

PROMISES Project ADMINISTRATOR 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 Administrator Survey to evaluate my practice?

Administrator Survey

The aim of this survey is to provide an understanding of a practice's structures and processes in place related to the 3+1 safety areas. The survey includes questions about the existence of standardized processes relating to the targeted safety areas and technology use in the office. The general staff survey (which administrators can complete) queries how well these structures work. Overarching domains within this survey include:

1. Access to Service and Care
2. Medication Management
3. Referral Management
4. Test Result Management
5. Patient-Centered Care
6. Practice Based Improvement

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

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

For direct inquiries, please contact:

Gordon Schiff, MD

Scientific and Clinical Director, PROMISES
Co-Chair, PROMISES Evaluation Team
Associate Director, Center for Patient Safety
Research and Practice
Brigham and Women's Hospital
gschiff@partners.org

Sara Singer, PhD, MBA

Co-Chair, PROMISES Evaluation Team
Associate Professor of Health Care Management
and Quality
Harvard School of Public Health
ssinger@hsph.harvard.edu

ADMINISTRATOR SURVEY

PROMISES PROJECT PRACTICE ADMINISTRATOR 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 A: Access to Service and Care

1. Does your office have a specified, written time frame for responding to urgent phone calls?
 - ₁ During office hours
 - ₂ After office hours
 - ₃ Time frames for phone response have not been specified in writing
 - ₄ Does Not Apply or Don't Know

2. Does your office have a specified, written time frame for responding to non-urgent phone calls (non-acute conditions)? (Select all that apply.)
 - ₁ During office hours
 - ₂ After office hours
 - ₃ Time frames for phone response have not been specified in writing
 - ₄ Does Not Apply or Don't Know

3. Does your office provide a secure interactive web-based patient portal for patients to access clinical information or processes?

- ₁ Yes
- ₂ No → **If no, go to # 7**

4. What percent of your patients are registered for the portal?

- ₁ 0 – 10%
- ₂ 11 – 25%
- ₃ 26 – 50%
- ₄ 51 – 75%
- ₅ 76 – 100%

5. What percent of your patients use the portal?

- ₁ 0 – 5%
- ₂ 6 – 10%
- ₃ 11 – 25%
- ₄ 26 – 50%
- ₅ 51 – 100%

6. Does your patient portal provide patients with access to the following clinical information or processes?	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
a. Request and make appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Request a referral	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Receive test and lab results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Request prescription refills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. See at least a portion of their medical record	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section B: Medication Management

7. Do physicians in your office write prescriptions electronically?

- ₁ Yes
- ₂ No → **If no, go to # 11 on page 3**

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
8. Does your electronic prescription writing tool include decision support, such as drug-drug interaction or allergy alerts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Does your electronic prescription writing tool have alerts that link to patient specific information such as lab test results (e.g. renal function or potassium)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. When patients are on warfarin (Coumadin), is there a formal system in place for ensuring timely laboratory monitoring and follow-up of results (e.g. anticoagulation clinic, nurse, or other systems)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section C: Referral Management

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
11. Does your office have a process to designate selected referrals as high priority for follow up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Does your office help patients make appointments for high priority referrals?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Does your office have a formal system for tracking whether referred patients showed up for their appointment with the specialist?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Does your office have a formal system for tracking whether referring physicians within your office receive a consultation note back from specialists?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
15. Does your office have a formal system for tracking whether the recommendations from the consultation with the specialist were carried out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section D: Test Result Management

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
16. When priority tests (such as mammogram, colonoscopy) are ordered for high risk patients, is there a formal system in place to track whether the test was completed (the results were received by your office)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
17. When priority tests come back abnormal, is there a formal system for ensuring follow up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
18. Does your office have a formal system in place for ensuring appropriate follow up of test results when the responsible clinician is not available i.e., after hours, vacation, left medical office?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
19. Does your office use an electronic results management system to manage and track patient notification of test results?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section E: Patient-Centered Care

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
20a. Does your office have a process in place for receiving suggestions and feedback offered by patients?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
20b. Does your office have a process in place for soliciting patient suggestions and feedback?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
20c. Does your office have a process in place for acting on patient suggestions received?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
20d. Does your office have a patient advisory group (a group of representative patients from the medical office who meet at least annually to provide feedback and recommendations for improving office processes)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. Does your office have formal patient evaluation processes relating to their experience or satisfaction with your office?

₁ Yes

₂ No → If no, go to # 23 on page 6

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
22. Do your patient evaluation processes address the following areas?				
a. Access to care – ability to schedule an appointment at the time they request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Quality of communication between the physician and the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Quality of communication between the medical office staff and the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Overall satisfaction with the medical office	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section F: Practice Based Improvement

	Fully ▼	Partially ▼	Considering ▼	No Formal System ▼
23. Does your office have a process in place to identify, report, and discuss medical errors and variances in care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
24. Does clinical staff meet at least monthly to discuss clinical practice?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
25. Does clinical and office staff meet together at least monthly to discuss office operations and clinical processes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
26. Does your office use daily "team huddles" to plan the work of the business day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
27. Does your office conduct periodic observations of medical office work flow for the purpose of improving operations and care delivery?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section G: Background Questions

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

- | | |
|--|---|
| <input type="checkbox"/> a. Less than 2 months | <input type="checkbox"/> d. 3 years to less than 6 years |
| <input type="checkbox"/> b. 2 months to less than 1 year | <input type="checkbox"/> e. 6 years to less than 11 years |
| <input type="checkbox"/> c. 1 year to less than 3 years | <input type="checkbox"/> f. 11 years or more |

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

- | | |
|---|---|
| <input type="checkbox"/> a. 1 to 4 hours per week | <input type="checkbox"/> d. 25 to 32 hours per week |
| <input type="checkbox"/> b. 5 to 16 hours per week | <input type="checkbox"/> e. 33 to 40 hours per week |
| <input type="checkbox"/> c. 17 to 24 hours per week | <input type="checkbox"/> f. 41 hours per week or more |

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

d. Management

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

e. 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

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:
