

# American Medical Group Association Employee Satisfaction and Engagement Survey Protocol

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The AMGA Employee Satisfaction and Engagement Survey enables employees to anonymously rate their satisfaction with supervision, pay, workload, physician interactions, growth opportunities, and other key issues within their medical group. In addition, the survey measures how engaged the employees are – the degree of their motivation and commitment to the organization.

Creation of the survey began with a thorough review of the literature on measures of job satisfaction, with a goal of identifying commonly assessed job satisfaction dimensions. The resulting list of possible concepts to be included in the survey was presented to an advisory committee comprised of representatives of roughly a dozen AMGA members. Over the course of a series of meetings, AMGA and the advisory committee worked to elaborate on, refine, and define these job satisfaction facets. Once the final set of target dimensions was created, items reflecting them were written and assembled into a survey. A two week web-based pilot study of the survey was conducted, with six medical groups (and more than 5000 employees) participating. The data resulting from this pilot study was then used in a series of psychometric analyses to identify the structure and properties of the survey. The final version of the core survey includes approximately 60 items, with a few other items used to measure important demographics. The survey takes roughly 10 to 15 minutes to complete.

While individual employees are surveyed, the medical group's final report only includes analyses at the overall group, job category, supervisor and site levels. In addition, supervisors, sites or job categories with fewer than three respondents will not receive their own report, to help preserve employee confidentiality.<sup>1</sup> Although an employee ID number is used in the survey process, this is done only so that the survey can be matched with the employee's profile information (see "Submit employee Profile Data to AMGA", below). AMGA assures all participants that each person's survey responses will be kept confidential: Under no circumstances will AMGA release individual responses back to the medical group.

## Survey Objectives:

1. Assess employee satisfaction with the medical group.
2. Assess employee engagement with the medical group.
3. Benchmark each group's results against the national AMGA database.
4. Identify system problems that may adversely affect the organization's ability to recruit and retain high quality employees.
5. Help guide quality improvement efforts by targeting particular areas of need at a group, site, or supervisor level.

## Reporting Cycles

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The following table outlines the scheduled report cycles for 2016:

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<sup>1</sup> Surveys not included in site, supervisor or job category analyses (because of too few respondents at that particular level) will be included in any other level of analysis for which there are sufficient respondents (e.g., at the overall clinic level).

Survey Process	Winter 2016	Spring 2016	Summer 2016	Fall 1 2016	Fall 2 2016
Register to participate, send in employee/site/supervisor rosters	Jan 12	March 15	May 17	Sept 2	Sept 30
Send Pre-Notification letter to employees	Jan 25	April 4	June 6	Sept 19	Oct 17
Survey opens to employees	Feb 1	April 11	June 13	Sept 26	Oct 24
Last day for employees to complete surveys	Feb 16	April 25	June 27	Oct 11	Nov 7
AMGA will send report	March 4	May 19	July 22	Nov 1	Dec 2

## Getting Started

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Before data collection begins, you will need to complete a few preliminary steps:

### 1. Decide which employees you plan to survey

The survey is only for non-provider employees. Physicians, psychologists, physical therapists, nurse practitioners and other providers should be surveyed using AMGA's Provider Satisfaction Survey. Your group should include RN's, LPN's, medical assistants and other medical office clinical staff in the employee survey, under the job category medical office clinical.

If you are unsure if a particular position should be in the provider survey or the employee survey, the dividing line between the two is as follows: If the position has the employee determining the regimen of care then they should be in the provider survey. If the position does not involve the determination of the regimen of care then they should be included in the employee survey.

Note that it is not necessary to survey all employees at once. You may wish to survey just a subset of employees, or you may wish to survey all your employees but at different times of the year.

- ☐ Survey all employees, or a sample of them? You can elect to survey only a subset of your employees. For example, sample a subset of job categories, a particular site or set of sites, departments, or other groupings depending on your survey goals. You can also rotate your employees through the survey at different times, based on those groupings.

### 2. Select employee ID codes

The surveys will be coded with the employee's ID number, so we can match the survey with the employee's profile information (see #3 below).

- ☐ Each employee must have a unique ID number. No duplicate ID codes are allowed.
- ☐ The employee profiles database is set up so that only one ID code is allowed for a given employee.
- ☐ The ID code must be numeric (no letters) and no more than six digits long.
- ☐ If possible, use ID codes that are already used at your clinic, rather than develop new ones.
- ☐ The employee ID codes must remain the same from survey period to survey period.

### 3. Submit employee profile data to AMGA

AMGA needs background information on each employee, primarily to match surveys with the proper job category norms and benchmarks and to align each employee with the appropriate medical group site and supervisor. Information required for each employee includes the name of each employee; a confidential ID code for each employee (as indicated above); and an email address for each employee.<sup>2</sup> You will also need to at least provide information on your medical group's sites/locations and supervisors/managers. There are two options for providing this latter information for your employees:

**Option 1** – The preferred approach is to list on a single spreadsheet (in addition to the employee's name, ID code, and email address) the employee's supervisor, work site, management level, and job category (using the coding scheme below). For example, if you chose this approach and you had a computer analyst named John Doe, then on the spreadsheet you would list the required information about John (his name, his ID number, and his email address), as well as his supervisor's name, his work site, management level and his job category of "Information Technology". You would repeat this process for all other employees.

**Option 2** – If it is not possible or impractical to provide the information in Option 1 on a per employee basis, another method is to provide on separate spreadsheets lists of all of your employees, supervisors, and sites. If you choose this option, then in building the web survey AMGA will use the supervisor and site lists you provide to create a section in which the employee completing the survey will be asked to identify (using a set of pull-down menus) their supervisor, work site, management level and job category, among other pieces of information.

Depending on your medical group's employee database system, the tradeoff may or may not be more labor-intensive. However, using Option 1, you can be assured that in the survey analyses each person will be assigned to the proper supervisor, site, management level and job category groupings, which may not necessarily occur if you rely on your employees to identify each of these.

- ☐ **IMPORTANT:** If your medical group is participating in the Employee Satisfaction and Engagement Survey for the first time, please contact Mark Babey (703)-838-0033 x337 or [mbabey@amga.org](mailto:mbabey@amga.org) prior to preparing your employee profiles information. He will send you the standard Excel profiles template for recording the profiles information. If your group has previously participated in the survey, you will need to send in an updated set of profiles. To do this, we will send you your choice of either a blank Excel profiles template (which you can then use to create a completely new set of profiles), OR the old profiles that you created for your last survey (which you can then go through and modify as needed by adding new employees, deleting departed employees, and making any other necessary revisions). We will happily work with you using whichever approach is easiest for you.
- ☐ Please try to validate the employee email addresses before you include them in the profiles. These email addresses will be used by AMGA to send all of the scheduled notices to the employees (with the exception of the pre-notification memo, which each participating group

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<sup>2</sup> This protocol assumes every participating medical group can provide email addresses for its employees. Providing such email addresses enables AMGA to send all survey invitations and reminder notices to the employees via email. This enhances the employee's confidence that their surveys will be confidential and also allows AMGA to include person-specific links to the survey website, thereby making survey access easier. However, if your medical group is for whatever reason unable to provide email addresses for your employees, we can use a different surveying procedure in which your group is responsible for all communications with your employees and in which a simple survey website URL and manual login procedure will be made available to all the employees (rather than person-specific links to the survey).

will be responsible for disseminating). The notices include links to the survey website and so are the means by which your employees can access and complete the survey. We recommend that you directly contact either the employees themselves or your Information Technology (IT) department to get the most up-to-date list of email addresses possible. If you use an “off the shelf” list of email addresses, we urge you to validate the addresses by sending a test email to your employees, in which you ask the employees to confirm its receipt. Any email messages that bounce back as undeliverable or which go unanswered by your employees should be investigated further. Even if your group has previously participated in the survey and a set of email addresses has been successfully used in the past, do not assume they will work again in the next survey...some of the addresses may have changed.

- ☐ Submit the final profiles spreadsheet to AMGA via email ([mbabey@amga.org](mailto:mbabey@amga.org)).
- ☐ A sample of each sheet in the profiles workbook is listed below:

**Employees Profile Sheet** – include one row for each employee who will be surveyed. The first three data elements are REQUIRED for all employees.

Employee's Name (first and last).	Employee ID Number	Employee Email Address
Only include non-provider employees. You may include employees such as LPN's, RN's, medical assistants, or others that you would consider medical “back office” employees. Do NOT include employees such as psychologists or physical therapists that would more appropriately be included in AMGA's provider satisfaction survey.	<p>Each employee must have a unique ID number. No duplicate ID codes are allowed.</p> <p>AMGA's employee profiles database is set up so that only one ID code is allowed for a given employee.</p> <p>The ID code must be six digits or less (no letters).</p> <p>If possible, use ID codes that are already used at your clinic, rather than develop new ones.</p>	<p>The employee's email address. No duplicate email addresses are allowed.</p> <p>The email address may either be a business-related or a personal email address.</p> <p>If you cannot provide email addresses for your employees, contact AMGA. It is possible we can create a survey for you in which your group will be responsible for all communications with your employees (rather than AMGA sending out the survey invitation and reminders to your employees via email).</p>

The following data elements are only to be provided on the Employees Profile Sheet if you choose to follow Option 1 above (i.e., complete listing for each employee of their work site, supervisor, and job category).

Manager/Supervisor's Name (first and last)	Site Name	Management Level	Job Category
<p>List for each employee the name of his/her supervisor. It does not matter if the supervisor is a “manager” or “executive”...whoever is responsible for directly supervising the employee’s work assignments and scheduling and reviews the success of the employee’s work should be listed as the supervisor.</p> <p>Be sure to keep all names consistent. So John Q Smith is consistently listed as John Q Smith, not John Q Smith for one employee entry, John Smith for another entry, and then J Q Smith for a third entry.</p> <p>If you have two supervisors with the same name, indicate the department that they supervise or the location at which they supervise in parentheses next to their names.</p>	<p>List the names of the sites/locations for each employee. Be sure to keep all names for a site consistent. Example: Main St is consistently listed Main St, not 123 Main St for one employee entry and then Main Street in another employee entry. We prefer that you keep the names relatively brief, but use whatever is necessary to make the names meaningful to those who will be receiving your final reports.</p> <p>Remember to include all sites, including those sites that may not be locations where healthcare is provided. For example, an administrative site that only handles billing and accounting functions should also be listed.</p> <p>If an employee works at multiple locations, then either list their “primary” work site (the one at which they spend most of their time) or list the employee as “works at multiple sites.”</p>	<p>Enter one of the four options based on the employee’s level within the organization.</p> <p>The four job level options are:</p> <p>Executive/Senior Management (a corporate officer or the head of a major department that reports to the CEO)</p> <p>Middle Managers (the head of a division/group within a major department, and has supervisors beneath her/him)</p> <p>Supervisors (a manager that oversees only non-management staff)</p> <p>Non-managers</p>	<p>Include the AMGA job category that best describes the employee’s responsibilities within their department. Use the category that best describes the employee’s specific duties or functions. For example, an administrative assistant in the IT department would indicate “administrative support/clerical”.</p> <p>The job categories are:</p> <p>Administrative Support/Clerical Call Center Staff Clinical Office Management Coding/Compliance/Billing Dietary/Food Services Engineering/Facilities/House keeping/Materials Executive/Senior Management Finance/Accounting Human Resources Information Technology Laboratory/Technologists Legal Marketing/ Communications Medical Office Admitting, Reception and Registration Medical Office Clinical (e.g., LPN's, RN's, medical assistants) Research/Scientists “Other”</p>

Groups that elect to NOT list each employee’s supervisor, site, and job category on the employee profiles spreadsheet (i.e., those deciding to use Option 2 above) MUST provide separate lists of all of the medical group’s supervisors and sites on the corresponding spreadsheets.

## Supervisor Names Profile Sheet – include each supervisor on a separate row

Manager/Supervisor's Name (first and last).
<p>List the names of all the supervisors/managers within your organization. Include all personnel that have supervisor/ managerial responsibilities for the individuals listed on the employee spreadsheet. It does not matter if the supervisor is not a “manager” or “executive”. If the person has direct responsibility over one or more employees regarding work assignments/schedules and evaluating work success, then they should be included in the list.</p> <p>If a supervisor has supervisory responsibilities at multiple locations and in your final report you wish to see separate results for this supervisor for each location, please list on SEPARATE LINES the different supervisor name and site name combinations (e.g., John Doe - Main Building; John Doe - 123 1st Street; John Doe - Hospital). In constructing the supervisor pull-down menu on the web survey, we will list each of these supervisor-site combinations so that the affected employees will be able to choose the most applicable option.</p> <p>If you have two supervisors with the same name, indicate the department that they supervise or the location at which they supervise in parentheses next to their names. We will then list each supervisor name and department (or location) combination in the supervisor pull-down menu. Keep in mind that the goal is to make it easy for the employees to identify the correct supervisor.</p>

