

VARIANCE REPORT SURVEY

Please assist in evaluating the Variance Reporting System. Your honest answers will clarify how clinical staff view the system and will identify opportunities for improvement.

Department: _____

(Optional: Name _____ Would you like to be contacted for further discussion? Yes No)

1. I feel that I can report a medical/health care error that I discover without fear of reprisal by the responsible health care worker. Yes NO

Comments: _____

2. I feel that I can report a medical/health care error that I have caused without fear of reprisal by my superiors. Yes NO

Comments: _____

3. I feel that reporting medical/health care errors changes the situations that may have led to the error occurrence. Yes NO

Comments: _____

4. I feel that the Variance Reporting System is easy to use. Yes NO

Comments: _____

5. I feel that my supervisor and/or department head support me if I am involved in a medical/health care error. Yes NO

Comments: _____

6. I have observed systems, processes and/or equipment in my department that may have led to Medical/health care errors that I have been unwilling to report.

Yes NO

I did not report because: _____

Comments: _____

**Rate your willingness to report medical/health care variances:
SCORE: 1 – very willing – 10 extremely unwilling**

Circle your answer: 1 2 3 4 5 6 7 8 9 10

Date: _____

Return to the Human Resources Department by August 13, 2001.

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