

Medical Office Information Form

To be completed by a single office point of contact for each medical office submitting data to the *Medical Office Survey on Patient Safety Culture* Comparative Database.

Instructions: Please provide the following information, which will be used to analyze data collected with the *Medical Office Survey on Patient Safety Culture*. If you need assistance in answering any of the questions, please e-mail DatabasesOnSafetyCulture@ahrq.hhs.gov.

Name of Office Point of Contact: (First) _____ (Last) _____
Job Title: _____
Name of Office: _____
Office Mailing Address: (Street) _____
(City) _____ (State) _____ (Zip code) _____
POC Phone: _____ Fax: _____
E-mail: _____

1a. Does your medical practice have:

- ₁ One location? →(SKIP TO QUESTION 2)
₂ Multiple locations at different addresses or multiple offices in the same building?

1b. Is this office location the:

- ₁ Primary/headquarters location?
₂ Satellite location (not the primary/headquarters location)?

2. Which best describes the majority ownership of this medical office/practice?

- ₁ Provider(s) and/or Physician(s)
₂ Managed Care or Health Maintenance Organization (MCO/HMO)
₃ University or medical school or academic medical institution
₄ Hospital or health system
₅ Federal, state, or local government, community board, etc.
₆ Other, please specify: _____

3. Total number of employees asked to complete the survey? _____

4. What was the mode used to administer the survey?

- ₁ Paper only
₂ Web only
₃ Mixed mode (paper and Web)

5. When did your medical office finish its administration of the *Medical Office Survey on Patient Safety Culture*?

_____month _____year

6. What is the total number of patient visits in a typical week in this medical office location? _____ total patient visits in a typical week

7. What is the total number of providers (MDs, DOs, PAs, NPs, etc.) working in this medical office location during a typical week? _____ total number of providers working during a typical week

8. To what extent has this medical office implemented the following electronic (computer-based) tools? (By implemented, we mean the office has the tool capability and is using it.)

	Not implemented & no plans to implement in the next 12 months ▼	Not implemented but implementation planned in the next 12 months ▼	Implementation in process (only partial implementation) ▼	Fully implemented ▼
a) Electronic appointment scheduling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Electronic ordering of medications (with pharmacies capable of processing electronic orders)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Electronic ordering of tests, imaging, or procedures (with test/imaging centers capable of processing electronic orders)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Electronic access to your patients' test or imaging results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Electronic medical/health records (EMR/EHR)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

9. Which of the following best describes the type of practice at this office location?

- ₁ Single specialty
- ₂ Multispecialty with primary care only (family medicine, internal medicine, pediatrics, OB/GYN, general practice)
- ₃ Multispecialty with primary and specialty care
- ₄ Multispecialty with specialty care only

- 10. Check the type of specialty(s) that are practiced by all providers in your medical office.** By providers, we mean physicians (MDs and DOs), physician assistants (PAs), and nurse practitioners (NPs) who diagnose, treat patients, and prescribe medications.
(Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1. Allergy/Immunology | <input type="checkbox"/> 19. Nephrology |
| <input type="checkbox"/> 2. Anesthesiology | <input type="checkbox"/> 20. Neurology |
| <input type="checkbox"/> 3. Cardiology | <input type="checkbox"/> 21. Nuclear Medicine |
| <input type="checkbox"/> 4. Child & Adolescent Psychiatry | <input type="checkbox"/> 22. OB/GYN or GYN |
| <input type="checkbox"/> 5. Dermatology | <input type="checkbox"/> 23. Ophthalmology |
| <input type="checkbox"/> 6. Diagnostic Radiology | <input type="checkbox"/> 24. Orthopedics |
| <input type="checkbox"/> 7. Emergency Medicine | <input type="checkbox"/> 25. Otolaryngology |
| <input type="checkbox"/> 8. Endocrinology/Metabolism | <input type="checkbox"/> 26. Pathology – Anatomic/Clinical |
| <input type="checkbox"/> 9. Family Practice/Family Medicine | <input type="checkbox"/> 27. Pediatrics |
| <input type="checkbox"/> 10. Forensic Pathology | <input type="checkbox"/> 28. Physical Medicine & Rehabilitation |
| <input type="checkbox"/> 11. Gastroenterology | <input type="checkbox"/> 29. Psychiatry |
| <input type="checkbox"/> 12. General Practice | <input type="checkbox"/> 30. Public Health & Rehabilitation |
| <input type="checkbox"/> 13. General Preventive Medicine | <input type="checkbox"/> 31. Pulmonary Medicine |
| <input type="checkbox"/> 14. General Surgery | <input type="checkbox"/> 32. Radiology |
| <input type="checkbox"/> 15. Geriatrics | <input type="checkbox"/> 33. Rheumatology |
| <input type="checkbox"/> 16. Hematology/Oncology | <input type="checkbox"/> 34. Surgery (All) |
| <input type="checkbox"/> 17. Internal Medicine | <input type="checkbox"/> 35. Urology |
| <input type="checkbox"/> 18. Medical Genetics | <input type="checkbox"/> 36. Vascular Medicine |
| | <input type="checkbox"/> 37. Other specialties |