Appendix B. Medical Office Background Characteristics

To Be Completed by Office Point-of-Contact for Each Medical Office Submitting Data to the *Medical Office Survey on Patient Safety* Comparative Database

Instructions: Please provide the following information, which will be used to analyze data collected with the *Medical Office Survey on Patient Safety.* If you need assistance in answering any of the questions, please email 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:_____ Email:_____

1a. Does your medical practice have:
- $\square_1$ One location? $\longrightarrow$(SKIP TO QUESTION 2)
- $\square_2$ Multiple locations? $\longrightarrow$ Total number of locations: _____

1b. Is this office location the:
- $\square_1$ Primary/headquarters location?
- $\square_2$ Satellite location (not the primary/headquarters location)?

2. Which best describes the majority ownership of this medical office/practice?
- $\square_1$ Provider(s) and/or Physician(s)
- $\square_2$ Managed Care or Health Maintenance Organization (MCO/HMO)
- $\square_3$ University or Medical School or Academic Medical Institution
- $\square_4$ Hospital or health system
- $\square_5$ Federal, state, or local government, community board, etc.
- $\square_6$ Other, please specify:_____

3. Please record the total number of providers and staff from your medical office asked to complete the survey in each of the following staff categories.

Staff Position	Number of Individuals
a. Physician (MD/DO)	_____
b. Physician Assistant	_____
c. Nurse Practitioner/Clinical Nurse Specialist/Nurse Midwife/ Advanced Practice Nurse, etc.	_____
d. Practice Manager/Office Manager/Office Administrator/ Business Manager/Nurse Manager, Lab Manager, Other Manager	_____
e. Administrative or Clerical	_____
Insurance Processor Medical Records Billing Staff Receptionist Referral Staff Scheduler (appt., surgery, etc.) Front Desk Other administrative or clerical staff	
f. Registered Nurse/LVN/LPN	_____
g. Medical Assistant/Nursing Aide	_____
h. Other Clinical Staff	_____
Technician (all types), Therapist (all types), Other clinical staff	
i. Other Positions	_____
TOTAL NUMBER OF INDIVIDUALS ASKED TO COMPLETE THE SURVEY **(This is your response rate denominator)**	_____

4a. **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

4b. **In the table below, record the number of providers who work in your office in each specialty listed below.** By providers, we mean physicians (MDs and DOs), physician assistants (PAs), and nurse practitioners (NPs) who diagnose, treat patients, and prescribe medications. If a provider is certified in more than one specialty, record only the specialty for which the provider spends <u>most</u> of his/her time. See example:

Example: An office with 3 Family Practice providers and 1 doctor certified in both Gastroenterology (works in this area 70% of time) and General Practice (works in this area 30% of time):

Number of Providers	Specialty
3	Family Practice / Family Medicine
	Forensic Pathology
1	Gastroenterology
	General Practice

Record the number of providers in each specialty in your medical office. Any specialties not represented in your medical office can be left blank.

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

5. **To what extent has this medical office implemented the following electronic (computer-based) tools?** (By implemented, we mean the office has the tool capability <u>and</u> 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	☐1	☐2	☐3	☐4
b) Electronic ordering of medications (with pharmacies capable of processing electronic orders)	☐1	☐2	☐3	☐4
c) Electronic ordering of tests, imaging, or procedures (with test/ imaging centers capable of processing electronic orders)	☐1	☐2	☐3	☐4
d) Electronic access to your patients' test or imaging results	☐1	☐2	☐3	☐4
e) Electronic medical/health records (EMR/EHR)	☐1	☐2	☐3	☐4

6. **What is the total number of patient visits in a <u>typical week</u> 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 <u>typical week</u>?**
   _____total number of providers working during a typical week

8. **When did your medical office finish its administration of the *Medical Office Survey on Patient Safety*?**
   _____month _____year

9. **What was the mode used to administer the survey?**
   ☐1 Paper only
   ☐2 Web only
   ☐3 Mixed mode (paper <u>and</u> web)