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