

DoD Patient Safety Culture Survey – Reminder Email Text

Document: Patient Safety Culture Survey – Reminder Email Text #1

Purpose: Standardized messaging from MTF POCs to all MTF members to remind them/encourage them to take the survey – also serves as a thank you to those that have responded.

Timing for release: 2 weeks after survey release. Text in red to be completed by the MTF POC prior to sending.

Patient safety survey reminder email #1

TO: ALL [FACILITY NAME] STAFF
SUBJECT: UPDATE: 2024 DoD Patient Safety Culture Survey
FROM: [INSERT NAME], MTF POC

[On Survey Deployment Date], we began collecting staff opinions about patient safety and staff well-being in MTFs using the DoD Patient Safety Culture Survey. XX percent of our facility's team members have responded to the survey to date, and we want to make sure we hear from as many staff members as possible.

THANK YOU to those who have already completed the survey! We take your feedback very seriously.

If you have not had the chance to take the survey yet, we want to hear from you!

Please [click here](#) to take the survey now.

Note: the survey takes approximately 10 minutes to complete. See tips below.

Your perspective is very important to continue improving patient safety at our facility. All responses are anonymous and will not be tracked back to individuals.

If you have any problems accessing the survey, please contact [MTF POC] at [PHONE NUMBER] and [EMAIL ADDRESS]. Any technical problems with the survey should be directed to Marc Penz at Zogby Analytics [email: marc@zogbyanalytics.com; phone: 1-866-931-9273 ext. 4]. For more information about the survey, [click here](#).

Thank you,

[Signature block]

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.

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 MTF/Dental facilities.

Our facility is [xxxx].

5. What is your primary work 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.

Document: Patient Safety Culture Survey – Reminder Emails #2 - #6 (maximum of 6)

Purpose: Standardized messaging from MTF POCs to all MTF members to remind them/encourage them to take the survey – also serves as a thank you to those that have responded.

Timing for release: Once per week, following the initial reminder email #1. Text in red (responses rate, weeks in the field, etc.) to be updated each week by the MTF POC.

Patient safety survey reminder email #2

TO: ALL [FACILITY NAME] STAFF
SUBJECT: DoD PATIENT SAFETY CULTURE SURVEY TO CLOSE IN [# OF WEEKS]
FROM: [NAME], MTF POC

It's been X weeks since we first began collecting staff opinions about patient safety and staff well-being using the DoD Patient Safety Culture Survey. The survey is scheduled to close on [INSERT DATE], and we want to make sure that the perspectives of all staff will be heard.

Thank you to the XX percent who have completed the survey! We'll begin compiling results from your feedback soon.

If you have not yet taken the survey, we want to ensure that you have the opportunity to share your opinions before the survey closes.

Please [click here](#) to take the survey now.

Note: the survey takes approximately 10 minutes to complete. See tips below.

Your perspective is very important to continue improving patient safety at our facility. All responses are anonymous and will not be tracked back to individuals. If you have any problems accessing the survey, please contact [MTF POC] at [PHONE NUMBER] and [EMAIL ADDRESS]. Any technical problems with the survey should be directed to Marc Penz at Zogby Analytics [email: marc@zogbyanalytics.com; phone: 1-866-931-9273 ext. 4]. For more information about the survey, [click here](#).

Thank you in advance for your commitment to patient safety efforts at [FACILITY NAME] and within the MHS.

Sincerely,

[Signature block]

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

DoD Patient Safety Culture Survey – Reminder Email Text

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.

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 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.