATIENT SAFETY CULTURE SURVEY

AGENCY DISCLOSURE NOTICE

Thank you for participating in this survey! Your perspective on patient safety is important to the Defense Health Agency (DHA) Enterprise.

Description of this Survey

The 2024 DoD Patient Safety Culture Survey is sponsored by the Department of Defense Patient Safety Program. All DHA Military Medical Treatment Facility (MTF) personnel – including military, civilian, and contractor - with email access in DHA MTFs, are being asked to complete this survey. Survey questions ask for your opinions about patient safety issues, error, and event reporting in your facility.

For more information on the background and purpose of this survey, please click **here.** *[Clicking on link will open a pop-up box with the following content:]*

Pop-up box content:

What is the purpose of the survey?
The purpose of this survey is to gather honest staff opinions regarding the culture of safety across our DHA facilities and to better understand your work experience. The survey will assist in raising awareness about patient safety matters and prioritizing efforts to provide safe care.

What is the survey about?
The survey asks for your opinions about areas essential for maintaining a culture of patient safety, such as: reporting errors, communicating feedback on errors, learning from errors, teamwork, handling care transitions, leadership support for patient safety, and staff work experience and well-being.

How will information from this survey be used?

Survey results will be used to identify areas where we shine as well as areas that may need improvement. The results will help prioritize activities promoting patient safety and staff well-being.

Why was I selected for the survey?
All staff – military, civilian, and contractors – working in DHA MTFs are invited to participate.

Who determined the questions?
The Agency for Healthcare Research and Quality (AHRQ) developed the survey instrument in conjunction with national experts in patient safety, pilot-tested, and validated the questions. For more information on the development of the survey instrument: http://www.ahrq.gov/qual/patientsafetyculture. The DoD Patient Safety Culture Survey utilizes the AHRQ instrument with some additional questions, reflective of our MHS environment and priorities, such as staff work experience and well-being.

I am retiring or I am new to this facility. Do you still want me to take this survey?
Yes, your experiences and opinions are highly valued.

Why should I participate?
Every individual working within an MTF provides a unique perspective on how we can deliver safe care to our patients. Your responses will help provide a comprehensive picture to help us continue delivering safe care to our patients.

When will the survey results be ready?
Results are expected in mid 2025.

How will the results be reported?
Reports will be produced at various levels, for example, overall, by MTF, and work area.

IF YOU HAVE QUESTIONS
For questions about this survey, click **here** for survey points of contact. *[Clicking on link will open a pop-up box with the following content:]*

<div align="center">

Pop-up box content:

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DHA Points of Contact: Ms. Amanda Grifka, email: amanda.b.grifka.civ@health.mil; Ms. Heidi King, heidi.b.king.civ@health.mil

PRIVACY ADVISORY
Your responses are voluntary and your decision to participate or not will not affect your employment or any opportunity to receive future benefits. Your responses to this survey about your opinions about patient safety issues, medical errors, and event reporting will allow us to maintain or improve the quality of the patient care provided to all receiving treatment at your facility. If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank. Your responses will be collected by an independent third party contractor and reported in aggregate form

only; no individual responses will be reported. Results will be shared with Department of Defense and Defense Health Agency leaders. *Authority*: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

For more information on the confidentiality associated with your survey responses, please click **here.**
[Clicking on link will open a pop-up box with the following content:]

Pop-up box content:

Will anyone be able to link my survey responses to me?
This is a confidential and anonymous survey. Responses will not be tracked to specific individuals nor will responses be reported that may breach confidentiality. Only group statistics will be prepared from the survey results, such as "70 percent of staff rate patient safety in their work area as Excellent."

Will my answers be reported to my commanding officer or be put in my personnel file?
Because the survey is anonymous, none of your survey answers can be tracked to you. Therefore, your survey answers will not be reported to your commanding officer, nor will they be put in your personnel file.

How will demographic data be used in reporting survey results?
Survey results will only be reported in terms of group statistics, such as "70 percent of staff rate patient safety in their work area as Excellent." Because the survey is anonymous, no one will match your survey responses to you. If you do not wish to answer a demographic question, you may leave it blank.

What authority do you have to ask me to provide you with demographic data?
This is a voluntary survey. We have authority to conduct the survey under 10 U.S.C., Chapter 55, Public Law 102- 484, E.O. 9397. The survey has been approved by the Office of Management and Budget (OMB Number 0720-0034, Expiration Date 01/31/2025).
In accordance with the Privacy Act of 1974 (Public Law 93-579), the providing of personal information is completely voluntary. If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

1. **In what country is your facility located?**

   - [Drop-down list of countries in alphabetical order where MTF/DENTACs are located.]

