

Please answer by marking the response of your choice to the right of each item, using the letter from the scale below.

| A | B | C | D | E | X |
|-------------------|-------------------|---------|----------------|----------------|----------------|
| Disagree Strongly | Disagree Slightly | Neutral | Agree Slightly | Agree Strongly | Not Applicable |



35. It is easy for personnel in this office to ask questions when there is something that they do not understand. (A B C D E X)
36. Disruptions in the continuity of care can be detrimental to patient safety. (A B C D E X)
37. During emergencies, I can predict what other personnel are going to do next. (A B C D E X)
38. The physicians and nurses here work together as a well-coordinated team. (A B C D E X)
39. I am frequently unable to express disagreement with staff physicians/intensivists in this office. (A B C D E X)
40. Truly professional personnel can leave personal problems behind when working. (A B C D E X)
41. Morale in this office is high. (A B C D E X)
42. Trainees in my discipline are adequately supervised. (A B C D E X)
43. I know the first and last names of all the personnel I worked with during my last shift. (A B C D E X)
44. I have made errors that had the potential to harm patients. (A B C D E X)
45. Attending physicians/primary care providers in this office are doing a good job. (A B C D E X)
46. All the personnel in this office take responsibility for patient safety. (A B C D E X)
47. I feel fatigued when I have to get up in the morning and face another day on the job. (A B C D E X)
48. Patient safety is constantly reinforced as the priority in this office. (A B C D E X)
49. I feel burned out from my work. (A B C D E X)
50. Important issues are well communicated at shift changes. (A B C D E X)
51. There is widespread adherence to clinical guidelines and evidence-based criteria in this office. (A B C D E X)
52. I feel frustrated by my job. (A B C D E X)
53. I feel I am working too hard on my job. (A B C D E X)
54. Information obtained through incident reports is used to make patient care safer in this office. (A B C D E X)
55. Personnel frequently disregard rules or guidelines (e.g., handwashing, treatment protocols/clinical pathways, sterile field, etc.) that are established for this office. (A B C D E X)
56. Fatigue impairs my performance during emergency situations (e.g. code or cardiac arrest). (A B C D E X)
57. Fatigue impairs my performance during routine care. (A B C D E X)
58. I am satisfied with the current referral process in this office. (A B C D E X)
59. There is adequate and timely transfer of patient information between the primary care physician and the specialist. (A B C D E X)
60. Medications are refilled in a timely manner. (A B C D E X)
61. Medications are refilled correctly. (A B C D E X)
62. Abnormal test results are frequently lost or overlooked. (A B C D E X)
63. Have you completed this survey before? Yes No Don't Know

BACKGROUND INFORMATION

| | | | | | |
|--|--|---|---|--|---|
| Position: (mark your position) <input type="radio"/> Physicians <input type="radio"/> Registered Nurses <input type="radio"/> Nurse Managers <input type="radio"/> Residents <input type="radio"/> LVN <input type="radio"/> Radiologists <input type="radio"/> Medical Assistants | | <input type="radio"/> Referral Coordinators <input type="radio"/> Physician Office Administrator <input type="radio"/> Office Managers <input type="radio"/> Business Office Manager <input type="radio"/> Receptionist <input type="radio"/> Radiology Technicians <input type="radio"/> Nutritionists | How many years of experience do you have in this specialty? YEARS 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 | How many years have you worked at this office? YEARS 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 | CURRENT AGE YEARS 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 |
| Job Status <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Agency <input type="radio"/> Contract | Ethnic Group: <input type="radio"/> Hispanic <input type="radio"/> Black (not Hispanic) <input type="radio"/> White (not Hispanic) <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Multi-ethnic <input type="radio"/> Other: _____ | | Usual Shift <input type="radio"/> Days <input type="radio"/> Evenings <input type="radio"/> Nights <input type="radio"/> Variable Shifts | | |
| Gender: <input type="radio"/> Male <input type="radio"/> Female | *Optional* collected as part of a cross-cultural study Citizenship (e.g., Canadian, Filipino, USA, etc.): _____ | | Country of birth (if different): _____ | | |

COMMENTS: What are your top three recommendations for improving patient safety in this office?

1 _____

2 _____

3 _____