

Code:

Primary Care Center Survey on Patient Safety

SURVEY INSTRUCTIONS

Think about the way things are done in your Primary Care Center and provide your opinions on issues that affect the overall safety and quality of the care provided to patients in your center.

In this survey, the term **provider** refers to physicians and nurses who diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the center.

- If a question does not apply to you or you don't know the answer, please check "Does Not Apply or Don't Know."
- If you work in more than one center, when answering this survey answer only about the center where you received this survey—do not answer about your entire practice.
- If your center is in a building with other Primary Care Centers, answer only about the center you belong to.

SECTION A: Patient Safety and Quality Issues

The following section describe things that can happen in Primary Care Centers that affect patient safety and quality of care. **In your opinion, how often did the following things happen in your center OVER THE PAST 12 MONTHS?**

	Daily	Weekly	Monthly	Several times in the past 12 months	Once or twice in the past 12 months	Not in the past 12 months	Does Not Apply or Don't Know
Access to Care							
1. A patient was unable to get an appointment within 48 hours for an acute/serious problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Patient Identification							
2. The wrong chart/medical record was used for a patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Charts/Medical Records							
3. A patient's chart/medical record was not available when needed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
4. Medical information was filed, scanned, or entered into the wrong chart/medical record	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Medical Equipment							
5. Medical equipment was not working properly or was in need of repair or replacement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉

SECTION A: List of Patient Safety and Quality Issues (continued)

How often did the following things happen in your Primary Care Center OVER THE PAST 12 MONTHS?

	Daily	Weekly	Monthly	Several times in the past 12 months	Once or twice in the past 12 months	Not in the past 12 months	Does Not Apply or Don't Know
Medication							
6. A pharmacy contacted our Center to clarify or correct a prescription	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
7. A patient's medication list was not updated during his or her visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Diagnostics & Tests							
8. The results from a lab or imaging test were not available when needed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
9. A critical <u>abnormal</u> result from a lab or imaging test was not followed up within 1 business day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉

SECTION B: Information Exchange Within your Primary Care Center

Over the past 12 months, how often has your Primary Care Center had problems exchanging accurate, complete, and timely information with:

		Problems daily	Problems weekly	Problems monthly	Problems several times in the past 12 months	Problems once or twice in the past 12 months	No problems in the past 12 months	Does Not Apply or Don't Know
10. Primary care center labs?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
11. Imaging services within your Primary care center?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
12. Other clinics/ physicians?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
13. Primary care center pharmacy?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Other ? (Specify):	14.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
	15.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉

SECTION C: Information Exchange With Other Settings

Over the past 12 months, how often has your Primary Care Center had problems exchanging accurate, complete, and timely information with:

		Problems daily	Problems weekly	Problems monthly	Problems several times in the past 12 months	Problems once or twice in the past 12 months	No problems in the past 12 months	Does Not Apply or Don't Know
16. Outside labs centers?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
17. Outside imaging centers?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
18. Pharmacies?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
19. Hospitals?		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
Other? (Specify):	20.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉
	21.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₉

SECTION D: Working in Your Primary Care Center

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
22. When someone in this Center gets really busy, others help out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
23. In this Center, there is a good working relationship between staff and providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
24. In this Center, 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"/> ₉
25. This Center trains staff when new processes are put into place	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
26. In this Center, 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"/> ₉
27. We have too many patients for the number of providers in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
28. This Center makes sure staff get the on-the-job training they need	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
29. This Center 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"/> ₉

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
30. We have good procedures for checking that work in this Center 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"/> ₉
31. Staff in this Center 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"/> ₉
32. 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"/> ₉
33. We have problems with workflow in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
34. This Center emphasizes teamwork in 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"/> ₉
35. This Center has too many patients to be able to handle everything effectively	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
36. Staff in this Center 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"/> ₉

SECTION E: Communication and Follow-up

How often do the following things happen in your Primary Care Center?	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't Know
37. Providers in this Center are open to staff ideas about how to improve Center processes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
38. Staff are encouraged to express alternative viewpoints in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
39. This Center reminds patients when they need to schedule an appointment for preventive or routine care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
40. 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"/> ₉
41. This Center documents how well our chronic-care patients follow their treatment plans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
42. Our Center follows up when we do not receive a report we are expecting from an outside provider	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
43. 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"/> ₉
44. Providers and staff talk openly about Center problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

How often do the following things happen in your Primary Care Center?	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't Know
45. This Center follows up with patients who need monitoring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
46. It is difficult to voice disagreement in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
47. In this Center, 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"/> ₉
48. Staff are willing to report mistakes they observe in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

SECTION F: Owner/Managing Partner/Leadership Support

A. Are you an owner, a managing partner, or in a leadership position with responsibility for making financial decisions for your Primary Care Center?

₁ Yes → **Go to Section G**

₂ No → **Continue below**

How much do you agree or disagree with the following statements about the <u>owners/managing partners/leadership of your Primary Care Center?</u>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
49. They aren't investing enough resources to improve the quality of care in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
50. 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"/> ₉
51. 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"/> ₉
52. They make decisions too often based on what is best for the Center 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"/> ₉

SECTION G: Your Medical Office

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
53. When there is a problem in our Center, 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"/> ₉

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
54. Our Center processes are good at preventing mistakes that could affect patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
55. Mistakes happen more than they should in this Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
56. It is just by chance that we don'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"/> ₉
57. This Center is good at changing Center processes to make sure the same problems don't happen again	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
58. In this Center, getting more work done is more important than quality of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
59. After this Center 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"/> ₉

SECTION H: Overall Ratings

Overall Ratings on Quality

Overall, how would you rate your Primary Care Center on each the following areas of health care quality?		Poor	Fair	Good	Very good	Excellent
60. Patient centered	Is responsive to individual patient preferences, needs, and values	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
61. Effective	Is based on scientific knowledge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
62. Timely	Minimizes waits and potentially harmful delays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
63. Efficient	Ensures cost-effective care (avoids waste, overuse, and misuse of services)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
64. Equitable	Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Overall Rating on Patient Safety

65. Overall, how would you rate the systems and clinical processes your Primary Care Center has in place to prevent, catch, and correct problems that have the potential to affect patients?	Poor	Fair	Good	Very good	Excellent
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION I: Background Questions

66. How long have you worked in this Primary Care Center location?

- | | |
|--|---|
| <input type="checkbox"/> 1. Less than 2 months | <input type="checkbox"/> 4. 3 years to less than 6 years |
| <input type="checkbox"/> 2. 2 months to less than 1 year | <input type="checkbox"/> 5. 6 years to less than 11 years |
| <input type="checkbox"/> 3. 1 year to less than 3 years | <input type="checkbox"/> 6. 11 years or more |

67. Typically, how many hours per week do you work in this Primary Care Center location?

- | | |
|---|---|
| <input type="checkbox"/> 1. 1 to 4 hours per week | <input type="checkbox"/> 4. 25 to 32 hours per week |
| <input type="checkbox"/> 2. 5 to 16 hours per week | <input type="checkbox"/> 5. 33 to 40 hours per week |
| <input type="checkbox"/> 3. 17 to 24 hours per week | <input type="checkbox"/> 6. 41 hours per week or more |

68. What is your job title in this Center? Check ONE category that best applies to your job.

- | | |
|--|---|
| <input type="checkbox"/> 1. Primary Care Center Head | <input type="checkbox"/> 2. Trustee / Administrative Supervisor |
| <input type="checkbox"/> 3. Receptionist / Medical Records | <input type="checkbox"/> 4. Information Systems Officer / Secretariat |
| <input type="checkbox"/> 5. Hotel Services Supervisor / Head of Cleaners | |