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

2. **Please select the state where your facility is located.**

   [NOTE: This question should only appear for respondents in the United States. If a respondent selects any other country than the United States in Q1, the survey should skip to Q4.]

   - [Drop-down list of states and territories in alphabetical order.]

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

3. **Please select the installation where your facility is located.**

   [NOTE: This question should only appear for respondents in the United States. If a respondent selects any other country than the United States in Q1, the survey should skip to Q4.]

   - [Drop-down list of installation names, in alphabetical order. Respondents should only see those installations that correspond to their answer to Q2.]

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

4. **Please select your facility.**

   - [Drop-down list of MTF/DENTAC facilities, in alphabetical order. Respondents should only see those facilities that correspond to their answers from Q1, Q2, and Q3.]

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

   Based on the respective type of facility, skip to the appropriate question as designated below:

   If MTF Hospital   → Go to question 5
   If Not MTF Hospital, but is Ambulatory Clinic   → Go to "Medical Office" instrument
   If Dental Clinic   → Go to "Medical Office" instrument

5. **In what area of your Military Medical Treatment Facility (MTF) do you work?** (We recognize you may work in more than one area of the MTF. For purposes of this survey, please select the area in which you spend the most time.)
    a. Hospital (e.g., Inpatient Units and Services/Hospital Depts and Support Services) → Go to question Ai, Hospital work area drop-drop down list
    b. Ambulatory/ Outpatient Clinic or Unit (areas that provide outpatient care) → Go to question Ai, Clinic work area drop-down list
    c. DENTAC or Dental Clinic → Go to question Ai, DENTAC/Dental Clinic work area drop-down list

[Question is mandatory for those who select an MTF hospital. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

SECTION A: Your Work Area

For the purposes of this survey, please consider the following definitions of key terms:
- Your **work area** is the section, department, clinical unit, or area of the Military Health System (MHS) facility where you spend *most* of your work time or provide *most* of your clinical services.
- An **event** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- **Patient safety** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

6. **What is your primary work area in your MHS facility?**
    - [Drop-down list of work areas based on response to Q5.]

For more information on selecting your primary work area, please click **here.** *[Clicking on link will open a pop-up box with the following content:]*

Pop-up box content:
My primary work area is not listed. How should I answer this question?
You should check "Other" and type in the name of your specific work area in the text box.

I am not sure if someone in my work area or type of staff position should answer the survey. Can you tell me?
Every individual who works in an Military Medical Treatment Facility (MTF) is invited to participate in the survey. Individuals from different work areas within an MTF provide unique perspectives and can help provide a comprehensive picture of the culture of patient safety to help us continue delivering safe care to our patients. If some questions do not appear applicable, individuals may choose not to respond to those.

All staff in DHA MTFs, including dental, with email access are being asked to complete the survey. Staff refers to all MTF personnel including clinical (providers, other staff, interns, residents, fellows); non-clinical staff; active duty and reservist military; GS and civilian contractors; volunteers; and local nationals.

The survey will not let me go further without answering which work area I am from. Do I have to answer this question to complete the survey?
Yes. To provide information that can be used to improve patient safety in particular work areas, we need to know which work area a particular respondent works in. This information is not used to identify individuals, and individual respondents will still remain anonymous. Survey feedback will only be provided at the group level if 5 or more responses are received from a particular work area.

[Please create separate drop-down lists of work areas depending on whether the respondent works in the hospital, an outpatient clinic, or a dental clinic (**Respondents should only see the drop down list that corresponds to their answers in questions 4 and 5**). In this way, only relevant work areas will be listed. Please use work areas listed in tab titled "Q Ai-Primary Work Area" of the "Patient Safety Survey Instrument Drop Downs" Excel spreadsheet.]

