

Hospital Survey on Patient Safety Culture 2009 Comparative Database

Report for Trending Hospitals

**ABC Hospital
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Part I: Main Report

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Purpose and Use of This Report for Trending Hospitals

In response to requests from hospitals interested in comparing their results against other hospitals on the *Hospital Survey on Patient Safety Culture*, the Agency for Healthcare Research and Quality (AHRQ) established the *Hospital Survey on Patient Safety Culture Comparative Database*. The first comparative database report was released in 2007 and was comprised of data from 382 U.S. hospitals that administered the AHRQ patient safety culture survey to 108,621 hospital staff and voluntarily submitted their data for inclusion in this new database. The second comparative database report was released in 2008 and was comprised of data from 519 hospitals that administered the survey to 160,176 hospital staff.

The *Hospital Survey on Patient Safety Culture 2009 Comparative Database Report* is an update of the 2008 report. The 2009 report consists of data from a total of 622 hospitals and 196,462 hospital staff respondents who completed the survey. The hospitals in the 2009 report fall into three categories:

- 395 hospitals from the previous database report that are still included in the 2009 report; of which
 - 314 hospitals submitted data one time; and
 - 81 hospitals submitted data twice, older data was replaced by data from their re-administration data so the database reflects their most recent survey data.
- 227 hospitals that submitted data for the 2009 report; of which
 - 104 hospitals submitted data for the first time; and
 - 123 hospitals submitted data from a re-administration of the survey; older data from these hospitals was replaced by data from their re-administration data so the database reflects their most recent survey data.

Because hospitals will not necessarily administer the hospital patient safety culture survey every single year, but may administer it on an 18-month, 24-month, or other administration cycle, the comparative database will be a “rolling” benchmark that retains data from prior years when a hospital does not have new data to submit, replaces older data with more recent data when it is available, and adds new data from hospitals submitting for the first time. The comparative database report will be produced yearly through at least 2012.

This Report for Trending Hospitals was developed as a tool for:

- **Comparison**—To allow your hospital to compare its patient safety culture survey results against other hospitals in your ongoing efforts to establish, improve and maintain a culture of patient safety in your institution.
- **Assessment and Learning**—To provide data to your hospital to facilitate internal assessment and learning in the patient safety improvement process, rather than as a basis for determining punitive actions or for external judgment of hospital performance.

- **Supplemental Information**—To provide supplemental information to help your hospital identify areas of strength and areas with potential for improvement in patient safety culture.
- **Trending**—To provide data that describe changes in patient safety culture over time for your hospital and other trending hospitals.

This Report for Trending Hospitals is customized to present the overall results from the 2009 Comparative Database compared to the results from your hospital based on data submitted by your hospital for both your most recent and previous submissions. Although the Report for Trending Hospitals contains much of the same information as the 2009 Comparative Database Report, this report provides information specifically tailored to your hospital, while the 2009 Comparative Database Report presents more information about the 622 participating hospitals. The 2009 Comparative Database Report is available from the AHRQ web site (www.ahrq.gov/qual/hospculture).

This Report for Trending Hospitals presents statistics (averages, minimum and maximum scores and percentiles) on the patient safety culture areas or composites assessed in the survey as well as the survey's items. In addition, there is a chapter on trending that describes patient safety culture change over time based on data submitted from your previous and most recent safety culture surveys. All results are shown for the overall comparative database compared to the results for your hospital. In addition, results for breakouts of the data by respondent characteristics are presented in Appendix A with trending breakouts by respondent characteristics presented in Appendix B. For additional results on the survey's patient safety culture composites and items by hospital characteristics (bed size, teaching status, ownership and control, geographic region) refer to the 2009 Comparative Database Report available from the AHRQ web site (www.ahrq.gov/qual/hospculture).

Appendix A—Overall Results by Respondent Characteristics

- Work area/unit
- Staff position
- Interaction with patients

Appendix B—Trending Results by Respondent Characteristics

- Work area/unit
- Staff position
- Interaction with patients

Chapter 1. Introduction

Patient safety is a critical component of healthcare quality. As healthcare organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of patient safety. Achieving a culture of patient safety requires an understanding of the values, beliefs, and norms about what is important in a hospital and what attitudes and behaviors related to patient safety are supported, rewarded and expected.

Funded by the Agency for Healthcare Research and Quality (AHRQ), the *Hospital Survey on Patient Safety Culture* was developed under contract by Westat, a private research organization. The survey was pilot tested, revised, and then released by AHRQ in November 2004. Additional information on the development of the survey is available from the AHRQ web site (www.ahrq.gov/qual/hospculture). It was designed to assess hospital staff opinions about patient safety issues, medical error, and event reporting and includes 42 items that measure 12 areas or composites of patient safety culture listed and defined in Table 1-1.

Table 1-1. Patient Safety Culture Composites and Definitions

Patient Safety Culture Composite	Definition: <i>The extent to which...</i>
1. Communication openness	Staff freely speak up if they see something that may negatively affect a patient, and feel free to question those with more authority
2. Feedback & communication about error	Staff are informed about errors that happen, given feedback about changes implemented, and discuss ways to prevent errors
3. Frequency of events reported	Mistakes of the following types are reported: 1) mistakes caught and corrected before affecting the patient, 2) mistakes with no potential to harm the patient, and 3) mistakes that could harm the patient, but do not
4. Handoffs & transitions	Important patient care information is transferred across hospital units and during shift changes
5. Management support for patient safety	Hospital management provides a work climate that promotes patient safety and shows that patient safety is a top priority
6. Nonpunitive response to error	Staff feel that their mistakes and event reports are not held against them, and that mistakes are not kept in their personnel file
7. Organizational learning–Continuous improvement	There is a learning culture in which mistakes lead to positive changes and changes are evaluated for effectiveness
8. Overall perceptions of patient safety	Procedures and systems are good at preventing errors and there is a lack of patient safety problems
9. Staffing	There are enough staff to handle the workload and work hours are appropriate to provide the best care for patients
10. Supervisor/manager expectations & actions promoting safety	Supervisors/managers consider staff suggestions for improving patient safety, praise staff for following patient safety procedures, and do not overlook patient safety problems
11. Teamwork across units	Hospital units cooperate and coordinate with one another to provide the best care for patients
12. Teamwork within units	Staff support one another, treat each other with respect, and work together as a team

The survey also includes two questions that ask respondents to provide an overall grade on patient safety for their work area/unit and to indicate the number of events they have reported over the past 12 months. In addition, respondents are asked to provide limited background demographic information about themselves (their work area/unit, staff position, whether they have direct interaction with patients, etc).

The survey's toolkit materials are available from the AHRQ web site (www.ahrq.gov/qual/hospculture) and include the survey, survey items and dimensions, Hospital Survey User's Guide, Hospital Survey Feedback Report Template, information about acquiring the Microsoft Excel™ Data Entry and Analysis Tool, an article about safety culture assessment, and a series of three national technical assistance conference calls. The toolkit provides hospitals with the basic knowledge and tools needed to conduct a patient safety culture assessment and ideas regarding how to use the data.

Chapter 2. Survey Administration & Respondents

This chapter presents descriptive information on the database hospitals compared to your hospital in terms of survey administration and respondent characteristics. The 2009 database consists of data from 196,462 hospital staff respondents across 622 participating hospitals.

Your hospital completed survey data collection in May 2008. Your hospital's survey administration statistics are shown in Table 2-1 below.

Table 2-1. Survey Administration Statistics: Database Hospitals Compared to Your Hospital

Survey Administration Statistics	Database Hospitals	Your Hospital
Number of completed surveys (response rate numerator) (Database range: 11 to 3,908 surveys)	316 (average)	103
Number of surveys administered (response rate denominator) (Database range: 15 to 11,269)	833 (average)	161
Hospital response rate (Database range: 4% to 100%)	52% (average)	64%

NOTE: Any blank records (where all non-demographic survey items were missing) submitted by hospitals were removed from the database. Any affected hospital's response rate numerator and overall response rate was adjusted accordingly.

The tables on the following pages show the percentages of respondents who indicated the specific hospital work area/unit where they spend most of their work time (Table 2-2), their staff position (Table 2-3), and whether they typically have direct interaction with patients (Table 2-4). Respondents from hospitals that omitted one of these questions, or individuals who did not respond to the question, are shown as missing in the tables and are excluded from total percentages.¹ Responses are presented in order from the highest to the lowest percentages based on the results from the database hospitals overall. Results from your hospital are shown in the columns on the right in each table.

