



# APPENDIX 1

## Monitoring Risk and Improving System Safety (MoRISS) Safety Checklist for General Practice SHORT EVALUATION SURVEY OF PRACTICE MANAGERS

Dear Colleagues

Thank you once again for agreeing to test the above safety checklist for general practice as part of a joint study between NHS Ayrshire and Arran and NHS Education for Scotland.

It is very important that we now understand how useful the checklist was in helping you to monitor risks and, where necessary, improve system safety in your practice. We would be very grateful, therefore, if you would take a few minutes to complete this short evaluation questionnaire – the survey can be accessed via the link below:

[insert link]

Your feedback is extremely important to us in terms of how we further develop the checklist to support how you work in checking these important safety issues in every day practice. We will send you a brief report summary of the evaluation findings as soon as possible. Please be assured that any information you provide will be treated in the strictest confidence. The survey does not require ethical review as it is a service evaluation study.

Many thanks in anticipation for taking part in this survey. If you have any technical or other issues, please feel free to get in touch with Paul Watson [paul.watson@nes.scot.nhs.uk](mailto:paul.watson@nes.scot.nhs.uk)

Yours faithfully

## **NES Safety and Improvement Evaluation Team**

## PART A – Safety Checklist Usability

Please indicate your Level of Agreement with the following statements about the Safety Checklist for General Practice	(Using the Rating Scale where 1=Strongly Disagree and 5=Strongly Agree)				
	Please insert Rating score between 1 and 5				
	Strongly Disagree				Strongly Agree
<b>Usefulness of the Checklist</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
It helps me to be more effective					
It helps me to be more productive					
It is useful					
It gives me more control over the activities in the practice					
It makes the things I want to get done easier to accomplish					
It meets my needs					
It does everything I would expect it to					
<b>Ease of Use of the Checklist</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
It is easy to use					
It is simple to use					
It is user friendly					

It requires the fewest steps possible to accomplish what I want to do with it					
It is flexible					
I can use it without written instructions					
I don't notice any inconsistencies as I use it					
Both occasional and regular users would like it					
<b>Ease of Learning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I learned to use it quickly					
I easily remember how to use it					
It is easy to learn to use					
I quickly became skilful with it					
<b>Satisfaction</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I am satisfied with it					
I would recommend it to a colleague					
It works the way I want it to work					
I feel I need to have it					
It is pleasant to use					
It is a better checking system than our current approach to checking safety issues in the practice					

**Please feel free to comment on any aspect of the above usability issues related to the safety checklist:**

**PART B – PROCESS AND IMPACT OF CHECKLIST USE**

Please indicate your Level of Agreement with the following statements about the Safety Checklist for General Practice	(Using the Rating Scale where 1=Strongly Disagree and 5=Strongly Agree)				
	Please insert Rating score between 1 and 5				
	Strongly Disagree				Strongly Agree
Perceived Impacts	1	2	3	4	5
Checking safety-related issues in the practice is now more of a priority since using the checklist					
Participating in this project has led to improvements in how we actually check safety-related issues (or reassured our good practice)					
Participating in this project has identified issues that may impact on the safety and wellbeing of patients (or reassured our good practice)					
Participating in this project has identified issues that may impact on the safety and wellbeing of the practice team (or reassured our good practice)					
The checklist helped us identify worrying issues that could cause a risk to the practice and patients (or has the potential to do so)					
Our safety-related checking systems are now improved compared to before we participated in this project (or reassured our good practice)					

The time and effort required to implement the checklist and consider and act on any issues raised <b>did not</b> really add that much value in terms of reducing overall risks for the practice					
The checklist findings were shared with the practice team					
The checklist findings generated discussion amongst the practice team					
This type of checklist monitoring system should be in routine use in general practice					
I would prefer an electronic checking system (e.g. using a Tablet or similar) to a paper based manual system					

The original idea is that the checklist should be completed every 4-months to maximise safety and reduce the risk of something going wrong.  In the past 12-month period, how many times did your practice complete the checklist?	Once	Twice	Three	Four	More than four
Who normally completed the checklist?	Practice Manager or Assistant	Practice Administrator or Similar	Practice Nurse	A combination of team members (Please specify)	Other (Please specify)

**PART C**

THINKING ABOUT YOUR EXPERIENCE OF TESTING THE SAFETY CHECKLIST AS A WHOLE

**WHAT WORKED WELL ABOUT THIS APPROACH TO CHECKING SAFETY SYSTEMS...**

1.

2.

3.

**WHAT DID NOT WORK SO WELL....**

1.

2.

3.

**PART D**

**ABOUT YOU AND YOUR PRACTICE**

1. Are you: Male/Female
2. Age Group (years): 16-24, 25-34, 35-44, 45-54, 55+
3. How many years of experience do you have as a general practice manager:
4. Are you a GP training practice: Yes/No
5. What is your approximate list size (to nearest thousand):

**GENERAL COMMENTS**

Please feel free to add comments about any other aspects of this safety checklist study: