**Appendix A –**

**Use of AHRQ Tools to Measure Aspects of Patient Safety Questionnaire**

Form Approved
OMB No. xxxx-xxxx
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**Use of Agency for Healthcare Research and Quality (AHRQ) Tools to Measure Aspects of Patient Safety**

**INTRODUCTION:** The Agency for Healthcare Research and Quality (AHRQ) would like to hear from you about tools to assess a safer patient environment in healthcare settings. Specifically, AHRQ would like to learn which of these tool(s) you recognize and/or are familiar to you. We estimate it will take you about 8 minutes to respond to these questions.

**PLEASE TELL US ABOUT YOURSELF**

1. **Which of the following role(s) in the healthcare industry apply to you?** *(Please select all that apply.)*

❑ Health care provider.

❑ Health care administrator – clinical.

❑ Health care administrator- non-clinical.

❑ Program or policy-maker.

❑ Researcher.

❑ Patient.

❑ Advocate.

❑ Other(s), *please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. In which setting(s) do you currently work?** *(Please select all that apply.)*

❑ University or other academic setting.

❑ Other research organization.

❑ Healthcare – clinical.

❑ Government.

❑ Healthcare Association.

❑ Health Plan.

❑ Other(s)*, please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **Which of the following activities have you completed in the past two (2) years to assess or review patient safety in a healthcare facility?** *(Please select all that apply.)*

❑ Completed a questionnaire(s) about patient safety in healthcare facilities.

❑ Reviewed adverse event reports about patient safety in healthcare facilities.

❑ Reviewed summary data about patient safety in healthcare facilities.

❑ Inspected facilities, offices, clinics, etc.

❑ Other, *please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ I’ve completed **NO** previous activities to assess or review patient safety in a

 healthcare facility in the past two years.

**ASSESSING A SAFER PATIENT ENVIRONMENT IN HEALTH CARE SETTINGS**

**4.** **Which of the following that assess a health care setting’s support for a safer patient environment are you familiar with?** *(Please select all that apply.)*

* Patient Safety Climate in Healthcare Organizations Survey (PSCHO).
* Safety Attitudes Questionnaire (SAQ).
* Safety Organizing Scale (SOS).
* Surveys on Patient Safety Culture (SOPS).
* Other, *please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Which of the following do you think is the MOST well-known to those working on supporting a safer patient environment in U.S. healthcare settings?**

* Patient Safety Climate in Healthcare Organizations Survey (PSCHO).
* Safety Attitudes Questionnaire (SAQ).
* Safety Organizing Scale (SOS).
* Surveys on Patient Safety Culture (SOPS).
* Don’t know.

**6.** **Which of the following is MOST commonly used to assess a safer patient environment in U.S. healthcare settings?**

* Patient Safety Climate in Healthcare Organizations Survey (PSCHO).
* Safety Attitudes Questionnaire (SAQ).
* Safety Organizing Scale (SOS).
* Surveys on Patient Safety Culture (SOPS).
* Don’t know.

**7. Which of the following has/have been developed and/or disseminated by AHRQ?** *(Please select all that apply.)*

* Patient Safety Climate in Healthcare Organizations Survey (PSCHO).
* Safety Attitudes Questionnaire (SAQ).
* Safety Organizing Scale (SOS).
* Surveys on Patient Safety Culture (SOPS).
* None of the above.

***THANK YOU VERY MUCH FOR YOUR TIME AND RESPONSES!***

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 8 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.