Nurse

- | | |
|---|---|
| <input type="checkbox"/> 6. Assistant Nurse | <input type="checkbox"/> 7. Nurse, Senior Nurse |
| | <input type="checkbox"/> 8. Head Nurse |

General Practitioner

- | | |
|--|--|
| <input type="checkbox"/> 9. General Practitioner | <input type="checkbox"/> 10. Senior General Practitioner (A/B) |
|--|--|

Family medicine

- | | |
|--|---|
| <input type="checkbox"/> 11. Assistant Register/Register | <input type="checkbox"/> 12. Senior Register/ Specialist/ Senior Specialist/ Consultant |
|--|---|

Physician (Other Specialties)

- | | |
|--|---|
| <input type="checkbox"/> 13. Assistant Register/Register | <input type="checkbox"/> 14. Senior Register/ Specialist/ Senior Specialist/ Consultant |
|--|---|

Health Inspector

- | | |
|---|--|
| <input type="checkbox"/> 15. Health Inspector / Senior Health Inspector | <input type="checkbox"/> 16. Health Supervisor / Assistant Head; Supervisors |
| | <input type="checkbox"/> 17. Head of Health Supervisors |

Pharmacist:

- | | |
|---|---|
| <input type="checkbox"/> 18. Junior Pharmacist / Pharmacist | <input type="checkbox"/> 19. Senior Pharmacist / Specialist / Senior Specialist |
| | <input type="checkbox"/> 20. Head of Pharmacy |

Laboratory

- | | |
|---|---|
| <input type="checkbox"/> 21. Practitioner / Senior Practitioner | <input type="checkbox"/> 22. Specialist / Senior Specialist / |
| | <input type="checkbox"/> 23. Head Specialists |

24. Technicians (Lab., Pharmacy, Dental, Nursing, X- Ray, Etc.)

25. Phlebotomists

26. Other Position; Please specify: _____

69. What is your department in this Primary Care Center? Check ONE category that best applies.

- | | |
|--|--|
| <input type="checkbox"/> 1. Primary Care Clinics: General medicine clinics, diabetes, chronic diseases and other specialized care clinics | <input type="checkbox"/> 8. Pharmacy Department |
| <input type="checkbox"/> 2. Specialized clinics from the hospitals | <input type="checkbox"/> 9. Laboratory Department |
| <input type="checkbox"/> 3. Preventive Health | <input type="checkbox"/> 10. Radiology Department / Mammography / Dental Radiology |
| <input type="checkbox"/> 4. Elderly Health Clinics | <input type="checkbox"/> 11. Administrative Departments |
| <input type="checkbox"/> 5. School Health Clinics | <input type="checkbox"/> 12. Reception and Medical Records |
| <input type="checkbox"/> 6. Dental Department | <input type="checkbox"/> 13. Hotel services |
| <input type="checkbox"/> 7. Nursing Department | <input type="checkbox"/> 14. Other; Please specify: _____ |

70. What is your highest educational credential:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. less than high school | <input type="checkbox"/> 2. High school | <input type="checkbox"/> 3. Technical school |
| <input type="checkbox"/> 4. University degree | <input type="checkbox"/> 5. Master | <input type="checkbox"/> 6. PhD/Board certified |
| <input type="checkbox"/> 7. Fellowship degree | <input type="checkbox"/> 8. Other; Please specify: _____ | |

71. Have you ever attended any courses/lectures about patient safety:

1. Yes
- Mention number of hours attended _____
 - Year of these course/lectures _____
2. No

72. Gender:

1. Male 2. Female

73. Age:

1. Below 30 years 2. 30 - 45 years 3. 46 - 55 years 4. Over 55 years

74. Nationality:

1. Kuwaiti 2. Arabian 3. Asian
4. European/ American 5. Other; Please specify: _____

SECTION J: Comments and Suggestions

75. Please feel free to write any comments you may have about patient safety or quality of care in your Primary Care Center.

THANK YOU FOR COMPLETING THIS SURVEY.