

PROMISES Project STAFF & PROVIDER 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 Staff & Provider Survey to evaluate my practice?

Staff and Provider Survey

The aim of this survey is to better understand the perceptions of practice staff (including physicians and other providers, clinical staff, nurses and administrative/clerical personnel) about the practice processes and structures they engage in/with daily. This survey includes questions about current processes for the three targeted risk areas; practice culture and communication; and potential areas for improvement.

Overarching domains within this survey include:

1. Medication Management
 2. Test Result Management
 3. Referral Management
 4. Malpractice Concerns
 5. Patient-focused Care
 6. Quality and Risk Management
 7. Practice Communication
 8. Work Environment
 9. Teamwork
 10. Practice Leadership
 11. Access to Service and Care
- } Practice Communication and Culture

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

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STAFF & PROVIDER SURVEY

PROMISES PROJECT PROVIDER AND STAFF SURVEY

Thank you for taking the time to complete this survey. This survey asks about your medical practice and factors related to office processes and patient care.

Your Privacy is Protected. All responses are private and confidential. Results will be analyzed only in the aggregate and individual responses will not be reported.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect your status as an employee.

Survey Instructions

Answer each question by marking the box to the left of your answer. In a few places we will ask you 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:

- Yes → **If Yes, go to #1**
 No

While completing this survey, please think about your medical office and describe the systems that are in place that affect the overall safety and quality of the care provided to your patients.

Section I. Access to Service and Care

1. How often are urgent phone calls from patients and families returned within 2 hours?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

2. How often are non-urgent phone calls returned within 24 hours?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

3. If your office has an interactive patient portal website, based on feedback from patients, how would you rate it in terms of providing access to information that patients care about (such as test results or upcoming appointments)?

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₄ Poor
- ₅ Not applicable, this office does not have a patient portal

Section II. Medication Management

4. How often are patient's medication lists updated or reconciled during their visits?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

5. How often does your office follow up with patients who need monitoring related to medications they are taking?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

6. How would you rate your electronic prescription-writing tool?

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₄ Poor
- ₅ Not applicable, this office does not have an electronic prescription-writing tool

Section III. Referral Management

7. Over the past 6 months, how often has your office had problems exchanging accurate, complete, and timely information with other medical offices?

- ₁ Daily
- ₂ Weekly
- ₃ Several times in the past 6 months
- ₄ Once or twice in the past 6 months
- ₅ Never in the past 6 months

8. To what extent do you agree or disagree with the following statements about your office?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) For high priority referrals, our office has an effective system to reliably identify and follow up with a patient who did not see the referred providers | <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) Our office reliably tracks whether we receive a consultation communication back from specialists | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) Our office reliably follows up when no consultation note is received back from referred providers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

Section IV. Test Result Management

9. How often did the following things happen in your medical office *over the past 6 months*?

| | Daily | Weekly | Several times | Once or twice | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Critical abnormal result from a lab or imaging test was not followed up in a timely manner? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) Your office had problems obtaining accurate, complete, and timely information from outside labs or imaging centers? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

10. If your office has a formal system for the following, how would you rate its function?

| | Excellent | Very Good | Good | Fair | Poor | No such system |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Identifying high priority tests for reliable follow-up | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b) Ensuring appropriate follow up of test results when the responsible clinician is not available (e.g., after hours, on vacation) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c) Documenting electronic test results management system (i.e., to support provider in reviewing, tracking, and notifying patients of results) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

11. For patients on Warfarin, how often is needed monitoring performed?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

12. For patients on other high-risk medications (such as nephrotoxic, rheumatoid arthritis, or diuretic drugs), how often is needed monitoring performed?

- ₁ Always
- ₂ Most of the time
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₆ Does Not Apply or Don't Know

Section V. Malpractice Concerns

13. Thinking about how your office performs each of the following, how concerned are you that it puts you at risk of committing an error that could lead to a malpractice suit?

| | Extremely | Very | Moderately | Slightly | Not at all |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Deals with critical or abnormal test results? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Follows up on referrals? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Monitors patients on medications? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Manages medication refills? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Communicates with patients? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Section VI. Patient-Focused Care

14. How much do you agree or disagree with the following statements about your office:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Patients are routinely encouraged to call with questions about their care after they leave our office | <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) When patients need an appointment for what they regard as an acute or serious problem, they can schedule a timely appointment with our providers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) Providers and staff have the background, training, and systems required to address patient concerns | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| d) Our office has systems in place to effectively address patient concerns | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| e) Providers and staff are highly capable of addressing patient anger, anxiety, and difficult personalities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| f) Providers generally ask their patients for their ideas | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

| | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| about managing their health | | | | | | |
| g) Providers generally invite patients to express their concerns about problems in the care they have received | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| h) Providers involve patients in shared decision-making regarding treatment options by informing patients of the risks and benefits of the different choices and by discussing patient preferences | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

