

REQUIRED INFORMATION FOR ALTERNATIVE PATIENT SAFETY SURVEY

Some hospitals participating in the SCIP collaborative may already survey their employees for their perception of patient safety. The following information will be used to determine if the survey (and its frequency) currently used within your organization meets the criteria for the SCIP collaborative.

Hospital Name: _____

Does your hospital conduct a patient-safety survey either among all employees or within a selected department(s) or unit(s)?

Yes No

If 'No,' you need not answer the remaining questions. Fax the completed form to the number below.

As the SCIP Day-to-Day Leader, you may not know the answer to the following questions. If so, please share this form with the appropriate person for him or her to complete.

1. When did your organization last administer the survey?
2. When is it scheduled to be administered next?
3. Is it conducted on a routine basis?
4. Are the patient-safety survey and an employee-satisfaction survey combined?
5. Does your hospital self-administer the survey, is it handled by the corporate office, or do you use a vendor?

If a vendor conducts the survey, who is your vendor?

PLEASE FAX TO
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BY APRIL 28, 2009