- Dental Clinic
    - o Dental Clinic
    - o Laboratory
    - o Oral and Maxillofacial Surgery
    - o Headquarters
    - o Other (please specify)
- Hospital
    - o Many different work areas/No specific work area
    - o Administration/Management/Executive/HR
    - o Anesthesiology
    - o Case Management/Utilization Management/ Social Services/Discharge Planning
    - o Clinical Quality Management (e.g., CQI, PS, RM, Infection Control)
    - o Critical Care/Intensive Care Unit (all adult types)
    - o Dietary/Nutrition
    - o Emergency Care/Urgent Care/Observation/Short Stay
    - o Facilities and Logistics/Environmental Services/Biomedical Engineering
    - o Information Technology/(IT) Services/Clinical Informatics/Health Information Management
    - o Internal Medicine – Adult Medical (non-surgical) Unit
    - o Adult Combined Medical-Surgical Unit
    - o Internal Medicine – Adult Oncology/Hematology Unit
    - o Laboratory/Pathology
    - o Occupational Medicine/Occupational Health & Safety
    - o Pediatrics (including NICU/PICU, newborn nursery, inpatient peds unit)
    - o Pharmacy
    - o Pulmonology/Respiratory Therapy
    - o Psychiatry/Mental Health/Behavioral Health/Substance Abuse (includes psych inpatient unit)
    - o Radiology/Imaging/Nuclear Medicine (includes Mammography)
    - o Readiness and Operational Medicine (e.g., Aerospace/flight medicine, screenings, health assessments/physicals, simulation centers, operational environment unit)
    - o Rehabilitation/Physical Medicine/Physical Therapy/Occupational Therapy
    - o Surgery/Surgical Services/OR/PACU/Post-op/Periop/Inpatient Surg Unit
    - o Women's Health/Labor & Delivery/Obstetrics/Gynecology/Mother-Baby Unit
    - o Other (please specify) [text box here]
- Clinic
    - o Many different work areas/No specific work area
    - o Administration/Management/Executive
    - o Allergy and Immunology
    - o Anesthesiology
    - o Audiology

- o Cardiology/Cardiovascular Medicine/Vascular Medicine (non-surgical)
- o Dermatology
- o Dietary/Nutrition
- o Endocrinology
- o Facilities and Logistics/Environmental Services/Biomedical Engineering
- o Family Practice/Family Medicine/Primary Care
- o Gastroenterology
- o Infectious Disease
- o Information Technology/ (IT) Services/Clinical Informatics/Health Information Management
- o Internal Medicine
- o Laboratory/Pathology
- o Nephrology
- o Neurology
- o Occupational Medicine/Occupational Health
- o Oncology/Hematology
- o Oral and Maxillofacial
- o Orthopedics
- o Otolaryngology
- o Pediatrics
- o Pharmacy
- o Podiatry
- o Preventive Medicine/Public Health/Wellness/Immunizations
- o Psychiatry/Mental Health/Behavioral Health/Substance Abuse
- o Pulmonology/Respiratory Therapy
- o Radiology/Imaging/Nuclear Medicine (includes Mammography)
- o Readiness and Operational Medicine (e.g., Aerospace/flight medicine, screenings, health assessments/physicals, simulation centers, operational environment unit)
- o Rehabilitation & Physical Medicine/Physical Therapy/Occupational Therapy
- o Rheumatology
- o Surgery – General and specialties not listed separately
- o Urology
- o Vision (Ophthalmology/Optometry)
- o Women's Health/ Labor & Delivery/Obstetrics/Gynecology
- o Other (please specify) [text box here]

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

[Before the following rating scale questions, please display this message: "From this point forward, if you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank."]

How much do you agree or disagree with the following statements about your work area?

[All rating scale questions should contain a box for each category (6 boxes per question) in which an "x" appears when participants select it.]

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. In this work area, we work together as an effective team.......	☐	☐	☐	☐	☐	☐
2. In this work area, we have enough staff to handle the workload.......	☐	☐	☐	☐	☐	☐
3. Staff in this work area work longer hours than is best for patient care......	☐	☐	☐	☐	☐	☐
4. This work area regularly reviews work processes to determine if changes are needed to improve patient safety..	☐	☐	☐	☐	☐	☐
5. This work area relies too much on temporary, float, or PRN staff....................................	☐	☐	☐	☐	☐	☐
6. In this work area, staff feel like their mistakes are held against them..................	☐	☐	☐	☐	☐	☐
7. When an event is reported in this work area, it feels like the person is being written up, not the problem	☐	☐	☐	☐	☐	☐
8. During busy times, staff in this work area help each other....	☐	☐	☐	☐	☐	☐
9. There is a problem with disrespectful behavior by those working in this work area............	☐	☐	☐	☐	☐	☐
10. When staff make errors, this work area focuses on learning rather than blaming individuals....	☐	☐	☐	☐	☐	☐
11. The work pace in this work area is so rushed that it negatively affects patient safety.........	☐	☐	☐	☐	☐	☐
12. In this work area, changes to improve patient safety are evaluated to see how well they worked......................	☐	☐	☐	☐	☐	☐
13. In this work area, there is a lack of support for staff involved in patient safety errors..................	☐	☐	☐	☐	☐	☐
14. This work area lets the same patient safety problems keep happening............................	☐	☐	☐	☐	☐	☐
15. We are encouraged to come up with ideas for more efficient ways to do our work.	☐	☐	☐	☐	☐	☐

16. We are involved in making decisions about changes to our work processes.

☐ ☐ ☐ ☐ ☐ ☐

17. We are given opportunities to try out solutions to workflow problems.

☐ ☐ ☐ ☐ ☐ ☐

SECTION B: Your Supervisor, Manager, or Clinical Leader

How much do you agree or disagree with the following statements about your immediate supervisor, manager, or clinical leader?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety.............................	☐	☐	☐	☐	☐	☐
2. My supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts..............	☐	☐	☐	☐	☐	☐
3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention.......................	☐	☐	☐	☐	☐	☐

SECTION C: Communication

□ □ □ □ □ □

How often do the following things happen in your work area?

	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't Know
1. We are informed about errors that happen in this work area.................................						
2. When errors happen in this work area, we discuss ways to prevent them from happening again.........	□	□	□	□	□	□
3. In this work area, we are informed about changes that are made based on event reports............	□	□	□	□	□	□
4. In this work area, staff speak up if they see something that may negatively affect patient care...............	□	□	□	□	□	□
5. When staff in this work area see someone with more authority doing something unsafe for patients, they speak up..	□	□	□	□	□	□
6. When staff in this work area speak up, those with more authority are open to their patient safety concerns......................................	□	□	□	□	□	□
7. In this work area, staff are afraid to ask questions when something does not seem right.....................	□	□	□	□	□	□

SECTION D: Reporting Patient Safety Events

Think about your work area:

	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't Know
1. When a mistake is _caught and corrected before reaching the patient_, how often is this reported?	☐	☐	☐	☐	☐	☐
2. When a mistake reaches the patient and _could have harmed the patient, but did not_, how often is this reported?	☐	☐	☐	☐	☐	☐

3. _In the past 12 months_, how many patient safety events have _you_ reported?

    a.   None

    b.   1 to 2

    c.   3 to 5

    d.   6 to 10

    e.   11 or more

SECTION E: Patient Safety Rating

How would you rate your work area on patient safety?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

SECTION F: Your Military Health System (MHS) Facility

How much do you agree or disagree with the following statements about your facility?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. The actions of management in this facility show that patient safety is a top priority......	☐	☐	☐	☐	☐	☐
2. Management in this facility provides adequate resources to improve patient safety....	☐	☐	☐	☐	☐	☐
3. Management in this facility seems interested in patient safety only after an adverse event happens................	☐	☐	☐	☐	☐	☐
4. When transferring patients from one unit to another, important information is often left out……………………………..	☐	☐	☐	☐	☐	☐
5. During shift changes, important patient care information is often left out..........................	☐	☐	☐	☐	☐	☐
6. During shift changes, there is adequate time to exchange all key patient care information...	☐	☐	☐	☐	☐	☐

SECTION G: Workplace Stressors and Healthcare Worker Well-Being

Please respond to the following questions about your well-being and workplace stressors in your work/clinic area.

1. **Using your own definition of "burnout," please select one of the answers below:**
   a. I enjoy my work. I have no symptoms of burnout.
   b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
   c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
   d. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
   e. I feel completely burned out. I am at the point where I may need to seek help.

2. **Which number best describes the atmosphere in your primary work/clinic area?**
   a. 1 - Calm
   b. 2
   c. 3 - Busy, but manageable
   d. 4
   e. 5 - Hectic, chaotic

3. **My control over my workload is:**
   a. Poor
   b. Marginal
   c. Satisfactory
   d. Good
   e. Optimal

Please indicate your agreement or disagreement with the following statements about leadership.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
4. Leaders in this facility encourage us to voice concerns about workplace stressors.	☐	☐	☐	☐	☐
5. Leaders in this work/clinic area take steps to improve our well-being.	☐	☐	☐	☐	☐
6. In this work/clinic area, we feel comfortable speaking up about workplace stressors.	☐	☐	☐	☐	☐
7. When we voice concerns about workplace stressors to our facility	☐	☐	☐	☐	☐

leaders, they take action to make improvements.

The following questions refer to the Ready Reliable Care Safety Communications Bundle (RRC SCB). The RRC SCB consists of 6 standardized teamwork and communications practices implemented across DHA facilities. Not all practices apply to every work area.

For more information about the Ready Reliable Care Safety Communications Bundle, please click **here.** *[Clicking on link will open a pop-up box with the following content:]*

Pop-up box content:

The Ready Reliable Care Safety Communications Bundle (RRC SCB) operationalizes the RRC Domains of Change and exemplifies the RRC Guiding Principles. It applies to clinical and non-clinical settings. Some areas may not use all the practices depending on the services provided. For more information about the RRC SCB, please visit https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Ready-Reliable-Care/Safety-Communication-Bundle.

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8. **The following Ready Reliable Care Safety Communication Bundle practices are regularly occurring in my work area. Select all that apply.**
   a. Safety Leadership Rounds (Senior Leader Walkrounds)
   b. Unit-based Huddle (team morning huddle)
   c. I PASS
   d. Leader Daily Safety Brief
   e. Surgical Brief
   f. Surgical Debrief
   g. Universal Protocol
   h. I don't know. I am not familiar with the RRC SCB initiative
   i. Not applicable. None of these practices apply to my work area.

9. **What barriers has your work area encountered in implementing the Ready Reliable Care Safety Communications Bundle. Please select up to three top barriers.**
   j. Lack of senior (MTF) leadership support
   k. Lack of supervisor/manager/clinical leader support
   l. Competing priorities/lack of urgency
   m. Confusing requirements and guidelines
   n. Lack of awareness about the RRC SCB initiative
   o. Inadequate training on how to perform the practices
   p. Lack of technology-supported automated processes
   q. Other, please specify [text box here]

r. None, my work area has not encountered any barriers to RRC SCB practice implementation.

Please indicate your agreement or disagreement with the following statement.

10. I plan to leave military medicine/DHA as soon as possible.

s. Strongly disagree

t. Disagree

u. Neither agree nor disagree

v. Agree

w. Strongly agree

☐
SECTION H: Background Information

1. **How long have you worked in this Defense Health Agency (DHA) <u>facility</u>?**

   a. Less than 1 year
   b. 1 to 5 years
   c. 6 to 10 years
   d. 11 to 15 years
   e. 16 to 20 years
   f. 21 years or more

2. **How long have you worked in your current <u>work/clinic area</u>?**

   a. Less than 1 year
   b. 1 to 5 years
   c. 6 to 10 years
   d. 11 to 15 years
   e. 16 to 20 years
   f. 21 years or more

3. **Typically, how many <u>hours per week</u> do you work in this DHA facility?**

   a. Less than 20 hours per week
   b. 20 to 39 hours per week
   c. 40 hours per week
   d. 41 to 44 hours per week
   e. 45 to 49 hours per week
   f. 50 to 54 hours per week
   ☐ g. 55 to 59 hours per week
   ☐ h. 60 to 79 hours per week
   ☐ i. 80 to 99 hours per week
   ☐ j. 100 hours per week or more

4. **What is your staff position in this DHA facility?**
Select ONE answer that best describes your staff position.
   - Administrative & Clerical Support (Assistant/Unit Clerk/Secretary/Receptionist/Office Staff)
   - Administrator/Manager/Executive/Leader/Supervisor/Director (includes Enlisted Leaders)
   - Behavioral Health Professional (other than Nurse, Physician)
   - Chaplain
   - Clinical Quality Management Professional or Position (e.g., CQI, PS, RM)
   - Dentist (DDS, DMD)
   - Dental Care Staff (e.g., Hygienist, Assistant, Technician)
   - Dietician/Nutritionist

- Facilities/Logistics/Biomedical Engineering Specialist
- Independent Duty Corpsman (IDC)/Independent Med Tech (IDMT)/Combat Medic Specialist, Health Care Specialist (68W)
- Information Technology/ (IT) Services/Clinical Informatics/Health Information Management
- Medical Assistant
- Nurse – Advanced Practice (NP, CRNA, CNS, CNM)
- Nurse – RN/LVN/LPN
- Nursing Care Support Staff (e.g., nursing assistant, nurse aide)
- Optometrist
- Oral Surgeon
- Pharmacist
- Pharmacy Technician
- Physical/Occupational/Speech Therapist
- Physician – Attending/Staff/Fellow
- Physician – Resident/Intern/Med Student
- Physician Assistant
- Physiologist (Aerospace/Operational)
- Respiratory Therapist
- Social Worker
- Technician/Technologist (e.g., EKG, Lab, Radiology) – other than pharmacy
- Other (please specify) [text box here]

For questions related to being a local national, please click **here.** [Clicking on link will open a pop-up box with the following content:]

Pop-up box content:

I am a local national and don't see my staff type listed. How should I answer?
You should check "Other" and specify your staff type in the text box.

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5. In your staff position, do you typically have direct interaction or contact with patients?

    a. YES, I typically have direct interaction or contact with patients.
    b. NO, I typically do NOT have direct interaction or contact with patients.

6. How long have you worked in your current specialty or profession?

    a. Less than 1 year
    b. 1 to 5 years
    c. 6 to 10 years
    d. 11 to 15 years

☐   e.   16 to 20 years

☐   f.   21 years or more

7.   Please select your staff type below:

     a.   Military—Active duty – Officer
     b.   Military—Active duty – Enlisted
     c.   Military—Reservist
     d.   Civilian—Government employee
     e.   Civilian—Contractor
     f.   Volunteer
     g.   Other (please specify on the next screen)

SECTION I: Your Comments

Please feel free to provide any comments about how things are done or could be done in your facility that might affect patient safety. Do not include any comments that identify individuals (patient, staff, providers, etc.) or events.

NOTE: Verbatim comments will be shared at the Headquarters level anonymously for improvement purposes.

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[                                                                      ]
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Closing:

Thank you for completing this survey. This is the last question of the survey. Clicking the continue button below will submit your survey.

Completion Page:
Thank you for completing the survey.
Your response has been collected. You may now close your browser.

[Medical Office Survey: For survey respondents who selected an MTF designated as an Ambulatory Clinic or Dental Clinic in Q4]

<u>**SURVEY INSTRUCTIONS**</u>

Think about the way things are done in <u>your</u> clinic area (primary care clinic, internal medicine clinic, etc.) and provide your opinions on issues that affect the overall safety and quality of the care provided to patients in your clinic area.

In this survey, the term **provider** refers to physicians, physician assistants, pharmacists and nurse practitioners who diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the clinic area.

- If a question does not apply to you or you don't know the answer, please check "Does Not Apply or Don't Know."

- If you work in more than one clinic area, when answering this survey answer only about the clinic area where you received this survey—do not answer about the entire facility.

- If your clinic area is in a building with other clinic areas, answer only about the specific clinic area where you work—do not answer about any other clinic areas in the building.

1. **What is your primary clinic area?**

- Many different work areas/No specific work area
- Administration/Management
- Allergy & Immunology
- Anesthesiology
- Cardiology/Cardiovascular Medicine/Vascular Medicine (non-surgical)
- Case Management/Utilization Management/Social Services
- Clinical Quality Management (e.g., CQI, PS)
- Dental Clinic
- Dermatology
- Emergency Care/Urgent Care
- Family Medicine/Primary Care
- Facilities and Logistics/Environmental Services/Biomedical Engineering
- Gastroenterology
- Headquarters
- Information Technology/ (IT) Services/Clinical Informatics/Health Information Management
- Laboratory
- Mental Health/Behavioral Health/Substance Abuse
- Occupational Medicine/Occupational Health
- Oncology
- Oral and Maxillofacial Surgery
- Orthopedics/Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Pharmacy
- Podiatry
- Preventive Medicine/Public Health/Wellness/Immunizations
- Pulmonology
- Radiology/Imaging
- Readiness and Operational Medicine (e.g., Aerospace/flight medicine, screenings, health assessments/physicals, simulation centers, operational environment unit)
- Rehabilitation & Physical Medicine/Physical Therapy/Occupational Therapy
- Sports Medicine/Neuromuscular Care (non-surgical)
- Surgery and Surgical Services – General and specialties not listed separately
- Urology
- Vision (Ophthalmology/Optometry)
- Women's Health/Obstetrics/Gynecology
- Other (please specify) [text box here]

For more information on selecting your primary clinic area, please click **here.** *[Clicking on link will open a pop-up box with the following content:]*

Pop-up box content:

My primary clinic area is not listed. How should I answer this question?
You may not notice the exact name of your specific clinic area. Please review the list of options available and choose the one that best describes the area where you spend most of your workday.

I am not sure if someone in my clinic area or type of staff position should answer the survey. Can you tell me?
Every individual who works in an Military Medical Treatment Facility (MTF) is invited to participate in the survey. Individuals from different clinic areas within a MTF provide unique perspectives and can help provide a comprehensive picture of the culture of patient safety to help us continue delivering safe care to our patients. If some questions do not appear applicable, individuals may choose not to respond to those.

All personnel in DHA MTFs with email access are being asked to complete the survey, including all clinical and non-clinical personnel (including providers, interns, residents, fellows and all other staff); active duty and reservist military; GS and civilian contractors; volunteers; and local nationals.

The survey will not let me go further without answering which clinic area I am from. Do I have to answer this question to complete the survey?
Yes. To provide information that can be used to improve patient safety in a particular clinic area, we need to know which clinic area a particular respondent works in. This information is not used to identify individuals and individual respondents will still remain anonymous. Survey feedback will only be provided at the group level if 5 or more responses are received from a particular clinic area.

[Question is mandatory—survey respondents cannot proceed without answering this question. If respondent does not answer this question, please input the following message: "Please answer this question in order to move forward with the rest of the survey."]

[Before the following rating scale questions, please display this message: "From this point forward, if you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank."]

SECTION J: List of Patient Safety and Quality Issues

The following items describe things that can happen in clinics that affect patient safety and quality of care. **In your best estimate, how often did the following things happen in your clinic area _OVER THE PAST 12 MONTHS_?**

[All rating scale questions should contain a box for each category in which an "x" appears when participants select it]

Access to Care	Daily	Weekly	Monthly	Several times in the past 12 months	Once or twice in the past 12 months	Not in the past 12 months	Does Not Apply or Don't Know
1. A patient was unable to get an appointment within 48 hours for an acute/serious problem.........	☐	☐	☐	☐	☐	☐	☐
Patient Identification							
2. The wrong chart/medical record was used for a patient..........	☐	☐	☐	☐	☐	☐	☐
Charts/Medical Records							
3. A patient's chart/medical record was not available when needed..........	☐	☐	☐	☐	☐	☐	☐
4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record.........	☐	☐	☐	☐	☐	☐	☐
Medical Equipment							
5. Medical equipment was not working properly or was in need of repair or replacement..........	☐	☐	☐	☐	☐	☐	☐

SECTION J: List of Patient Safety and Quality Issues (continued)

How often did the following things happen in your clinic area *OVER THE PAST 12 MONTHS*?

	Daily	Weekly	Monthly	Several times in the past 12 months	Once or twice in the past 12 months	Not in the past 12 months	Does Not Apply or Don't Know
Medication							
6. A pharmacy contacted our clinic area to clarify or correct a prescription	☐	☐	☐	☐	☐	☐	☐
7. A patient's medication list was not updated during his or her visit	☐	☐	☐	☐	☐	☐	☐
Diagnostics & Tests							
8. The results from a lab or imaging test were not available when needed	☐	☐	☐	☐	☐	☐	☐
9. A critical <u>abnormal</u> result from a lab or imaging test was not followed up within 1 business day	☐	☐	☐	☐	☐	☐	☐

SECTION K: Information Exchange With Other Settings

Over the past 12 months, how often has your clinic area had <u>problems exchanging accurate, complete, and timely information</u> with:

	Problems daily	Problems weekly	Problems monthly	Problems several times in the past 12 months	Problems once or twice in the past 12 months	No problems in the past 12 months	Does Not Apply or Don't Know
1. Outside labs/imaging centers?......................................	☐	☐	☐	☐	☐	☐	☐
2. Other clinic areas/ outside physicians?...............................	☐	☐	☐	☐	☐	☐	☐
3. Pharmacies?...............................	☐	☐	☐	☐	☐	☐	☐
4. Hospitals?..................................	☐	☐	☐	☐	☐	☐	☐
5. Other? (Specify):_____	☐	☐	☐	☐	☐	☐	☐

SECTION L: Working in Your Clinic Area

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. When someone in this clinic area gets really busy, others help out..	☐	☐	☐	☐	☐	☐
2. In this clinic area, there is a good working relationship between staff and providers....	☐	☐	☐	☐	☐	☐
3. In this clinic area, we often feel rushed when taking care of patients....................................	☐	☐	☐	☐	☐	☐
4. This clinic area trains staff when new processes are put into place...	☐	☐	☐	☐	☐	☐
5. In this clinic area, we treat each other with respect...	☐	☐	☐	☐	☐	☐
6. We have too many patients for the number of providers in this clinic area....................................	☐	☐	☐	☐	☐	☐
7. This clinic area makes sure staff get the on-the-job training they need	☐	☐	☐	☐	☐	☐
8. This clinic area is more disorganized than it should be...	☐	☐	☐	☐	☐	☐
9. We have good procedures for checking that work in this clinic area was done correctly....................................	☐	☐	☐	☐	☐	☐
10. Staff in this clinic area are asked to do tasks they haven't been trained to do..	☐	☐	☐	☐	☐	☐
11. We have enough staff to handle our patient load.............	☐	☐	☐	☐	☐	☐
12. We have problems with workflow in this clinic area...	☐	☐	☐	☐	☐	☐
13. This clinic area emphasizes teamwork in taking care of patients...	☐	☐	☐	☐	☐	☐
14. This clinic area has too many patients to be able to handle everything effectively....................................	☐	☐	☐	☐	☐	☐
15. Staff in this clinic area follow standardized processes to get tasks done	☐	☐	☐	☐	☐	☐

SECTION M: Communication and Follow-up

How often do the following things happen in your clinic area?	Never	Rarely	Some-times	Most of the time	Always	Does Not Apply or Don't Know
1. Providers in this clinic area are open to staff ideas about how to improve clinic area processes..........	☐	☐	☐	☐	☐	☐
2. Staff are encouraged to express alternative viewpoints in this clinic area......................................	☐	☐	☐	☐	☐	☐
3. This clinic area reminds patients when they need to schedule an appointment for preventive or routine care...	☐	☐	☐	☐	☐	☐
4. Staff are afraid to ask questions when something does not seem right...	☐	☐	☐	☐	☐	☐
5. This clinic area documents how well our chronic-care patients follow their treatment plans.............	☐	☐	☐	☐	☐	☐
6. Our clinic area follows up when we do not receive a report we are expecting from an outside provider...	☐	☐	☐	☐	☐	☐
7. Staff feel like their mistakes are held against them...	☐	☐	☐	☐	☐	☐
8. Providers and staff talk openly about office problems..	☐	☐	☐	☐	☐	☐
9. This clinic area follows up with patients who need monitoring..	☐	☐	☐	☐	☐	☐
10. It is difficult to voice disagreement in this clinic area..	☐	☐	☐	☐	☐	☐
11. In this clinic area, we discuss ways to prevent errors from happening again....................................	☐	☐	☐	☐	☐	☐
12. Staff are willing to report mistakes they observe in this clinic area..	☐	☐	☐	☐	☐	☐

SECTION N: Leadership Support

    A. Are you in a leadership position with responsibility for making financial decisions for your clinic area?

☐1 Yes → *Skip to Section O*

☐2 No → *Answer items 1-4 below*

How much do you agree or disagree with the following statements about the <u>leadership of your clinic area?</u>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1.They aren't investing enough resources to improve the quality of care in this clinic area.............................	☐	☐	☐	☐	☐	☐
2.They overlook patient care mistakes that happen over and over..	☐	☐	☐	☐	☐	☐
3.They place a high priority on improving patient care processes..	☐	☐	☐	☐	☐	☐
4.They make decisions too often based on what is best for the facility area rather than what is best for patients..	☐	☐	☐	☐	☐	☐

SECTION O: Your Clinic area

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. When there is a problem in our clinic area, we see if we need to change the way we do things....................	☐	☐	☐	☐	☐	☐
2. Our clinic area processes are good at preventing mistakes that could affect patients..................................	☐	☐	☐	☐	☐	☐
3. Mistakes happen more than they should in this clinic area	☐	☐	☐	☐	☐	☐
4. It is just by chance that we don't make more mistakes that affect our patients..................................	☐	☐	☐	☐	☐	☐
5. This clinic area is good at changing clinic area processes to make sure the same problems don't happen again..	☐	☐	☐	☐	☐	☐
6. In this clinic area, getting more work done is more important than quality of care..........................	☐	☐	☐	☐	☐	☐
7. After this clinic area makes changes to improve the patient care process, we check to see if the changes worked..	☐	☐	☐	☐	☐	☐
8. We are encouraged to come up with ideas for more efficient ways to do our work...................................	☐	☐	☐	☐	☐	☐
9. We are involved in making decisions about changes to our work processes....................................	☐	☐	☐	☐	☐	☐
10. We are given opportunities to try out solutions to workflow problems......................................	☐	☐	☐	☐	☐	☐

SECTION P: Overall Ratings

☐▭

1. Overall, how would you rate your clinic area on each of the following areas of health care quality?

		Poor	Fair	Good	Very good	Excellent
a. Patient centered	Is responsive to individual patient preferences, needs, and values.....	☐	☐	☐	☐	☐
b. Effective	Is based on scientific knowledge…	☐	☐	☐	☐	☐
c. Timely	Minimizes waits and potentially harmful delays.............................	☐	☐	☐	☐	☐
d. Efficient	Ensures cost-effective care (avoids waste, overuse, and misuse of services)..	☐	☐	☐	☐	☐
e. Equitable	Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.	☐	☐	☐	☐	☐

2. Overall, how would you rate the systems and clinical processes your clinic area has in place to prevent, catch, and correct problems that have the potential to affect patients?

Poor   Fair   Good   Very good   Excellent

SECTION S: Reporting Patient Safety Events

1. *In the past 12 months*, how many patient safety events have *you* reported?
   a) None
   b) 1 to 2
   c) 3 to 5
   d) 6 to 10
   e) 11 or more

[All respondents→Go to Section G (Workplace Stressors and Healthcare Worker Well-being), H (Background Information), I (Your Comments) of main survey.]