

## PROMISES Project PATIENT SURVEY

The PROMISES (*Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction*) Project was an AHRQ-funded initiative to improve patient safety and reduce malpractice risk by redesigning systems and care processes to prevent, minimize, and mitigate medical errors and malpractice suits in small to medium-sized adult ambulatory practices.

Designed as a randomized controlled trial, the PROMISES project implemented a context-sensitive collaborative improvement model that emphasized training and in-office coaching by quality improvement, efficiency and safety experts, as well as shared learning methods to develop, test and implement changes. The project focused its efforts on four (3+1) safety areas identified as work streams with *underlying high-risk processes leading to malpractice suits*:

1. Lab and test result tracking
2. Referral management
3. Medication management
- +1 Communications with patients & among practice staff

To evaluate the PROMISES Project, we developed four distinct evaluation tools, adapted from validated instruments, to measure relevant processes, communication, and patient trust:

1. Administrator Survey
2. Staff and Provider Survey
3. Patient Survey
4. Chart Review Tool

The PROMISES surveys capture structured information that encompasses the four PROMISES (3+1) safety areas, assess practices' process-based malpractice risk and identify areas for improvement. These evaluation tools are designed to be utilized repeatedly over time as a practice's processes are improved upon.

### **How should I use the PROMISES Patient Survey to evaluate my practice?**

#### *Patient Survey*

The aim of this survey is to capture the perceptions of patients within a practice regarding their quality of care, and to understand their level of satisfaction with the practice environment and systems. This survey includes questions about communication with the provider(s) and practice staff, level of trust and patient satisfaction. Overarching domains within this survey include:

1. Access to Services and Care
2. Communication
3. Coordination of Care
4. Patient-Centered Care
5. Office Flow
6. Trust
7. Quality of Primary Provider's Care

**For more information about the PROMISES project and additional resources, please visit:**  
<http://www.brighamandwomens.org/pbrn/promises>

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# PATIENT SURVEY

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**Thank you for taking the time to complete this survey.**

**Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. We will not share your personal information with anyone. Your responses to this survey are also completely **anonymous**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we won't send you reminders. We will not link or record your name with the answers to this survey.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to, this will not affect the health care you receive.

**What To Do When You're Done.** Once you complete the survey, place it in the envelope that is provided, seal the envelope, and return the envelope to:

[INSERT RETURN ADDRESS HERE]

**Please return the survey by: [Return Date]**

If you do not want to participate in this survey and do not want to receive reminders, please call [INSERT TELEPHONE NUMBER HERE].

### Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

<sub>1</sub> Yes → **If Yes, go to question #2**

<sub>2</sub> No

**Section I. Your Primary Care Provider In this Office**

1. We received your name and address from the medical office below.

[Name of primary care provider and primary care office label goes here]

Is this the person you **usually** see if you need a check-up, have a health problem, or get sick or hurt?

<sub>1</sub> Yes→**If yes, go to question #3 below**

<sub>2</sub> No

2. Do you usually see some other doctor or health provider in this office if you need a check-up, have a health problem, or get sick or hurt?

<sub>1</sub> Yes→ **Please write in the name of the doctor or health provider you usually see for these services.**

\_\_\_\_\_

<sub>2</sub> No, I go somewhere else for care → **If no, go to question #28 on page 9**

\_\_\_\_\_

3. Some of the questions in this survey will use the terms “primary care provider” or just “this provider.” These terms refer to the doctor or other health provider named above that you **usually** see if you need a check-up, have a health problem, or get sick or hurt. Please think of that person as you answer the questions in this survey.

How long have you been going to this provider?

<sub>1</sub> Less than 6 months

<sub>2</sub> At least 6 months but less than 1 year

<sub>3</sub> At least 1 year but less than 3 years

<sub>4</sub> At least 3 years but less than 5 years

<sub>5</sub> 5 years or more

The next question asks about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- <sub>1</sub> None → **If None, go to question #28 on page 10**
- <sub>2</sub> 1 time
- <sub>3</sub> 2 times
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 to 9 times
- <sub>7</sub> 10 or more times

Please think about the care you have received from this provider in the last 6 months when answering the next questions (#5 through #8).

## **Section II. Access**

5. In the last 6 months, did you contact your primary care provider's office to get an appointment for an illness, injury or condition that needed care right away?

- <sub>1</sub> Yes
- <sub>2</sub> No → **If No, go to question #7 below**

6. When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed it?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never

7. In the last 6 months, did you contact this provider's office with a medical question?

- <sub>1</sub> Yes
- <sub>2</sub> No → **If No, go to question #9 on page 4**

8. When you contacted this provider's office with a medical question, how often did you get an answer to your medical question as soon as you thought you needed it?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never

### Section III. Communication

9. Thinking about the last 6 months:

	Always	Usually	Sometimes	Never
a) How often did this provider ask you for <i>your</i> ideas about managing your health?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) How often did this provider answer all your questions to your satisfaction?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) How often did this provider explain things in a way that was easy to understand?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) How often did you leave this provider's office <b>confused</b> about what to do next to manage your health or health conditions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) How often did this provider spend enough time with you?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) How often did this provider listen carefully to you?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### Section IV. Coordination of Care

10. In the last 6 months, did your primary care provider ask you about each of the different medicines you take, including medicines prescribed by other doctors?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> I do not remember
- <sub>4</sub> I do not take any prescription medicines
- <sub>5</sub> Don't know

11. In the last 6 months, when you had a blood test, x-ray, or other test ordered by your primary care provider's office, how often did you get results in a timely manner?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never
- <sub>5</sub> Not Applicable

12. Specialists are doctors like psychiatrists, surgeons, heart doctors, allergy doctors, skin doctors, and other doctors and health providers who specialize in one area of health care.

