

TRI-SERVICE SURVEY ON PATIENT SAFETY DEPARTMENT OF DEFENSE 200_* [SERVICE]

Description of this Survey

The DOD 200_ Tri-Service Survey on Patient Safety is sponsored by TRICARE Management Activity (TMA) and was approved by the TMA Chief Medical Officer and the Services Surgeons General for DOD-wide dissemination with staff in Army, Navy, and Air Force Military Health System (MHS) facilities.

Military and civilian staff with email access in MHS facilities, including Military Treatment Facilities (MTFs) and DENTACs (Dental Activities/DTFs), are being asked to complete this survey. It asks for your opinions about patient safety issues, error, and event reporting in your MHS facility.

- **It will take about 10 minutes to complete this web-based survey and your individual responses will be anonymous. Only group-level results will be reported.**

Your response to this survey is very important and will help the DOD assess patient safety improvement efforts in MHS facilities.

IF YOU HAVE QUESTIONS

For questions about this survey, please email [Name a point-of-contact and provide email] or call [provide phone].

PRIVACY ACT STATEMENT

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read the following carefully:

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

Purpose: This individually anonymous survey asks staff in Military Health System (MHS) facilities (including MTFs and DTFs) for their opinions about patient safety issues, medical error, and event reporting in their facilities. The data will help the DOD assess patient safety improvement efforts in MHS facilities.

Routine Uses: None.

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

OMB CLEARANCE

This survey has been approved by the Office of Management and Budget (OMB Number 0720-0034, Expiration Date _____). It is estimated that it takes 10 minutes to complete. If you have comments about the survey, its length, or any other aspects of this collection of information, send them to: TRICARE Management Activity, Information Management Control Officer, HPA&E, 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041.

SAMPLE OF 200_ WEB SURVEY

1. The Military Health System (MHS) facility where you work is in what country and state (if applicable)?

[NOTE: A drop-down list of by country and state is provided on the web survey. This question is MANDATORY and must be answered before moving on in the web survey.]

Country: _____

State (if applicable): _____

2. What is the name and DMIS Code of your Military Treatment Facility (MTF) or DENTAC (Dental

Activity/DTF)? [NOTE: A drop-down list of MTF/DENTAC names is provided on the web survey. This question is MANDATORY and must be answered before moving on in the web survey.]

MTF or DENTAC Name: _____

DMIS Code: _____

3. In what area of your Military Treatment Facility (MTF) do you work? [NOTE: A respondent will receive this question only if they work in an MTF hospital. This question will be MANDATORY for staff in an MTF hospital and must be answered before moving on in the web survey.]

- 1. Hospital
- 2. Ambulatory/outpatient clinic
- 3. Dental clinic

When completing this survey, keep in mind the following definitions:

- An "**event**" is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- "**Patient safety**" is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

SECTION A: Your Work Area/Duty Area

In this survey, think of your work area or duty area as the section, department, clinical unit, or area of the Military Health System (MHS) facility where you spend most of your work time or provide most of your clinical services.

Ai. What is your primary work area/duty area in your MHS facility?

[See Appendix A for a list of work areas]

From this point forward, if you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

SECTION A: Your Work Area, continued

Please indicate your agreement or disagreement with the following statements about your work area.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another in this work area.....	<input type="checkbox"/>				
2. We have enough staff to handle the workload.....	<input type="checkbox"/>				
3. When a lot of work needs to be done quickly, we work together as a team to get the work done.....	<input type="checkbox"/>				
4. In this work area, people treat each other with respect.....	<input type="checkbox"/>				
5. Staff in this work area work longer hours than is best for patient care.....	<input type="checkbox"/>				
6. We are actively doing things to improve patient safety.....	<input type="checkbox"/>				
7. We use more agency/temporary staff than is best for patient care.....	<input type="checkbox"/>				
8. Staff feel like their mistakes are held against them.....	<input type="checkbox"/>				
9. Mistakes have led to positive changes here.....	<input type="checkbox"/>				
10. It is just by chance that more serious mistakes don't happen around here.....	<input type="checkbox"/>				
11. When one section in this work area gets really busy, others help out.....	<input type="checkbox"/>				
12. When an event is reported, it feels like the person is being written up, not the problem.....	<input type="checkbox"/>				
13. After we make changes to improve patient safety, we evaluate their effectiveness.....	<input type="checkbox"/>				
14. We work in "crisis mode" trying to do too much, too quickly.....	<input type="checkbox"/>				
15. Patient safety is never sacrificed to get more work done.....	<input type="checkbox"/>				
16. Staff worry that mistakes they make are kept in their personnel file.....	<input type="checkbox"/>				
17. We have patient safety problems in this work area.....	<input type="checkbox"/>				
18. Our procedures and systems are good at preventing errors from happening.....	<input type="checkbox"/>				

SECTION B: Your Supervisor/Manager

Please indicate your agreement or disagreement with the following statements about your immediate supervisor/manager or person to whom you directly report.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.....	<input type="checkbox"/>				
2. My supervisor/manager seriously considers staff suggestions for improving patient safety.....	<input type="checkbox"/>				
3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts.....	<input type="checkbox"/>				
4. My supervisor/manager overlooks patient safety problems that happen over and over.....	<input type="checkbox"/>				

SECTION C: Communications

How often do the following things happen in your work area?

	Never	Rarely	Sometimes	Most of the time	Always
1. We are given feedback about changes put into place based on event reports.....	<input type="checkbox"/>				
2. Staff will freely speak up if they see something that may negatively affect patient care.....	<input type="checkbox"/>				
3. We are informed about errors that happen in this work area....	<input type="checkbox"/>				
4. Staff feel free to question the decisions or actions of those with more authority.....	<input type="checkbox"/>				
5. In this work area, we discuss ways to prevent errors from happening again.....	<input type="checkbox"/>				
6. Staff are afraid to ask questions when something does not seem right.....	<input type="checkbox"/>				

SECTION D: Frequency of Events Reported

In your work area, when the following mistakes happen, *how often are they reported?*

	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
1. When a mistake is made, but is <i>caught and corrected before affecting the patient</i> , how often is this reported?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When a mistake is made, but has <i>no potential to harm the patient</i> , how often is this reported?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When a mistake is made that <i>could harm the patient</i> , but does not, how often is this reported?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Patient Safety Grade

Please give your work area an overall grade on patient safety.

<input type="checkbox"/>				
A Excellent	B Very Good	C Acceptable	D Poor	E Failing

SECTION F: Your Military Health System (MHS) Facility

Please indicate your agreement or disagreement with the following statements about your MHS facility.

	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neither <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
1. Management in this facility provides a work climate that promotes patient safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work areas in this facility do not coordinate well with each other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Things "fall between the cracks" when transferring patients from one work area to another.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is good cooperation among areas that need to work together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Important patient care information is often lost during shift changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is often unpleasant to work with staff from other work areas in this facility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Problems often occur in the exchange of information across work areas in this facility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The actions of management in this facility show that patient safety is a top priority.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Management in this facility seems interested in patient safety only after an adverse event happens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Work areas in this facility work well together to provide the best care for patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Shift changes are problematic for patients in this facility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: Number of Events Reported

In the past 12 months, how many event reports have you filled out and submitted?

<input type="checkbox"/> a. No event reports	<input type="checkbox"/> d. 6 to 10 event reports
<input type="checkbox"/> b. 1 to 2 event reports	<input type="checkbox"/> e. 11 to 20 event reports
<input type="checkbox"/> c. 3 to 5 event reports	<input type="checkbox"/> f. 21 event reports or more

SECTION H: Background Information

This background information will help in the analysis of the survey results.

1. How long have you worked in this Military Health System (MHS) facility?

<input type="checkbox"/> a. Less than 1 year	<input type="checkbox"/> d. 11 to 15 years
<input type="checkbox"/> b. 1 to 5 years	<input type="checkbox"/> e. 16 to 20 years
<input type="checkbox"/> c. 6 to 10 years	<input type="checkbox"/> f. 21 years or more

2. How long have you worked in your current work area?

<input type="checkbox"/> a. Less than 1 year	<input type="checkbox"/> d. 11 to 15 years
<input type="checkbox"/> b. 1 to 5 years	<input type="checkbox"/> e. 16 to 20 years
<input type="checkbox"/> c. 6 to 10 years	<input type="checkbox"/> f. 21 years or more

3. Typically, how many hours per week do you work in this MHS facility?

<input type="checkbox"/> a. Less than 20 hours per week	<input type="checkbox"/> d. 60 to 79 hours per week
<input type="checkbox"/> b. 20 to 39 hours per week	<input type="checkbox"/> e. 80 to 99 hours per week
<input type="checkbox"/> c. 40 to 59 hours per week	<input type="checkbox"/> f. 100 hours per week or more

4. What is your staff position in this MHS facility? Select ONE answer that best describes your staff position.

[See Appendix B for a list of staff positions]

5. In your staff position, do you typically have direct interaction or contact with patients?

<input type="checkbox"/> a. YES, I typically have direct interaction or contact with patients.
<input type="checkbox"/> b. NO, I typically do NOT have direct interaction or contact with patients.

6. How long have you worked in your current specialty or profession?

<input type="checkbox"/> a. Less than 1 year	<input type="checkbox"/> d. 11 to 15 years
<input type="checkbox"/> b. 1 to 5 years	<input type="checkbox"/> e. 16 to 20 years
<input type="checkbox"/> c. 6 to 10 years	<input type="checkbox"/> f. 21 years or more

7. Please select your staff type below:

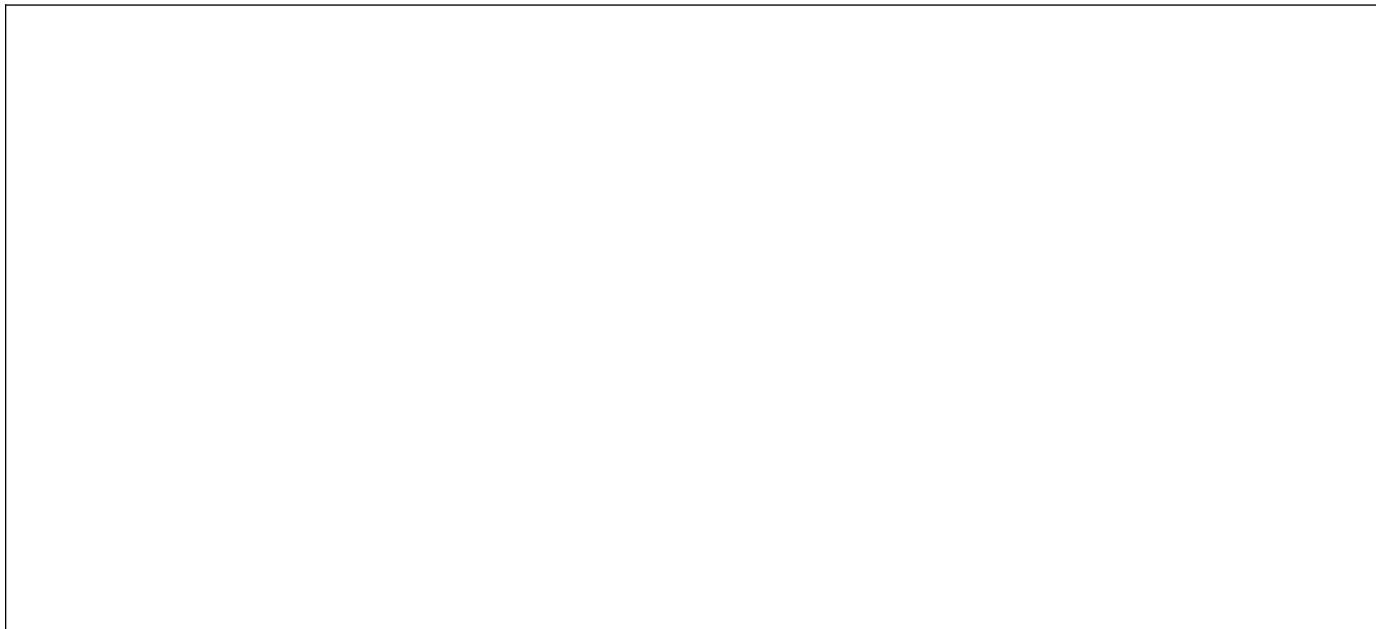
- a. Military—Active duty
- b. Military—Reservist
- c. Civilian—GS employee
- d. Civilian—Contractor
- e. Volunteer
- f. Other, please specify: _____

SECTION I: Your Comments

Please feel free to write any comments about patient safety, error, or event reporting in your MHS facility.