## Site Names Profile Sheet – include each location on a separate row

Site Name
<p>List the names of all the sites/locations within your organization. Please use labels that will be meaningful to your employees, as what you list will be what is put into the survey's site name pull-down menu. The site name would preferably be relatively brief, but it can be as long as you need it to be to ensure that it is universally understood by your employees and those reviewing the final reports that you will receive.</p> <p>Remember to include all sites, including those sites that may not be locations where healthcare is provided. For example, an administrative site that only handles billing and accounting functions should also be listed. Also, for employees who are part of “float pools” or who otherwise work at multiple sites, AMGA will always include a “Float pool and/or works at multiple locations” option in the site pull-down menu.</p>

## 4. Optional – submit custom question wording

For an additional fee, your group can include up to five custom questions of your own creation. The fee is \$150 per question. For instance, if you currently use an in-house employee satisfaction survey and would like to carry over questions from that survey to this one, you can choose five of your in-house items and add them to AMGA's survey.

- There is a limit of five extra questions.
- Custom questions must have five-point Likert scale responses (such as Very Dissatisfied to Very Satisfied or Strongly Disagree to Strongly Agree), or simple categorical responses (e.g., Yes/No).
- Please send an email or a Word document with the exact phrasing of the custom questions when you send in your profiles workbook.

## 5. Complete Survey Registration Form

Have the group's human resources director, medical director, quality director, or another person who can answer the questions complete the Survey Registration Form at the end of this protocol and fax it to Mark Babey at (703) 548-1890. This form officially registers you for the survey. It also collects basic information about your group that AMGA will need as part of the overall survey process.

This step can actually be completed at any time. In fact, the earlier you submit the registration form, the sooner AMGA can begin preparing for your survey. But, the form should be sent to AMGA no later than the registration deadline.

## **6. Prepare your cover letters**

One week before the survey begins each employee will be sent a “pre-notification memo” advising them of the upcoming survey, describing why the medical group is participating, and urging the employee to complete the survey. Then during the two week survey period there will be a series of up to three communications sent to the employee: an initial memo announcing the survey is available and then as many as two reminder notices that will be sent to non-respondents. One reminder notice goes out one week after the survey opens and the second notice goes out with three days left in the survey period.

Examples of each of these notices are included in this protocol. Sample pre-notification memos are provided on pages 11 (for the vast majority of groups that provide employee email addresses to AMGA as part of the employee profiles) and 12 (for those few groups that are unable to provide employee email addresses to AMGA and so will be handling all communications themselves). The pre-notification memo is distributed by the medical group, rather than AMGA.

Samples of the notices to be used by the few medical groups unable to provide employee email addresses to AMGA (and which are therefore responsible for handling all communications with their employees) are on pages 13 through 15. Sample notices for the groups that provide employee email addresses to AMGA as part of the employee profiles are provided on pages 16 and 17. Feel free to customize them to fit your organization. However, we urge you to personalize the letters with the employee’s name. Also, the notices should at least bear the name of an executive with your medical group – the CEO, HR director, medical director, or someone else of comparable rank. (Notices sent via email by AMGA will be addressed so that they appear to be coming from whichever individual(s) your group designates.) Personalizing the letters and sending them out under the “signature” of the CEO or some other executive helps reiterate the importance of the survey and demonstrates that it is something your organization takes seriously.

As noted above, your group will be responsible for distributing the initial pre-notification letter. You will also be responsible for sending out all of the other notices on the scheduled dates if you are unable to provide to AMGA email addresses for each of your employees.

However, we assume that this will not be a problem for the vast majority of participating groups and so for them AMGA will send via email the three notices that go out once the survey opens. The email notices that AMGA sends out will include person-specific links that will take the employee directly to the survey website.

Groups that provide employee email addresses to AMGA should tailor the email notices found on pages 16 and 17 to their particular needs in a Word document. Of course, you can also come up with something completely your own if that is your preference. Whether you use AMGA’s suggested language or design your own content, please email the final notices to [mbabey@amga.com](mailto:mbabey@amga.com), no later than two weeks prior to the beginning of the survey.

- ☐ If you write your own notices, remember that they should briefly describe the survey, explain why you are participating, and remind the employees that AMGA will keep the results confidential.

## 7. Contact your Information Technology department

Assuming that your group uses the standard survey methodology where AMGA sends surveys notices via email, we recommend that you contact your Information Technology department and explain the survey process to them. In particular, you will want to describe the series of timed email messages that will be going out to your employees. There have been instances in which AMGA has worked with medical groups with such powerful spam filters in place that AMGA's emails ended up getting blocked. You should explore with your IT department whether this is a possibility for your medical group. Our current practice is to ask each IT department to "whitelist" the email address from which each notice will be sent (thereby indicating to your email system that any emails coming from that address are acceptable and should be allowed through). Before the survey begins, we also send test emails to at least two individuals that your group designates, to see if the messages get through. If not, this is a sign that further work is necessary. The point is, even with strong spam filter systems, we can come up with workarounds by coordinating with your IT department. But we want to deal with any potential issues proactively, prior to the beginning of surveying.

## Survey Administration Process

Week	Step	Winter	Spring	Summer	Fall 1	Fall 2
Week One	Pre-notification letter/email	Jan 25	April 4	June 6	Sept 19	Oct 17
Week Two	Initial survey invitation sent*	Feb 1	April 11	June 13	Sept 26	Oct 24
Week Three	First reminder notice sent*	Feb 9	April 18	June 20	Oct 4	Oct 31
	Final reminder notice sent*	Feb 12	April 21	June 23	Oct 7	Nov 3
	Last day of surveying	Feb 16	April 25	June 27	Oct 11	Nov 7
Week Six	AMGA sends report	March 4	May 19	July 22	Nov 1	Dec 2

\* AMGA will send via email if employee email addresses submitted as part of employee profiles.

**Week One – Send each employee a pre-notification letter or email, letting them know to expect a survey.**

- ☐ Sample letters are included on pages 11 and 12.
- ☐ Describe the survey; indicate why your group is participating, and state that individual responses will remain confidential.

**Week Two – Survey begins.**

- ☐ Each employee is sent a survey invitation. If AMGA is sending the invitations, they will be sent via email and will include a customized, person-specific link to the survey website. See page 16 for an example of a survey cover letter.
- ☐ For those groups that will be handling communications with their employees, you will send an initial invitation to each employee based on the sample on page 13. The letter will only contain a survey web address; once at the survey website each employee will need to log in by entering their ID number and using a pull-down menu to identify the medical group for which they work.



### **Week Three – Send out first and second reminder notices.**

- ☐ One week after the survey begins, the first reminder notice will be sent out. AMGA will send the notice via email to all employees who have yet to complete a survey. Page 16 has an example of this notice.
- ☐ Medical groups handling their own communications will send the first reminder notice to ALL employees. See page 14 for a model of this notice.
- ☐ The final reminder notice is to go out three days prior to the end of the survey. As before, AMGA will send out this reminder to all non-respondents. An example of this letter is provided on page 17.
- ☐ Medical groups that are doing their own communications will again send the reminder notice to ALL employees. Page 15 has an example of this notice.
- ☐ We encourage you to obtain a minimum 40% response rate but a rate of 60% or higher will give you a more reliable representation of your group.

# The Final Report

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The final report that each participating medical group will receive will include analyses at the overall clinic, site, supervisor and job category levels. Analyses will focus on the 10 dimensions (employee engagement, supervision, growth opportunities, leaves, health benefits, pay, physician interactions, rewarding work, and workload) that underpin the bulk of the survey. At the overall clinic level of analysis, average dimension scores and percentile rankings for the group will be presented. The average dimension scores will be graphically displayed for both the current and (if applicable) most recent previous survey for the group. In addition, the current and previous dimension scores will be broken down by several major demographic categories (e.g., employee gender, age, management level, years employed). In all of these displays, dimension norms and best practice (95<sup>th</sup> percentile) benchmarks are also presented, as calculated from the entire survey database. Raw response percentages for each survey item will also be shown, along with the AMGA norm for the item. Finally, the overall clinic analysis will include calculations of response rates.

Analyses at the site, supervisor and job category levels will be similar to those presented at the overall clinic level.<sup>3</sup> Average scores for each of the 10 dimensions are displayed, for both the current and most recent previous survey, along with the AMGA norms and best practice benchmarks. Raw response percentages and norms are also provided for each individual survey item. In the case of the job category analyses, where the survey database has at least 30 surveys for a job category, the norms and benchmarks that are listed are calculated using employees from the same job category. So, for example, the results for information technology would be shown with norms and benchmarks derived solely from the surveys of participants from the same job category.

The report also includes a “Targeting Improvement Map”, which is basically a visual summary of the results for the 10 survey dimensions as determined at the overall clinic level. The map is intended to give a quick visual overview of the dimensions on which the medical group is doing well, as well as give a clear indication of which dimensions are urgently in need of quality improvement efforts.

Please note: Each participating medical group is invoiced for the costs of the survey after the final report is mailed. The AMGA base fee member rate is half the non-member rate. To qualify, an organization must be a member in good standing with AMGA at the time the report is distributed.

**If you have any questions, please contact Mark Babey, (703) 838-0033 ext. 337  
[mbabey@amga.org](mailto:mbabey@amga.org).**

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<sup>3</sup> As was mentioned previously, in an effort to protect the confidentiality of survey respondents analyses are only provided for those sites, supervisors, and job categories with at least 3 respondents.

**SAMPLE PRE-NOTIFICATION LETTER OR EMAIL (FOR GROUPS THAT PROVIDE  
EMPLOYEE EMAIL ADDRESSES TO AMGA FOR USE IN SURVEY COMMUNICATIONS)**

(date)

Name

Address

City, State Zip

Dear (Name),

(Medical Group) is participating in an Employee Satisfaction and Engagement Survey conducted by the American Medical Group Association (AMGA). Next (day and date), you will receive a survey invitation that will direct you to the online survey. The online survey will ask you a series of questions about your satisfaction with your supervision, compensation, work load, and other issues important to your work life.

Your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

This survey is being distributed by Infosurv, Inc., a professional survey research organization, on behalf of AMGA. Infosurv does not use the data collected for any other purpose. To review the Infosurv privacy policy: <http://www.infosurv.com/privacy.html>.

Your feedback will help us improve employee satisfaction and engagement at (Medical Group). If you have any questions, please feel free to contact (name – email/phone). Thank you in advance for your cooperation.

Sincerely,

(Name)

(Title)

**SAMPLE PRE-NOTIFICATION LETTER OR EMAIL (FOR GROUPS THAT WILL BE HANDLING ALL COMMUNICATIONS WITH THEIR EMPLOYEES IN LIEU OF PROVIDING EMAIL ADDRESSES TO AMGA)**

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(Date)

Name

Address

City, State Zip

Dear (Name),

(Medical Group) is participating in an Employee Satisfaction and Engagement Survey conducted by the American Medical Group Association (AMGA). Next (day and date), you will receive a survey invitation that will direct you to the online survey. The online survey will ask you a series of questions about your satisfaction with your supervision, compensation, work load, and other issues important to your work life.

Your responses will remain confidential. Although you will need to log in with your employee ID number, so as to maintain the security of the survey, (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

This survey is being distributed by Infosurv, Inc., a professional survey research organization, on behalf of AMGA. Infosurv does not use the data collected for any other purpose. To review the Infosurv privacy policy: <http://www.infosurv.com/privacy.html>.

Your feedback will help us improve employee satisfaction and engagement at (Medical Group). If you have any questions, please feel free to contact (name – email/phone). Thank you in advance for your cooperation.

Sincerely,

(Name)

(Title)

**SAMPLE SURVEY LETTER TO GO OUT THE DAY THE SURVEY OPENS (FOR GROUPS THAT WILL BE HANDLING ALL COMMUNICATIONS WITH THEIR EMPLOYEES IN LIEU OF PROVIDING EMAIL ADDRESSES TO AMGA)**

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(DATE)

Name

Address

City, State Zip

Dear (Name),

(Medical Group) is participating in an Employee Satisfaction and Engagement Survey conducted by the American Medical Group Association (AMGA). The survey is designed to allow you to freely and confidentially rate your satisfaction with various aspects of your work life – compensation, supervision, work load, and others. By taking the time to complete this important survey, you will help us to improve employee satisfaction and engagement at (Medical Group).

The survey website is being hosted by Infosurv, a professional survey research organization. The web address for the survey is: <http://amga.infosurv.com>. Please type this address into an internet browser to be taken to the survey website (or if you have received this message via email, click on the link to be taken to the website). On the first page of the survey, you will need to enter your Employee ID number, plus use a pull-down menu to indicate that you work for (Medical Group). You will then be able to begin the survey itself.

You have until the end of business on (date survey ends) to complete the survey. Your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

If you have any questions, please feel free to contact (name – email/phone). Thank you for taking the time to complete this important survey.

Sincerely,

(Name)

(Title)

- **Print letter on your letterhead, if going out by regular mail**
- **If possible, personalize each letter with the employee's name, address, etc.**
- **Have someone's name like the CEO, medical director, or HR director appear on the letter...someone 'in authority' who can 'endorse' the survey**
- **If your group sends the message via email, you may wish to edit the third sentence in the 2<sup>nd</sup> paragraph so that the highlighted portion is what is emphasized. If you send the message my regular mail, you may just want to delete the highlighted portion of that sentence.**

**SAMPLE FIRST REMINDER NOTICE TO GO OUT ONE WEEK AFTER SURVEY OPENS  
(FOR GROUPS THAT WILL BE HANDLING ALL COMMUNICATIONS WITH THEIR  
EMPLOYEES IN LIEU OF PROVIDING EMAIL ADDRESSES TO AMGA)**

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(DATE)

Name

Address

City, State Zip

Dear (Name),

Last week you were given the opportunity to participate in an Employee Satisfaction and Engagement Survey being conducted by the American Medical Group Association (AMGA) on behalf of (Medical Group), in which you were asked to rate your satisfaction with aspects of your work life such as compensation, supervision, work load, and others. If you have already taken the time to complete the survey, I would like to take a moment to thank you for having done so.

On the other hand, if you have not yet completed it, I urge you to take a few minutes to complete this important survey. The survey website is being hosted by Infosurv, a professional survey research organization. The web address for the survey is: <http://amga.infosurv.com>. Please type this address into an internet browser to be taken to the survey website (or if you have received this message via email, click on the link to be taken to the website).

You have until the end of business on (date survey ends) to complete the survey. Your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

Your response is critical to the success of this study and will help us improve employee satisfaction and engagement at (Medical Group). If you have any questions, please feel free to contact (name – email/phone).

Sincerely,

(Name)

(Title)

**SAMPLE SECOND REMINDER NOTICE TO GO OUT WITH THREE DAYS REMAINING IN THE SURVEY PERIOD (FOR GROUPS THAT WILL BE HANDLING ALL COMMUNICATIONS WITH THEIR EMPLOYEES IN LIEU OF PROVIDING EMAIL ADDRESSES TO AMGA)**

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(Date)

On (date survey opened), you were invited to participate in an Employee Satisfaction and Engagement Survey asking you to rate your satisfaction with your supervision, compensation, work load, and other factors important to your work life. If you have already completed the survey, we would like to thank you once again for having done so.

On the other hand, if you have not completed the survey, we would like you to know that your feedback is critical to the success of the study and will help us improve employee satisfaction and engagement at (Medical Group). The deadline for the survey is (date survey closes). Please take a few minutes to complete the survey. The survey is being conducted by the American Medical Group Association (AMGA), and the survey website is being hosted by Infosurv, a professional survey research organization. The web address for the survey is: <http://amga.infosurv.com>. Type this address into an internet browser to be taken to the survey website (or if you have received this message via email, click on the link to be taken to the website).

Please be assured that your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

If you have any questions, please feel free to contact (name – email/phone). Thank you in advance for taking the time to complete this important survey.

Sincerely,

(Name)

(Title)

# For Groups That Are Having AMGA Send Survey Notices to Employees Via Email

## **COPY TO ACCOMPANY THE EMPLOYEE SATISFACTION AND ENGAGEMENT SURVEY LINKS EMAILED TO EMPLOYEES**

- Please edit the Email **Subject** and **Body** as you prefer. This is only suggested language. Return your edited version to Mark Babey (mbabey@amga.org).

<b>SURVEY EMAIL</b>	<b>Email Subject:</b>	<b>Email Body:</b>
<b>Initial Survey Emailing</b>	Re: Link to AMGA Employee Satisfaction and Engagement Survey	<p>Dear (Employee Name),</p> <p>(Medical Group) is participating in an Employee Satisfaction and Engagement Survey conducted by the American Medical Group Association (AMGA). The survey is designed to allow you to freely and confidentially rate your satisfaction with various aspects of your work life – compensation, supervision, work load, and others. By taking the time to complete this important survey, you will help to improve employee satisfaction and engagement at (Medical Group).</p> <p>Click on the link below to access the survey. Please note, (Medical Group) will only receive a summary report and will not have access to individual responses.</p> <p><b>LINK to go HERE</b>  <i>*Please do not forward this link to another employee.</i></p> <p>This survey is being distributed by Infosurv, Inc., a professional survey research organization, on behalf of AMGA. Infosurv does not use the data collected for any other purpose. To view Infosurv's privacy policy, you may visit: <a href="http://www.infosurv.com/privacy.html">http://www.infosurv.com/privacy.html</a>.</p> <p>If you have any questions, please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely,</p> <p>Mark Babey  Program Coordinator  American Medical Group Association</p>
<b>First Reminder (Goes out one week after survey opens)</b>	Re: One week left to complete your Employee Satisfaction and Engagement Survey.	<p>Dear (Employee Name),</p> <p>There is still time for you to participate in the Employee Satisfaction and Engagement Survey and rate your satisfaction with areas such as compensation, supervision, and work load. Your feedback is critical to the success of the study and will help (Medical Group) improve employee satisfaction and engagement.</p> <p>Please take a few minutes to complete the survey by clicking on the link below. Your responses will remain confidential. The American Medical Group Association, which is conducting the survey, will only report aggregated results</p>



		<p>back to (Medical Group).</p> <p><b>The last day to submit a completed survey is (date survey closes).</b></p> <p><b>LINK TO GO HERE</b>  <i>*Please do not forward this link to another employee.</i></p> <p>This survey is being distributed by Infosurv, Inc., a professional survey research organization, on behalf of AMGA. Infosurv does not use the data collected for any other purpose. To view Infosurv's privacy policy, you may visit: <a href="http://www.infosurv.com/privacy.html">http://www.infosurv.com/privacy.html</a>.</p> <p>If you have any questions, please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely,</p> <p>Mark Babey  Program Coordinator  American Medical Group Association</p>
<b>Second Reminder (Goes out with three days left in survey)</b>	Re: Employee Survey Deadline is (date).	<p>Dear (Employee Name),</p> <p>The last day to participate in the Employee Satisfaction and Engagement Survey is (date survey closes). This is your opportunity to rate your satisfaction with your supervision, compensation, work load, and other important issues related to your work life. Your feedback is critical to the success of the study and will help (Medical Group) improve employee satisfaction and engagement.</p> <p>Please take a few minutes to complete the survey by clicking on the link below. Your responses will remain confidential. The American Medical Group Association, which is conducting the survey, will only report aggregated results back to (Medical Group).</p> <p><b>LINK to go HERE</b>  <i>*Please do not forward this link to another employee.</i></p> <p>This survey is being distributed by Infosurv, Inc., a professional survey research organization, on behalf of AMGA. Infosurv does not use the data collected for any other purpose. To view Infosurv's privacy policy, you may visit: <a href="http://www.infosurv.com/privacy.html">http://www.infosurv.com/privacy.html</a>.</p> <p>If you have any questions, please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely,</p> <p>Mark Babey  Program Coordinator  American Medical Group Association</p>

## AMGA Survey Registration Form

**This form is to be used for registering your medical group or clinic for AMGA's Patient Satisfaction Survey, Provider Satisfaction Survey, or Employee Satisfaction and Engagement Survey. Please complete the form and email it to the attention of Mark Miller ([mmiller@amga.org](mailto:mmiller@amga.org)) or Mark Babey ([mbabey@amga.org](mailto:mbabey@amga.org)), or fax it to them at (703) 548-1890. Thank you for participating in our surveys!**

Medical Group/Clinic: \_\_\_\_\_

Mailing address of group/clinic: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Title of person completing form: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Today's date: \_\_\_\_\_

Check the survey(s) for which your group/clinic is registering:

☐ Patient Satisfaction Survey (paper based only)

Please indicate if you wish your group's patient surveys to be printed by AMGA:

☐ Yes – Please print and ship the surveys to us.

☐ No – Send me a PDF and I will have them printed.

☐ Provider Satisfaction Survey (Select one: ☐ Paper based survey ☐ AMGA's web-based survey)

☐ Employee Satisfaction and Engagement Survey (web-based only)

Indicate the survey period(s) for which your group/clinic is registering (e.g., "Winter 2016 Provider Satisfaction Survey"): \_\_\_\_\_

1. Which of the following best describes the type of practice that characterizes your group/clinic: ☐ Multispecialty ☐ Single specialty ☐ Primary care  
☐ Integrated Health System ☐ IPA

2. Ownership of group/clinic: ☐ Physicians  
☐ Hospital  
☐ All others (insurance/MCO, university/med school, etc.)

3. Number of FTE providers at group/clinic: ☐ Physicians  
☐ All others (e.g., psychologists, dieticians)

4. Total number of FTE employees at group/clinic (including administration, employees, support staff, and others): \_\_\_\_\_