In the last 6 months, did you get care from a specialist or use more than one kind of health care service?

- <sub>1</sub> Yes
- <sub>2</sub> No → If No, go to question #17 on page 6

13. In the last 6 months, how often did your primary care provider seem informed and up-to-date about the care you got from these different specialists and services?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never

14. In the last 6 months, how often did you and your primary care provider talk about the care you received from these different specialists and services?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never

15. In the last 6 months, did you need help from anyone in your primary care provider's office to coordinate your care among different specialists and services?

- <sub>1</sub> Yes
- <sub>2</sub> No → If No, go to question #17 on page 6

16. In the last 6 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your care among these different specialists and services?

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Sometimes
- <sub>4</sub> Never



## **Section V. Patient-Centered Care**

To what extent do you agree or disagree with the following statements?

17. The doctors and staff in my primary care provider's office genuinely care about me and my medical problems.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

18. The doctors and staff in my primary care provider's office treat me with courtesy and respect.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

19. My primary care provider clearly understands the things that really matter to me about my health care.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

20. My primary care provider knows all the important information about my medical history.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

## Section VI. Office Flow

21. Thinking back about the care you received from your primary care provider in the last 6 months:

	Always	Usually	Sometimes	Never
a) How often did things generally work smoothly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) How often were <b>clerks and receptionists</b> at this provider's office as helpful as you thought they should be?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) How often were <b>doctors and other health providers</b> at this provider's office as helpful as you thought they should be?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Section VII. Trust

22. Thinking about how much you TRUST your primary care provider, how strongly do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I can tell my primary care provider anything	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) I completely trust my primary care provider's judgment about my medical care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) My primary care provider cares more about holding down costs than about doing what is needed for my health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) My primary care provider would always tell me the truth about my health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e) If a mistake is made in my care, my primary care provider would try to hide it from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) I completely trust my primary care provider	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Section VII. Quality of Your Primary Care Provider's Care**

23. To what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
a) My primary care provider does a good job diagnosing my medical problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5
b) My primary care provider is extremely thorough and careful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5

24. Have you ever had a negative experience with this provider or the primary care office?

- 1 Yes
- 2 No → **If No, go to Question #28 on page 9**

25. Thinking about the negative experience that bothered you the most, was there a way for you to discuss your problem with this provider or the primary care office?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

26. Have you ever considered going elsewhere for your care because of a negative experience with this primary care provider or the primary care office?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

27. Have you ever considered filing a complaint against this provider or primary care office?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

## **Section IX. About You**

28. In general, how would you rate your overall health?

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor

29. In general, how would you rate your overall mental health?

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor

30. What is your age?

- <sub>1</sub> 18 to 24
- <sub>2</sub> 25 to 34
- <sub>3</sub> 35 to 44
- <sub>4</sub> 45 to 54
- <sub>5</sub> 55 to 64
- <sub>6</sub> 65 to 74
- <sub>7</sub> 75 or older

31. Are you male or female?

- <sub>1</sub> Male
- <sub>2</sub> Female

32. What is the highest grade or level of school that you have completed?

- <sub>1</sub> 8th grade or less
- <sub>2</sub> Some high school, but did not graduate
- <sub>3</sub> High school graduate or GED
- <sub>4</sub> Some college or 2-year degree
- <sub>5</sub> 4-year college graduate
- <sub>6</sub> More than 4-year college degree

33. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

34. What is your race? Please mark one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Other

**Section X. Comments**

Please tell us how this doctor's office could have improved the care and services you received in the last 6 months.

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**Thank you**

**Please return the completed survey in the postage-paid envelope.**

## PROMISES Project SURVEY FAQ

### *How many patients should my practice survey?*

This is an important question, but one that does not have a simple answer. The PROMISES project was a federally funded research trial, where attention to research methodology and standards was necessary. Practices can elect to use the tool in a variety of ways, such as surveying a defined small sample of patients or a random sample of the entire patient population. For the PROMISES project, we typically aimed for a 60% response rate (% of patients who actually fill out the survey) per practice. Larger sample sizes generally lead to increased representativeness of the wider population.

### *How should my practice administer the surveys?*

Surveys can be administered in a variety of ways based on your practice's infrastructure and capabilities. The PROMISES project employed both electronic and paper surveys for use by respondents, adapting to the desires and existing framework of each individual study practice. Your practice may decide to use either electronic-based surveys, paper-based surveys, or a combination of both. Surveys can be distributed in office at the time of a patient's visit or mailed by post and via e-mail. A survey drop box can be set up in the office to maintain anonymity.

### *How should my practice go about analyzing and interpreting the results of our surveys?*

In order to analyze results, practices can use a simple excel spreadsheet to compile and tally survey responses. Similar to what some of the PROMISES practices have already done, we suggest your evaluation of survey results be incorporated into your practice's regular team meetings or "huddles". Your practice could devote a portion of your meetings discussing the results, making notes of distinct patterns in responses. Such activities can be helpful to identify areas for improvement and ways to initiate changes as a team. It is worth noting that while patient survey results are generally positive, outlying results offer learning opportunities for practices.

### *I already survey my patients using other tools. Why should I use the PROMISES tool?*

The PROMISES survey tools are different from other instruments you may use. Questions included in these tools are based solely on the PROMISES "3+1" safety domains and have been developed by *real* clinicians that found these topics important in improving "patient agenda setting". The tools are designed to be self-exploratory. Your practice will be able to retrieve and summarize results quickly because you hold the data. These tools are not designed to be used for activities such as pay-for-performance reporting.

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