Do not write any comments associated with individual patients or event identifiable information.

NOTE: Verbatim comments will be reviewed at the Service level.

A large, empty rectangular box with a thin black border, occupying most of the page below the instructions. It is intended for respondents to write their comments in.

THANK YOU FOR COMPLETING THIS SURVEY.

**CLICK ON THE "SUBMIT SURVEY" BUTTON BELOW
TO COMPLETE THE SURVEY PROCESS.**

Appendix A: 2008 Work Areas for Hospitals, Clinics, and Dental Clinics

For Hospitals only	For Outpatient Clinics only	For Dental Clinics only
<ul style="list-style-type: none">a. Many different work areas/No specific work areaAdministration/Managementb. (Education, Medical Records, QA/QC, Safety, Other Management)c. Aerospace Medicine/BioMedical Engineeringd. Anesthesiologye. Dietaryf. Emergency Departmentg. Facilities & Logisticsh. Gastroenterologyi. Information Technology (IT) Services Intensive care unit (e.g. Adult,)j. Coronary Care, Neonatal, Pediatric, Other ICU)k. Labor & Delivery/Obstetricsl. Medical-Surgical Unit/Wardm. Medicine (Non-surgical)n. Oncologyo. Pathology/Laboratoryp. Pediatricsq. Pharmacyr. Psychiatry/Mental Healths. Radiologyt. Rehabilitation/Physical Medicineu. Surgeryv. Other work area/duty area, please specify:	<ul style="list-style-type: none">a. Many different work areas/No specific work areaAdministration/Managementb. (Education, Medical Records, QA/QC, Safety, Other Management)c. Aerospace Medicine/BioMedical Engineeringd. Allergy & Immunologye. Anesthesiologyf. Cardiologyg. Dermatologyh. Facilities & Logisticsi. Family Practice/Family Medicinej. Gastroenterologyk. Internal Medicinel. Information Technology (IT) Servicesm. Neurology/Neurological Surgeryn. Nuclear Medicineo. Obstetrics/Gynecologyp. Occupational Medicineq. Oncologyr. Ophthalmologys. Orthopedics/Orthopedic Surgeryt. Otolaryngologyu. Pathology/Laboratoryv. Pediatrics/Other Pediatric Specialty Areaw. Preventive Medicine/Public Healthx. Psychiatry/Mental healthy. Pulmonologyz. Radiologyaa. Rehabilitation/Physical Medicinebb. Surgerycc. Urologydd. Vascular Medicineee. Other work area/duty area, please specify:	<ul style="list-style-type: none">a. Dental Clinicb. Laboratoryc. Oral Surgeryd. Other work area/duty area, please specify:

Appendix B: 2008 Staff Positions

- a. Administration/Management/Executive Staff/Commander
- b. Aerospace/BioMedical Engineering Specialist
- c. Assistant/Clerk/Secretary/Administrative Technician
- d. Dental assistant
- e. Dental hygienist
- f. Dentist
- g. Dietician
- h. Information Technology (IT) Services Staff
- i. Lab Technician
- j. LVN/LPN
- k. Medical Technician
- l. Nurse Practitioner
- m. Patient Care Assistant/Nursing Aid
- n. Pharmacist
- o. Pharmacy Technician
- p. Physical/Occupational/Speech Therapist
- q. Physician Assistant
- r. Physician/Attending Physician
- s. Registered Nurse (RN)
- t. Resident/Intern/Medical Student
- u. Respiratory Therapist
- v. Other provider (Clinical Psychologist, Optometrist, Social Worker, etc.)
- w. Other staff position, please specify: