



# Attachment A-9: AHRQ Hospital Survey on Patient Safety Culture Comparative Database, Supporting Statement A--Patient Safety Improvement Initiatives Form



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## HOSPITAL SURVEY ON PATIENT SAFETY CULTURE COMPARATIVE DATABASE

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### Patient Safety Improvement Initiatives Form

\* Required Item

\* 1. Did your hospital share its previous (not most recent) patient safety culture survey result with any of the following groups? (Check all that apply)

<input type="checkbox"/> The hospital has not yet shared its previous (not most recent) patient safety culture results	<input type="checkbox"/> Board of Directors
<input checked="" type="checkbox"/> Hospital Administration	<input checked="" type="checkbox"/> Department managers
<input checked="" type="checkbox"/> Physicians	<input checked="" type="checkbox"/> Hospital Staff

\* 2. Did your hospital take any of the following actions to improve patient safety culture in between its previous and most recent survey administrations? (Check all that apply)

<input type="checkbox"/> No Actions Taken	<input checked="" type="checkbox"/> Developed action plans but have not implemented them yet
<input checked="" type="checkbox"/> Improved fall prevention program	<input checked="" type="checkbox"/> Improved error reporting system
<input checked="" type="checkbox"/> Formed a committee—specify below:	<input checked="" type="checkbox"/> Held education/patient safety fair for staff
<input type="checkbox"/> Made changes to policies/procedures	<input checked="" type="checkbox"/> Improved compliance with Joint Commission National Patient Safety Goals
<input checked="" type="checkbox"/> Conducted training—specify below:	<input type="checkbox"/> Conducted root cause analysis
<input type="checkbox"/> Conducted follow-up interviews/focus groups	<input type="checkbox"/> Implement "Ticket to ride" communication tool to reduce handoffs risk
<input type="checkbox"/> Implemented patient safety walkarounds	<input type="checkbox"/> Implemented patient safety bulletin board/suggestion box/telephone hotline
<input checked="" type="checkbox"/> Implemented SBAR (Situation-Background-Assessment-Recommendation) Communication	<input type="checkbox"/> Implemented patient safety briefing(s)
<input type="checkbox"/> Implemented TeamSTEPPS™	<input checked="" type="checkbox"/> Conducted chart audits
<input type="checkbox"/> Other action (please specify under 3)	

3. Please further describe any patient safety improvement actions your hospital has taken in between its previous and most recent survey administrations. Indicate whether the actions were hospital-wide or only in certain departments, and also comment on how well you think the actions worked to positively impact patient safety culture/patient safety.