

## Patient Safety Culture Survey – Live Link Distribution Text E-mail from Facility Leadership

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Purpose: Facility Leadership to send a facility-wide email supporting the survey's objectives and inviting all to participate. Survey research shows response rates improve when leadership supports a survey and invites participation in it.

Timing for release: The survey launch date – scheduled for August 26, 2024.

TO: ALL [MTF NAME] STAFF

SUBJECT: 2024 DoD PATIENT SAFETY CULTURE SURVEY

FROM: [NAME], COMMANDER

I recently sent you notice that our facility is participating in the Department of Defense (DoD) Patient Safety Culture Survey, a web-based survey that asks for your opinions about patient safety and staff well-being in our facility. The survey is anonymous and individual responses will not be tracked. Additional survey information is included below.

Your perspective is a vital component to understanding patient safety, staff well-being, and how we can improve within the DHA and at this facility, and I ask for your support in this effort. Please set aside 10 minutes at your earliest convenience to share your feedback.

To take the web survey, you must use a computer with internet access. The survey is not CAC enabled and can be accessed on non GFE. If your work area computer does not have internet access, you may use computers located at: [INDICATE LOCATION].

Please open the hyperlink below in your preferred internet browser. You will be asked to select our facility name from a series of drop-down menus. Please select the following from these menus to accurately identify our facility:

**Country:** [list country here]

**State:** [list state here if located in the United States]

**Installation:** [list installation name here]

**Facility:** [list facility name here]

Click below to begin the survey: TBD

Thanks for all you do to make this a great facility for our patients. My point of contact for this survey is [MTF POC NAME] at [PHONE NUMBER] and [EMAIL ADDRESS].

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**Instructions - How to complete the following questions/statements to access the survey.**

**1. What country is your facility located in?**

Our facility is located in [xxxx].

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

This question asks you to identify the state where the facility is located. Respondents outside the United States will not be asked this question in the survey.

Our facility is located in [xxxx].

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

This question asks you to identify the installation where the facility is located. Respondents outside the United States will not be asked this question in the survey.

Our facility is located at [xxxx].

**4. Please select your facility.**

Select from the drop-down list of facilities.

Our facility is [xxxx].

**5. What is your primary work area/duty area in your facility?**

You may not immediately notice the exact name of your specific work area (i.e., Oncology, Pharmacy, Surgery, etc.). Please review the list of options available and choose the one that best or most closely describes the area where you spend most of your workday.