15. If your office has a process for the following, how well does it function?

| | Excellent | Very good | Good | Fair | Poor | No such system |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Patient advisory groups | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b) Surveying patients about their experience | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Section VII. Quality and Risk Management

16. To what extent do you agree or disagree with the following statements about your office?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) It is just by chance that our office doesn't make more mistakes that affect our patients | <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) Our office processes are good at preventing mistakes that could harm patients | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) When there is a problem in our office, we see if we need to change the way we do things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| d) After this office makes changes to improve the patient care process, we check to see if the changes worked | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

Section VIII. Practice Communication

17. How often do the following things happen in your office?

| | Always | Most of the time | Sometimes | Rarely | Never | Does not apply/ don't know |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) In this office, we discuss ways to prevent errors from happening again | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b) Providers and staff talk openly about patient safety problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c) Staff are willing to report mistakes they observe in this office | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| d) Staff feel like their mistakes are held against them | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| e) It is difficult to voice disagreement in this office | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| f) Providers in this office are open to staff ideas about how to improve office processes | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| g) Staff are afraid to ask questions when something does not seem right | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| h) Staff are encouraged to express alternative viewpoints in this office | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Section IX. Work Environment

18. To what extent do you agree or disagree with the following statements about your office?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|--|----------------|-------|----------------------------|----------|-------------------|----------------|
| | | | | | | |

| | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) In this office, we often feel rushed when taking care of patients | <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) We have enough staff to handle our patient load | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) This office operates efficiently | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| d) Staff in this office are asked to do tasks they haven't been trained to do | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| e) This office is more disorganized than it should be | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| f) Staff in this office follow standardized processes to get tasks done | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| g) We have good procedures for checking that work in this office was done correctly | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

19. Overall, how would you rate the systems and clinical processes your medical office has in place to prevent, catch, and correct problems that have the potential to affect patients?

- ₁ Poor
- ₂ Fair
- ₃ Good
- ₄ Very Good
- ₅ Excellent

Section X: Teamwork

20. To what extent do you agree or disagree with the following statements about your office?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) We treat each other with respect | <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) Providers and staff support one another. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) Disagreements within the office are resolved appropriately. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

| | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | | | | | | |
| d) Staff members work well together at all levels within the office. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| e) This office is a good place to work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| f) Staff members are generally satisfied with their jobs. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

Section XI: Practice Leadership

21. Are you an owner, a managing partner, or in a leadership position with responsibility for making financial decisions for your medical office?

- ₁ Yes → Skip to question #23
₂ No

22. How much do you agree or disagree with the following statements about the owners/managing partners/leadership of your medical office?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) They aren't investing enough resources to improve the quality of care in this office | <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) They overlook patient care mistakes that happen over and over | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| c) They place a high priority on improving patient care processes | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| d) They make decisions too often based on what is best for the office rather than what is best for patients | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |

Section XII: Background Questions

23. How long have you worked in this medical office location?

- a. Less than 2 months
b. 2 months to less than 1 year
c. 1 year to less than 3 years
d. 3 years to less than 6 years
e. 6 years to less than 11 years
f. 11 years or more

24. Typically, how many hours per week do you work in this medical office location?

a. 1 to 4 hours per week

d. 25 to 32 hours per week

b. 5 to 16 hours per week

e. 33 to 40 hours per week

c. 17 to 24 hours per week

f. 41 hours per week or more

25. What is your position in this office? Check ONE category that best applies to your job.

a. Physician (MD or DO)

b. Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Advanced Practice Nurse, etc.

c. Management

| | |
|----------------------|------------------|
| Practice Manager | Business Manager |
| Office Manager | Nurse Manager |
| Office Administrator | Lab Manager |
| Other Manager | |

d. Administrative or clerical staff

| | |
|---------------------|---|
| Insurance Processor | Front Desk |
| Billing Staff | Receptionist |
| Referral Staff | Scheduler (appointments, surgery, etc.) |
| Medical Records | Other administrative or clerical staff position |

e. Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)

f. Other clinical staff or clinical support staff

| | |
|--|------------------------|
| Medical Assistant | Technician (all types) |
| Nursing Aide | Therapist (all types) |
| Other clinical staff or clinical support staff | |

g. Other position; please specify:

Section XIII: Comments

Please feel free to share your thoughts about any efforts to improve patient care and safety in your practice, and what areas still have room for improvement.

Thank you

PROMISES Project SURVEY FAQ

How many staff and providers 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 staff or a random sample of the entire staff population. For the PROMISES project, we typically aimed for a 60% response rate (% of staff that 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 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.

I already survey my staff and providers 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. 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-per performance reporting.

For more information about the PROMISES project and additional resources, please visit:

<http://www.brighamandwomens.org/pbrn/promises>

For direct inquiries, please contact:

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