Because the *Hospital Survey on Patient Safety Culture* uses generic categories for hospital work areas and staff positions, in Tables 2-2 and 2-3 it appears that a large percentage of database respondents selected "Other" for their work area and staff position. Participating hospitals were not asked to submit written or other-specify responses so no data are available to further describe the respondents in the "Other" category.

¹ Column percent totals in the tables may not sum to exactly 100% due to rounding of decimals.

Work Area/Unit

Table 2-2. Distribution of Respondents by Work Area/Unit: Database Compared to Your Hospital

Work Area/Unit	Database Respondents		Your Hospital's Respondents	
	Number	Percent	Number	Percent
Other	60,617	33%	0	0%
Surgery	17,393	10%	0	0%
Medicine	17,143	9%	3	3%
Many different hospital units/No specific unit	14,428	8%	1	1%
Intensive care unit (any type)	12,040	7%	11	12%
Radiology	10,528	6%	25	27%
Emergency	9,703	5%	22	24%
Laboratory	9,273	5%	2	2%
Obstetrics	8,088	4%	0	0%
Rehabilitation	7,429	4%	8	9%
Pharmacy	5,226	3%	6	7%
Pediatrics	4,534	2%	10	11%
Psychiatry/mental health	4,298	2%	4	4%
Anesthesiology	1,184	1%	0	0%
TOTAL	181,884	100%	92	100%
Missing: No answer or not asked the question	14,578		11	
Overall total	196,462		103	

Staff Position

Table 2-3. Distribution of Respondents by Staff Position: Database Compared to Your Hospital

Staff Position	Database Respondents		Your Hospital's Respondents	
	Number	Percent	Number	Percent
Registered Nurse (RN) or Licensed Vocational Nurse (LVN)/Licensed Practical Nurse (LPN)	66,261	36%	34	37%
Other	40,839	22%	0	0%
Technician (EKG, Lab, Radiology)	19,230	10%	0	0%
Administration/Management	13,750	7%	0	0%
Unit Assistant/Clerk/Secretary	11,914	6%	0	0%
Patient Care Asst/Hospital Aide/Care Partner	10,386	6%	26	28%
Therapists (Respiratory, Physical, Occupational or Speech)	9,026	5%	0	0%
Attending/Staff Physician, Resident Physician/ Physician in Training, or Physician Assistant (PA)/Nurse Practitioner (NP)	8,084	4%	32	35%
Pharmacist	3,123	2%	0	0%
Dietician	1,195	1%	0	0%
TOTAL	183,808	100%	92	100%
Missing: No answer or not asked the question	12,654		11	
Overall total	196,462		103	

Interaction with Patients

Table 2-4. Distribution of Respondents by Interaction with Patients: Database Compared to Your Hospital

Respondent Interaction with Patients	Database Respondents		Your Hospital's Respondents	
	Number	Percent	Number	Percent
YES, have direct patient interaction	143,052	77%	85	85%
NO, do NOT have direct patient interaction	43,658	23%	15	15%
TOTAL	186,710	100%	100	100%
Missing: No answer or not asked the question	9,752		3	
Overall total	196,462		103	

Chapter 3. Comparing Your Hospital's Results Against the Database Hospitals

To compare your hospital's survey results to the results from the database hospitals, we present your hospital's percent positive response on the survey's 42 items and 12 composites against the averages from the 622 comparative database hospitals. The charts and tables presented in this chapter allow you to compare your hospital's results against the database averages, and to examine the percentile scores to place your hospital's results relative to the distribution of database hospitals.

When comparing your hospital's results against results from the database, keep in mind that the database only provides *relative* comparisons. Even though your hospital's survey results may be better than the database statistics, you may still believe there is room for improvement in a particular area within your hospital in an *absolute* sense. As you will notice from the database results, there are some patient safety composites that even the highest-scoring hospitals could improve upon. Therefore, the comparative data provided in this report should be used to supplement your hospital's own efforts toward identifying areas of strength and areas on which to focus patient safety culture improvement efforts.

Statistically “significant” differences between scores. You may be interested in determining the statistical significance of differences between your hospital's scores and the averages in the database, or between scores in various breakout categories (differences in scores by hospital work area/unit, staff position, and interaction with patients) in Appendix A. Statistical significance is greatly influenced by samples sizes, so that as the number of observations in comparison groups gets larger, small differences in scores will end up being statistically significant. While a 1% difference between percent positive scores might be “statistically” significant (that is, not due to chance), the difference is not likely to be meaningful or “practically” significant. Keep in mind that statistically significant differences are not always important, and non-significant differences are not always trivial. Therefore, we recommend the following guideline:

- **Use a 5% difference as a rule of thumb when comparing your hospital's results to the database averages.** Your hospital's percent positive score should be at least 5% higher than the database average to be considered “better,” and should be at least 5% lower to be considered “lower” than the database average. A 5% difference is likely to be statistically significant for most hospitals given the number of responses per hospital, and is also a meaningful difference to consider.

Calculation of Percent Positive Scores

Most of the survey's items ask respondents to answer using 5-point response categories in terms of agreement (Strongly agree, Agree, Neither, Disagree, Strongly disagree) or frequency (Always, Most of the time, Sometimes, Rarely, Never). Three of the 12 patient safety culture composites use the frequency response option (*Feedback and Communication About Error*, *Communication Openness*, and *Frequency of Events Reported*) while the other nine composites use the agreement response option.

Item-level Percent Positive Response. Both positively worded items (such as “People support one another in this work area”) and negatively worded items (such as “We have patient safety problems in this work area”) are included in the survey. Calculating the percent positive response on an item is different for positively and negatively worded items:

- **For positively worded items,** percent positive response is the combined percentage of respondents within a hospital who answered “Strongly agree” or “Agree,” or “Always” or “Most of the time,” depending on the response categories used for the item.

For example, for the item “People support one another in this work area,” if 50% of respondents within a hospital *Strongly agree* and 25% *Agree*, the item-level percent positive response for that hospital would be $50\% + 25\% = 75\%$ positive.

- **For negatively worded items,** percent positive response is the combined percentage of respondents within a hospital who answered “Strongly disagree” or “Disagree,” or “Never” or “Rarely,” since a negative answer on a negatively worded item indicates a positive response.

For example, for the item “We have patient safety problems in this work area,” if 60% of respondents within a hospital *Strongly disagree* and 20% *Disagree*, the item-level percent positive response for that hospital would be $60\% + 20\% = 80\%$ positive (meaning 80% of respondents do not believe they have patient safety problems in their work area).

Composite-level Percent Positive Response. The survey’s 42 items measure 12 areas or composites of patient safety culture. Each of the 12 patient safety culture composites includes 3 or 4 survey items. Composite scores were calculated for each hospital by averaging the percent positive response on the items within a composite. For example, for a 3-item composite, if the item-level percent positive responses were 50%, 55%, and 60%, the hospital’s composite-level percent positive response would be the average of these three percentages or $(50\% + 55\% + 60\%)/3 = 55\%$ positive.² If one or more items in a patient safety culture composite were omitted by a hospital, a composite score was not calculated for that hospital on that composite.

Average Percent Positive Response for Database. Average percent positive scores for each of the 12 patient safety culture composites and for the survey’s 42 items are displayed in the charts in this chapter and are also provided in the comparative results tables. These average percent positive scores for the database were calculated by averaging composite-level percent positive scores across hospitals in the database, as well as averaging item-level percent positive scores across hospitals. Since the percent positive is displayed as an overall

²Note that this method for calculating composite scores is slightly different than the method described in the September 2004 Survey User’s Guide that is part of the original survey toolkit materials on the AHRQ web site. The guide advises computing composites by calculating the overall percent positive across all the items within a composite. The updated recommendation included in this report is to compute item percent positive scores first, and then average the item percent positive scores to obtain the composite score, which gives equal weight to each item in a composite. The Survey User’s Guide will eventually be updated to reflect this slight change in methodology.

average, scores from each hospital are weighted equally in their contribution to the calculation of the average.³

Composite and Item-level Comparative Charts

Composite-level Results

The composite-level results in Chart 3-1 show the average percent positive response for each of the 12 patient safety culture composites across all hospitals in the database compared to the percent positive results for your hospital. The patient safety culture composites are shown in order from the highest average percent positive response to the lowest based on the database results.

Item-level Results

The item-level results in Chart 3-2 (over 4 pages) show the average percent positive response for each of the 42 survey items across all hospitals in the database compared to the percent positive results for your hospital. The survey items are grouped by the patient safety culture composite they are intended to measure. Within each composite, the items are presented in the order in which they appear in the survey.

Results from the item that asked respondents to give their hospital work area/unit an overall grade on patient safety are shown in Chart 3-3. The chart shows the average percent of respondents within each database hospital providing grades from “A-Excellent” to “E-Failing” compared to the response percentages for your hospital.

Results from the item that asked respondents to indicate the number of events they had reported over the past 12 months are shown in Chart 3-4. The chart shows the average percent of respondents within each database hospital who indicated they reported “No event reports” up to “21 or more event reports” compared to the response percentages for your hospital.

³ An alternative method would be to report a straight percent of positive response across all respondents, but this method would give greater weight to respondents from larger hospitals since they account for almost twice as many responses as those from smaller hospitals.

Chart 3-1. Composite-level % Positive Response—Comparative Results

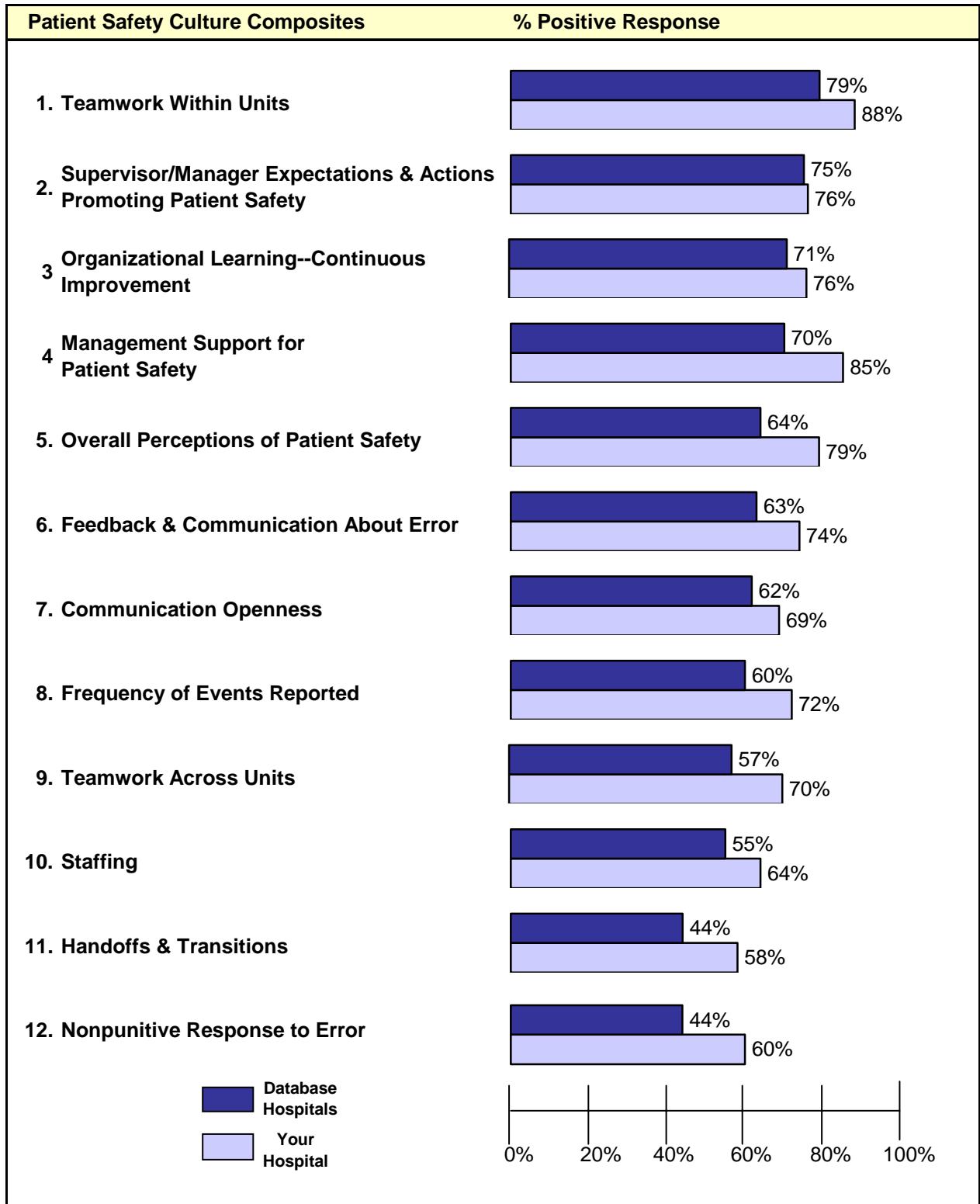
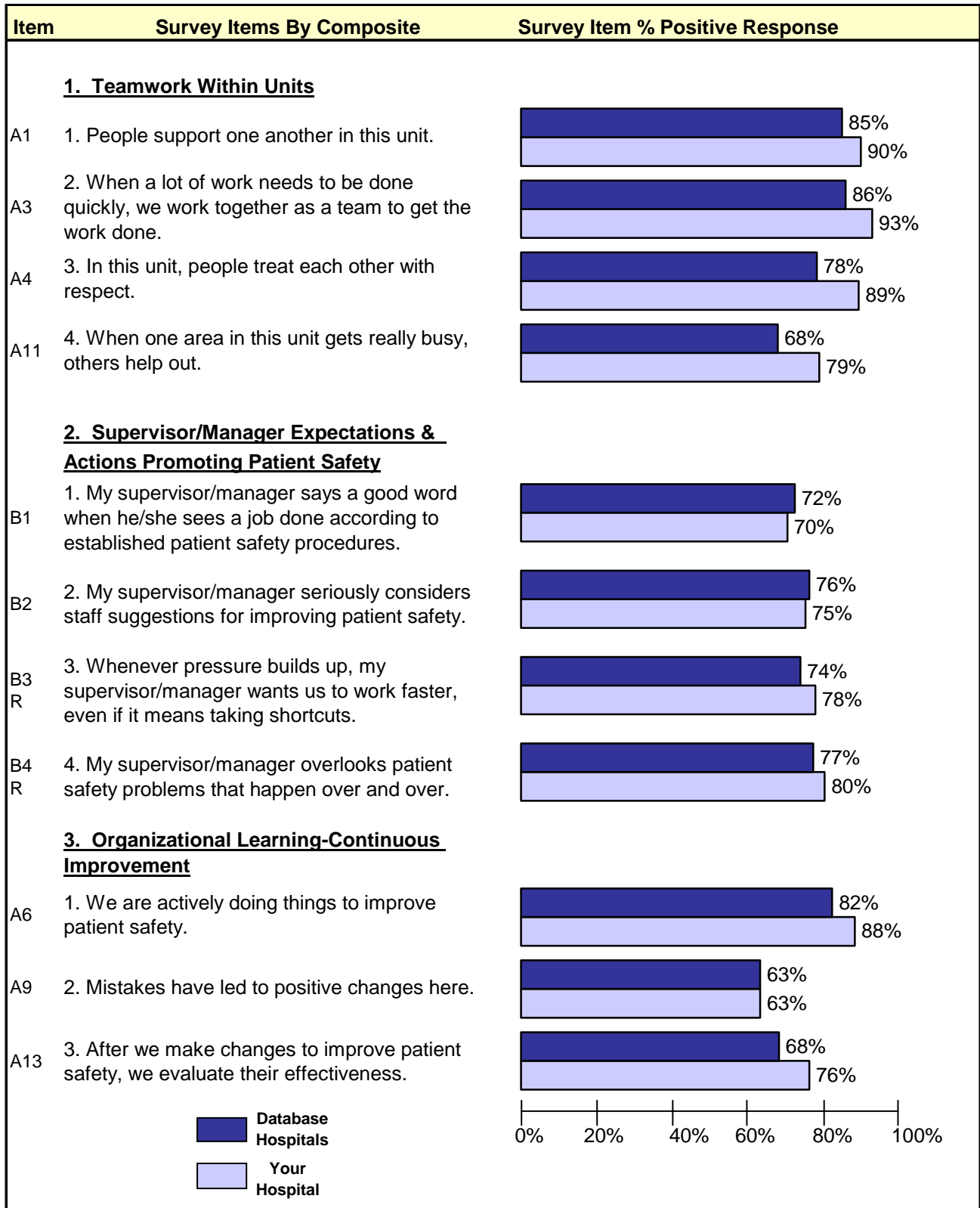
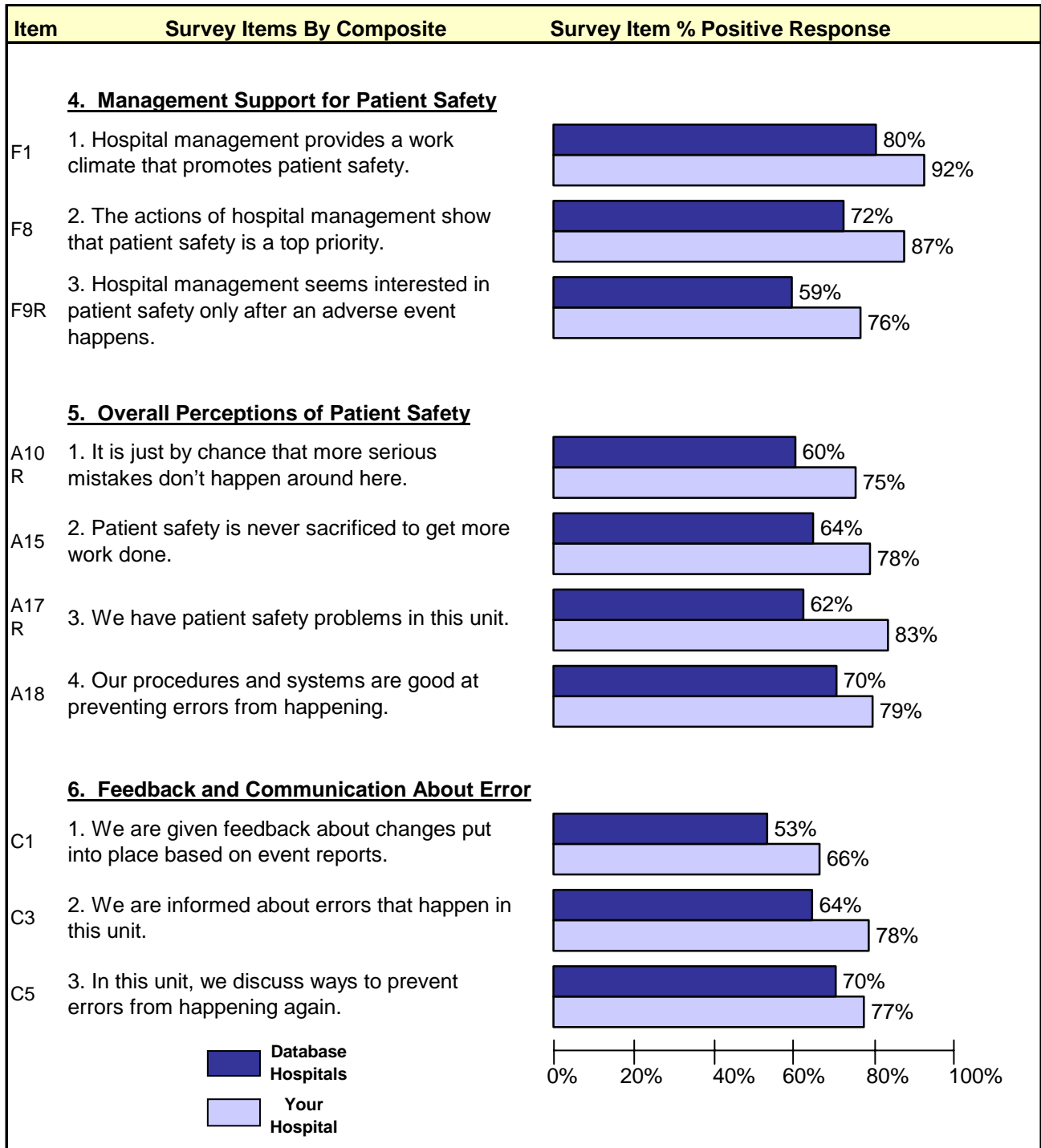


Chart 3-2. Item-level % Positive Response—Comparative Results (Page 1 of 4)



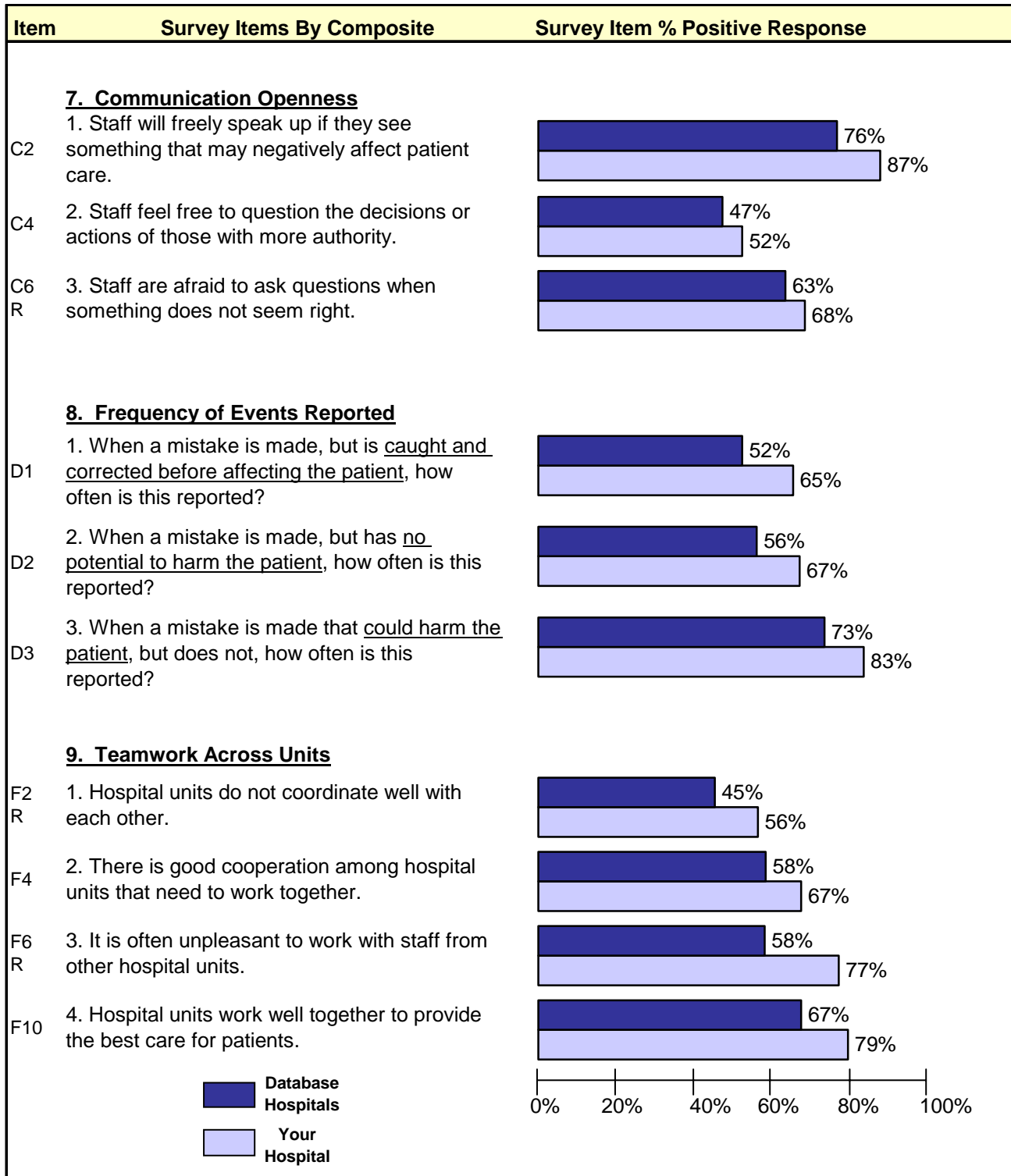
Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 3-2. Item-level % Positive Response—Comparative Results (Page 2 of 4)



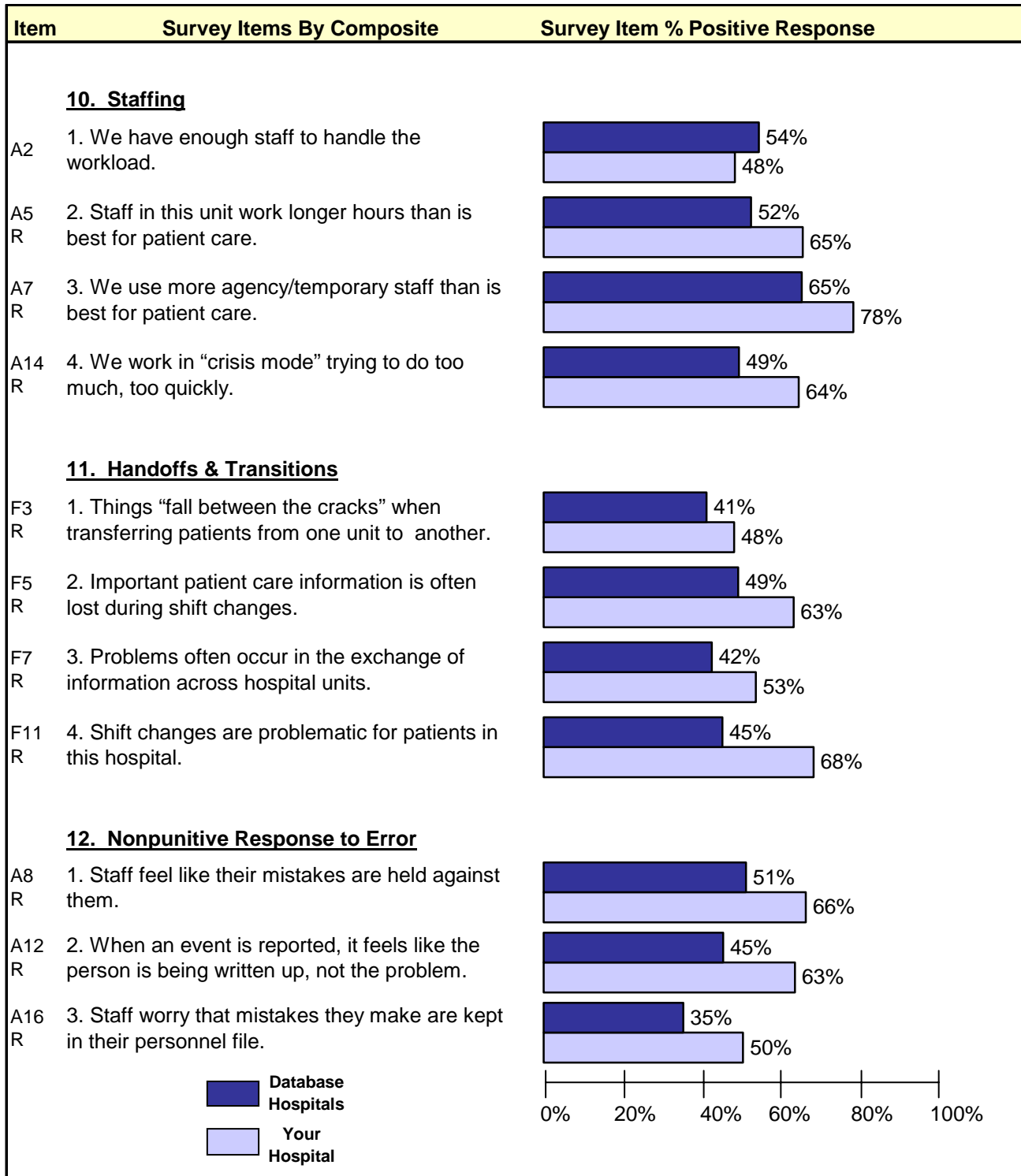
Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 3-2. Item-level % Positive Response—Comparative Results (Page 3 of 4)



Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 3-2. Item-level % Positive Response—Comparative Results (Page 4 of 4)



Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 3-3. Work Area/Unit Patient Safety Grades - Comparative Results

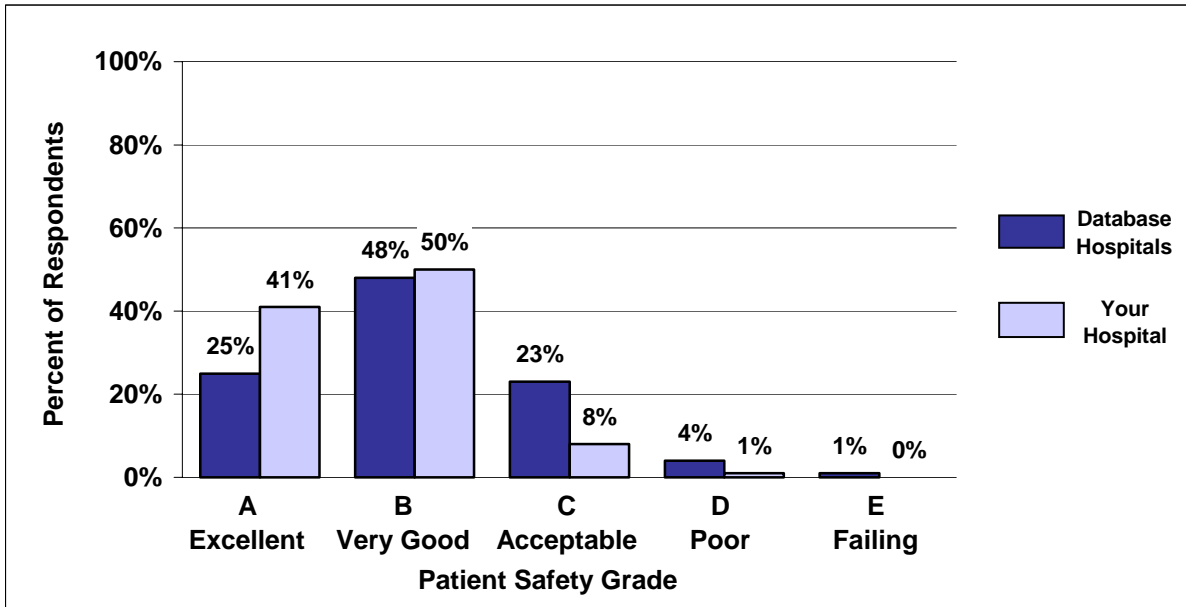
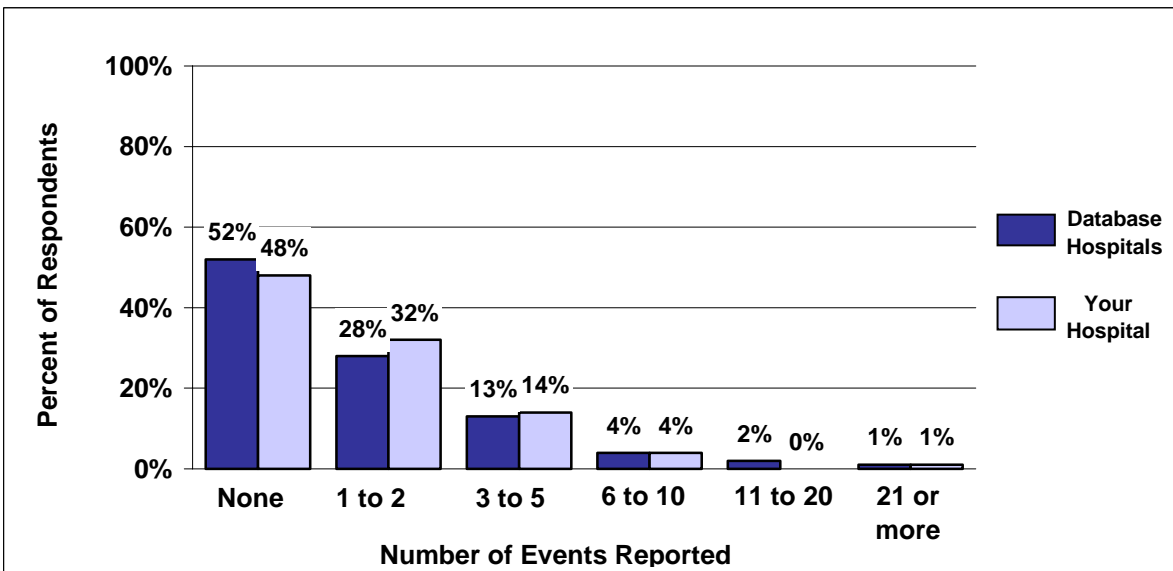


Chart 3-4. Number of Events Reported in Past 12 Months - Comparative Results



Description of Comparative Statistics

This Report for Trending Hospitals presents several statistics to facilitate comparisons against the database hospitals. A description of each statistic shown in the comparative results tables is provided next.

Minimum and Maximum Scores

The minimum (lowest) and maximum (highest) percent positive scores are presented for each composite and item. These scores provide information about the range of percent positive scores obtained by hospitals in the database and are actual scores from the lowest and highest-scoring hospitals. When comparing against the minimum and maximum scores, keep in mind that these scores may represent hospitals that are extreme outliers (indicated by large differences between the minimum and the 10th percentile score, or between the 90th percentile score and the maximum).

Percentiles

The 10th, 25th, 50th (or median), 75th and 90th percentile scores are displayed for the survey composites and items. Percentiles provide information about the distribution of hospital scores. To calculate percentile scores, all hospital percent positive scores were ranked in order from low to high. *A specific percentile score shows the percent of hospitals that scored at or below a particular score.* For example, the 50th percentile, or median, is the percent positive score where 50% of the hospitals scored the same or lower, and 50% of the hospitals scored higher. When the distribution of hospital scores follows a normal, bell-shaped curve (where most of the scores fall in the middle of the distribution with fewer scores at the lower and higher ends of the distribution), the 50th percentile, or median, will be very similar to the average score. Interpret the percentile scores as shown in Table 3-1.

Table 3-1. Interpretation of Percentile Scores

Percentile Score	Interpretation
10th percentile This score represents the lowest scoring hospitals	10% of the hospitals scored the same or lower 90% of the hospitals scored higher
25th percentile This score represents lower-scoring hospitals	25% of the hospitals scored the same or lower 75% of the hospitals scored higher
50th percentile (or median) This score represents the middle of the distribution of hospitals	50% of the hospitals scored the same or lower 50% of the hospitals scored higher
75th percentile This score represents higher-scoring hospitals	75% of the hospitals scored the same or lower 25% of the hospitals scored higher
90th percentile This score represents the highest scoring hospitals	90% of the hospitals scored the same or lower 10% of the hospitals scored higher

To compare against the database percentiles, compare your hospital's percent positive scores against the percentile scores for each composite and item. Look for the highest percentile where your hospital's score is *higher* than that percentile.

For example: On survey item 1 in Table 3-2, the 75th percentile score is 49% positive, and the 90th percentile score is 62% positive.

Table 3-2. Sample Percentile Statistics

Survey Item	Survey Item % Positive Response						
	Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
Item 1	8%	10%	25%	35%	49%	62%	96%

If your hospital's score is 55%, your score falls here: ↑
 If your hospital's score is 65%, your score falls here: ↑

- If your hospital's score on the survey item is 55% positive, it falls above the 75th percentile (but below the 90th), meaning that your hospital scored higher than at least 75% of the hospitals in the database.
- If your hospital's score on the survey item is 65% positive, it falls above the 90th percentile, meaning your hospital scored higher than at least 90% of the hospitals in the database.

Your Hospital's Percent Positive Scores

The average percent positive scores on the composites and items for the database and for your hospital are presented. Your hospital's scores are shown in the far right column in each table, and the database's average scores are shown in the second column from the right.

Composite and Item-level Comparative Tables

Table 3-3 presents comparative statistics (average percent positive, minimum and maximum scores, and percentiles) for each of the 12 patient safety culture composites. The patient safety culture composites are shown in order from the highest average percent positive response to the lowest based on the database results. Your hospital's results are shown in the far right column in each table.

Table 3-4 presents comparative statistics for each of the 42 survey items. The survey items are grouped by the patient safety culture composite they are intended to measure, and within each composite the items are presented in the order in which they appear in the survey.

Comparative statistics for patient safety grade are shown in Table 3-5 and for the number of events reported in the past 12 months in Table 3-6.

Table 3-3. Composite-level Comparative Results for the 2009 Database

Patient Safety Culture Composites	Database Composite % Positive Response							Database Ave % Positive	Your Hospital % Positive
	Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max		
1. Teamwork Within Units	52%	72%	76%	80%	83%	87%	97%	79%	88%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	47%	66%	70%	75%	79%	83%	95%	75%	76%
3. Organizational Learning-Continuous Improvement	39%	61%	66%	71%	76%	80%	94%	71%	76%
4. Management Support for Patient Safety	37%	57%	64%	71%	78%	84%	97%	70%	85%
5. Overall Perceptions of Patient Safety	27%	52%	58%	64%	70%	77%	89%	64%	79%
6. Feedback & Communication About Error	32%	52%	57%	62%	68%	74%	90%	63%	74%
7. Communication Openness	40%	54%	58%	61%	66%	70%	98%	62%	69%
8. Frequency of Events Reported	33%	50%	55%	60%	66%	71%	84%	60%	72%
9. Teamwork Across Units	14%	44%	49%	56%	65%	72%	91%	57%	70%
10. Staffing	25%	42%	48%	54%	62%	69%	87%	55%	64%
11. Handoffs & Transitions	19%	30%	36%	42%	51%	61%	93%	44%	58%
12. Nonpunitive Response to Error	14%	34%	38%	43%	49%	55%	82%	44%	60%

Table 3-4. Item-level Comparative Results for the 2009 Database (Page 1 of 4)

Item	Survey Items By Composite	Database Item % Positive Response							Database Ave % Positive	Your Hospital % Positive
		Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max		
1.	Teamwork Within Units									
A1	1. People support one another in this unit.	45%	77%	82%	86%	89%	93%	100%	85%	90%
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	62%	79%	82%	86%	90%	93%	100%	86%	93%
A4	3. In this unit, people treat each other with respect.	31%	68%	73%	78%	83%	87%	100%	78%	89%
A11	4. When one area in this unit gets really busy, others help out.	26%	58%	63%	68%	73%	79%	97%	68%	79%
2.	Supervisor/Manager Expectations & Actions Promoting Patient Safety									
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	41%	61%	67%	72%	78%	81%	95%	72%	70%
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	41%	66%	71%	76%	82%	86%	100%	76%	75%
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	43%	64%	68%	74%	80%	85%	100%	74%	78%
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	52%	68%	72%	77%	81%	86%	100%	77%	80%
3.	Organizational Learning— Continuous Improvement									
A6	1. We are actively doing things to improve patient safety.	19%	73%	77%	82%	87%	91%	100%	82%	88%
A9	2. Mistakes have led to positive changes here.	33%	53%	57%	63%	68%	74%	100%	63%	63%
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	12%	56%	61%	68%	74%	79%	94%	68%	76%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 3-4. Item-level Comparative Results for the 2009 Database (Page 2 of 4)

Item	Survey Items By Composite	Database Item % Positive Response							Database Ave % Positive	Your Hospital % Positive
		Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max		
4.	Management Support for Patient Safety									
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	30%	67%	73%	80%	87%	91%	100%	80%	92%
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	36%	58%	65%	72%	79%	85%	100%	72%	87%
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	15%	45%	51%	59%	67%	76%	93%	59%	76%
5.	Overall Perceptions of Patient Safety									
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	18%	47%	53%	60%	68%	74%	85%	60%	75%
A15	2. Patient safety is never sacrificed to get more work done.	27%	51%	57%	63%	71%	78%	100%	64%	78%
A17 R	3. We have patient safety problems in this unit.	22%	48%	55%	62%	69%	77%	92%	62%	83%
A18	4. Our procedures and systems are good at preventing errors from happening.	35%	59%	64%	70%	76%	81%	100%	70%	79%
6.	Feedback and Communication About Error									
C1	1. We are given feedback about changes put into place based on event reports.	18%	40%	47%	54%	60%	65%	90%	53%	66%
C3	2. We are informed about errors that happen in this unit.	35%	53%	58%	63%	70%	77%	93%	64%	78%
C5	3. In this unit, we discuss ways to prevent errors from happening again.	33%	59%	65%	70%	76%	82%	100%	70%	77%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 3-4. Item-level Comparative Results for the 2009 Database (Page 3 of 4)

Item	Survey Items By Composite	Database Item % Positive Response							Database Ave % Positive	Your Hospital % Positive
		Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max		
7.	Communication Openness									
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	47%	68%	72%	75%	80%	84%	100%	76%	87%
C4	2. Staff feel free to question the decisions or actions of those with more authority.	26%	37%	42%	46%	52%	58%	94%	47%	52%
C6 R	3. Staff are afraid to ask questions when something does not seem right.	7%	54%	57%	62%	67%	72%	100%	63%	68%
8.	Frequency of Events Reported									
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	25%	40%	45%	52%	58%	64%	81%	52%	65%
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	25%	45%	50%	56%	61%	68%	85%	56%	67%
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	45%	63%	68%	73%	78%	83%	100%	73%	83%
9.	Teamwork Across Units									
F2 R	1. Hospital units do not coordinate well with each other.	5%	29%	35%	43%	53%	61%	91%	45%	56%
F4	2. There is good cooperation among hospital units that need to work together.	11%	43%	49%	57%	67%	74%	93%	58%	67%
F6 R	3. It is often unpleasant to work with staff from other hospital units.	7%	46%	51%	58%	65%	72%	100%	58%	77%
F10	4. Hospital units work well together to provide the best care for patients.	21%	52%	58%	67%	76%	82%	95%	67%	79%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 3-4. Item-level Comparative Results for the 2009 Database (Page 4 of 4)

Item	Survey Items By Composite	Database Item % Positive Response							Database Ave % Positive	Your Hospital % Positive
		Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max		
10. Staffing										
A2	1. We have enough staff to handle the workload.	11%	37%	44%	53%	64%	73%	98%	54%	48%
A5 R	2. Staff in this unit work longer hours than is best for patient care.	9%	40%	45%	51%	58%	65%	87%	52%	65%
A7 R	3. We use more agency/temporary staff than is best for patient care.	0%	50%	57%	65%	73%	78%	100%	65%	78%
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	6%	34%	40%	47%	58%	67%	91%	49%	64%
11. Handoffs & Transitions										
F3 R	1. Things "fall between the cracks" when transferring patients from one unit to another.	13%	25%	30%	38%	49%	60%	91%	41%	48%
F5 R	2. Important patient care information is often lost during shift changes.	19%	37%	41%	48%	55%	63%	91%	49%	63%
F7 R	3. Problems often occur in the exchange of information across hospital units.	0%	28%	33%	40%	48%	59%	100%	42%	53%
F11 R	4. Shift changes are problematic for patients in this hospital.	18%	29%	35%	44%	53%	63%	94%	45%	68%
12. Nonpunitive Response to Error										
A8 R	1. Staff feel like their mistakes are held against them.	18%	40%	45%	50%	58%	63%	88%	51%	66%
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	12%	35%	39%	44%	50%	57%	88%	45%	63%
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	12%	24%	29%	34%	41%	48%	71%	35%	50%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 3-5. Average Distribution of Work Area/Unit Patient Safety Grades—2009 Database Comparative Results

Work Area/Unit Patient Safety Grade	Database Percent of Response								Your Hospital % Response
	Min	10th %ile	25th %ile	50th %ile	75th %ile	90th %ile	Max	Database Average %	
A Excellent	0%	14%	18%	24%	30%	36%	63%	25%	41%
B Very Good	6%	39%	43%	47%	52%	57%	80%	48%	50%
C Acceptable	0%	12%	17%	23%	28%	32%	57%	23%	8%
D Poor	0%	0%	2%	4%	6%	9%	62%	4%	1%
E Failing	0%	0%	0%	0%	1%	2%	18%	1%	0%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Table 3-6. Average Distribution of Number of Events Reported in the Past 12 Months—2009 Database Comparative Results

Number of Events Reported by Respondents	Database Percent of Response								Your Hospital % Response
	Min	10th %ile	25th %ile	50th %ile	75th %ile	90th %ile	Max	Database Average %	
No events	5%	39%	46%	53%	59%	65%	96%	52%	48%
1 to 2 events	4%	21%	24%	27%	31%	36%	63%	28%	32%
3 to 5 events	0%	7%	9%	12%	15%	20%	41%	13%	14%
6 to 10 events	0%	2%	3%	4%	6%	8%	27%	4%	4%
11 to 20 events	0%	0%	1%	1%	2%	4%	17%	2%	0%
21 event reports or more	0%	0%	0%	1%	1%	3%	15%	1%	1%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Chapter 4. Trending: Comparing Your Hospital's Results Over Time

Many hospitals that have administered the hospital patient safety culture survey have indicated that they intend to re-administer the survey on a regular basis to track changes in patient safety culture over time. For the 2009 Comparative Database Report, your hospital and a number of other hospitals that previously administered the survey and submitted data for the 2008 report, also submitted data for the 2009 report based on a follow-up survey of hospital staff. While the overall benchmarks presented earlier in this report reflect only the most recent survey data from all 622 participating hospitals, we have data from two or more administrations of the survey for 204 hospitals, allowing us to examine trends over time for these hospitals. These two survey administrations allow us to examine trends over time for your hospital as well as all the trending hospitals combined. This chapter presents your hospital's results from the trending analyses and allows you to compare your results to the patient safety culture survey results for the 204 trending hospitals combined. Changes in scores of 5% or greater are highlighted.

When reviewing the results in this chapter, it is important to keep in mind that the trending results from these 204 hospitals represent approximately one-third of the total number of database hospitals, and therefore the trending data should be viewed as preliminary. In addition, there are a number of complex reasons why your survey scores or the combined trending hospital's survey scores might change, or not change, over time. Important factors to consider are whether the hospital implemented patient safety initiatives between survey administrations and the length of the time period between administrations. Survey methodology issues can also play a big role in score changes. Low survey response rates for either the previous or most recent administration, changes in the number of staff asked to complete the survey, or changes in the types of staff asked to complete the survey, will make it difficult to interpret changes in scores over time. We provide descriptive information about some of the factors that may have affected changes in scores where possible.

Characteristics of the 204 Trending Hospitals and Your Hospital

Table 4-1 displays summary statistics from the previous and most recent survey administrations from the 204 trending hospitals. As shown in the table, the average number of completed surveys increased in the most recent survey administration (from an average of 320 to 341 respondents). Overall average response rates were similar between previous and most recent administrations. Additional characteristics of the 204 hospitals are below:

Most of the 204 trending hospitals (74%) administered the survey to the same types of staff in their previous and most recent administrations. *Your hospital administered the survey to All Staff or a Sample of All Staff in the previous administration and All Staff or a Sample of All Staff in the most recent administration.*

The average change in response rate from the previous administration was 2% (range: one hospital had a decrease in response rate by 90% and one had an increase by 79%). *Your hospital's change in response rate was 10%.*

The average length of time between previous and most recent survey administrations was 16 months (range: 7 months to 35 months). *Your hospital's length of time between administrations was 12 months, from May 2007 to May 2008.*

Table 4-1. Summary Statistics for Previous and Most Recent Data Submissions from the 204 Trending Hospitals and Your Hospital

Summary Statistic	Database		Your Hospital	
	<u>Previous Survey Administration</u> Submitted for 2007 or 2008 database	<u>Most Recent Survey Administration</u> Submitted for 2009 database	<u>Previous Survey Administration</u> Submitted for 2007 or 2008 database	<u>Most Recent Survey Administration</u> Submitted for 2009 database
Number of completed surveys	65,321 respondents Average per hospital: 320 Range: 13 – 3,865	69,541 respondents Average per hospital: 341 Range: 11 – 3,908	72	103
Hospital response rate	Average: 50% Range: 6 – 100%	Average: 52% Range: 7 – 100%	54%	64%

As shown in Table 4-2, the distribution of trending hospitals by bed size is similar to the distribution of AHA-registered U.S. hospitals, as well as the distribution of database hospitals. Similar to the AHA-registered U.S. hospitals, the largest group of trending hospitals (42 hospitals or 21%) fall in the bed size category of 25 to 49 beds. The majority of the trending hospitals (132 hospitals or 65%) have fewer than 200 beds, which is similar to the percentage of AHA-registered U.S. hospitals with fewer than 200 beds (74%). The trending hospitals, however, disproportionately represent a larger percentage of large hospitals (500 or more beds), with more than twice the percentage of hospitals in comparison to the AHA-registered U.S. hospitals (12 % versus 5%).

Table 4-2. Distribution of 204 Trending Hospitals by Bed Size

Bed Size	204 Trending Hospitals		2009 Database Hospitals		AHA-registered U.S. Hospitals	
	Number	Percent	Number	Percent	Number	Percent
6-24 beds	21	10%	60	10%	607	10%
25-49 beds	42	21%	139	22%	1,374	22%
50-99 beds	37	18%	111	18%	1,329	21%
100-199 beds	32	16%	111	18%	1,341	21%
200-299 beds	22	11%	74	12%	704	11%
300-499 beds	26	13%	78	13%	607	10%
500 or more beds	24	12%	49	8%	318	5%
TOTAL	204	100%	622	100%	6,280	100%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Tables 4-3 and 4-4 show that most of the 204 trending hospitals were non-teaching (71%) and non-government owned and controlled (69%). Again, these distributions vary when compared to the 2009 database overall (69% non-teaching and 22% government-owned) and when compared to AHA hospitals (77% non-teaching and 26% government-owned). Therefore,

the trending hospitals disproportionately represent a larger percentage of non-teaching hospitals and a larger percentage of government-owned hospitals.

Table 4-3. Distribution of 204 Trending Hospitals by Teaching Status

Teaching Status	204 Trending Hospitals		2009 Database Hospitals		AHA-registered U.S. Hospitals	
	Number	Percent	Number	Percent	Number	Percent
Teaching	59	29%	190	31%	1,442	23%
Non-teaching	145	71%	432	69%	4,838	77%
TOTAL	204	100%	622	100%	6,280	100%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Table 4-4. Distribution of 204 Trending Hospitals by Ownership and Control

Ownership and Control	204 Trending Hospitals		2009 Database Hospitals		AHA-registered U.S. Hospitals	
	Number	Percent	Number	Percent	Number	Percent
Government (Federal or non-Federal)	63	31%	139	22%	1,645	26%
Non-government (voluntary/nonprofit or proprietary/investor-owned)	141	69%	483	78%	4,635	74%
TOTAL	204	100%	622	100%	6,280	100%

Description of Trending Statistics

Before presenting results on the changes in survey scores over time, we provide an explanation of the trending statistics that are presented. Table 4-5a shows examples of the statistics shown in this chapter. The tables show the average percent of respondents who answered positively in the most recent survey administration (left column) and the previous administration (middle column) for the 204 trending hospitals. The change over time [Most Recent score minus (-) Previous score] is shown in the right column as a negative number if the most recent administration showed a decline, or a positive number if the most recent administration showed an increase. Your hospital's data will appear in the same format in the three columns on the far right side of the table. Changes in scores of 5 percent or greater, whether positive or negative, are bolded.

Table 4-5a. Example of Trending Statistics

Survey Item	Most Recent	Previous	Change
Item 1	80%	84%	-4%
Item 2	80%	78%	2%

Table 4-5b shows additional trending statistics that are provided. The maximum increase and maximum decrease show the scores for the hospitals with the largest average percent positive score increase and the hospitals with the largest decrease. The average increase and decrease of percent positive scores across the 204 trending hospitals is also shown. The average increase was calculated by only including hospitals that had an increase in their most recent score; hospitals that showed no change or decreased were not included when calculating the average increase. Similarly, the average decrease was calculated by only

including hospitals that had a decrease in their most recent score; hospitals that showed no change or increased were not included when calculating the average decrease.

Table 4-5b. Example of Other Trending Statistics

Survey Item	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease
Item 1	18%	-45%	3%	-5%
Item 2	21%	-19%	5%	-6%

The pie charts in Charts 4-1, 4-2, and 4-3 show the percent of the 98 trending hospitals that increased or decreased 5% or more on the composites, patient safety grades, and events reported respectively. The percent of hospitals that increased or decreased less than 5% are represented as “Did not change.” At the bottom of each pie chart, your hospital’s status (i.e., increased, decreased, or did not change) is shown.

Composite and Item-level Trending Results

Table 4-6 presents trending results showing average percent positive scores on each of the 12 patient safety culture composites for your hospital as well as for the 204 trending hospitals. Percent positive scores for the most recent and previous data administration/submission are shown, and so are the change over time, the hospital scores with the maximum increase and maximum decrease, and the average increase and decrease over time across the 204 hospitals. Your hospital’s information is shown in the three columns on the far right side of the table. Table 4-6 also shows that there was a slight overall increase in the average change in percent positive scores over time on the patient safety culture composites (average 2%, ranging from 1% to 3% change). For hospitals with increases in scores over time, average increases ranged from 5% to 8%. For hospitals with decreases in scores, average decreases ranged from -4% to -6%.

The item-level trending results in Table 4-7 show that the average change in item-level percent positive scores over time on the patient safety culture items ranged from a 1% increase to a 4% increase. For hospitals with increases in item scores over time, average increases ranged from 6% to 10%. For hospitals with decreases in item scores, average decreases ranged from -4% to -9%.

Trending results from the item that asks respondents to give their hospital work area/unit an overall grade on patient safety are shown in Table 4-8. The average percent of respondents giving their work area/unit a patient safety grade of “A-Excellent” and “B-Very Good” increased over time by 4%.

Trending results from the item that asked respondents to indicate the number of events they had reported over the past 12 months are shown in Table 4-9. The average percent of respondents reporting one or more events increased slightly over time by 2%.

NOTE: Changes in scores of 5% or greater, whether positive or negative, are bolded.

Table 4-6. Trending: Composite-level Comparative Results

Patient Safety Culture Composites	Database: % Positive Response*						Your Hospital: % Positive Response			
	Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
1. Teamwork Within Units	79%	77%	2%	64%	-14%	7%	-4%	88%	89%	-1%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	75%	74%	1%	39%	-19%	5%	-5%	76%	86%	-10%
3. Organizational Learning-Continuous Improvement	72%	69%	3%	61%	-17%	8%	-5%	76%	87%	-11%
4. Management Support for Patient Safety	71%	69%	2%	52%	-24%	8%	-6%	85%	81%	4%
5. Overall Perceptions of Patient Safety	65%	62%	3%	44%	-27%	7%	-6%	79%	72%	7%
6. Feedback & Communication About Error	63%	61%	2%	48%	-22%	7%	-5%	74%	76%	-2%
7. Communication Openness	62%	60%	2%	38%	-23%	7%	-5%	69%	70%	-1%
8. Frequency of Events Reported	61%	59%	2%	37%	-28%	7%	-6%	72%	81%	-9%
9. Teamwork Across Units	58%	56%	2%	31%	-18%	7%	-5%	70%	72%	-2%
10. Staffing	55%	53%	2%	31%	-18%	6%	-6%	64%	54%	10%
11. Handoffs & Transitions	45%	44%	1%	41%	-29%	6%	-6%	58%	61%	-3%
12. Nonpunitive Response to Error	45%	43%	2%	25%	-15%	5%	-5%	60%	52%	8%

Note: Based on data from 204 hospitals that repeated survey administration and data submission; the number of respondents was 69,541 in the most recent database and 65,321 in the previous database.

Table 4-7. Trending: Item-level Comparative Results (Page 1 of 4)

		Database: % Positive Response*						Your Hospital: % Positive Response			
Item	Survey Items By Composite	Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
1. Teamwork Within Units											
A1	1. People support one another in this unit.	85%	82%	3%	75%	-18%	8%	-4%	90%	93%	-3%
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	86%	84%	2%	72%	-24%	8%	-4%	93%	90%	3%
A4	3. In this unit, people treat each other with respect.	77%	75%	2%	60%	-23%	8%	-5%	89%	92%	-3%
A11	4. When one area in this unit gets really busy, others help out.	69%	66%	3%	48%	-19%	8%	-5%	79%	82%	-3%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety											
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	72%	69%	3%	55%	-20%	10%	-5%	70%	82%	-12%
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	77%	74%	3%	62%	-23%	8%	-5%	75%	88%	-13%
B3R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	75%	73%	2%	51%	-20%	7%	-5%	78%	80%	-2%
B4R	4. My supv/mgr overlooks patient safety problems that happen over and over.	77%	74%	3%	60%	-22%	7%	-5%	80%	92%	-12%
3. Organizational Learning—Continuous Improvement											
A6	1. We are actively doing things to improve patient safety.	82%	80%	2%	81%	-25%	8%	-5%	88%	97%	-9%
A9	2. Mistakes have led to positive changes here.	64%	61%	3%	62%	-22%	9%	-6%	63%	77%	-14%
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	69%	66%	3%	60%	-25%	9%	-6%	76%	87%	-11%

* Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database, but the exact number of respondents will vary from item to item. The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 4-7. Trending: Item-level Comparative Results (Page 2 of 4)

Item	Survey Items By Composite	Database: % Positive Response*						Your Hospital: % Positive Response			
		Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
4.	Management Support for Patient Safety										
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	80%	78%	2%	62%	-32%	9%	-7%	92%	90%	2%
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	73%	70%	3%	65%	-18%	9%	-6%	87%	84%	3%
F9R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	60%	58%	2%	36%	-27%	8%	-7%	76%	68%	8%
5.	Overall Perceptions of Patient Safety										
A10R	1. It is just by chance that more serious mistakes don't happen around here.	60%	59%	1%	33%	-43%	8%	-8%	75%	72%	3%
A15	2. Patient safety is never sacrificed to get more work done.	65%	63%	2%	42%	-19%	9%	-6%	78%	68%	10%
A17R	3. We have patient safety problems in this unit.	62%	61%	1%	41%	-46%	8%	-9%	83%	71%	12%
A18	4. Our procedures and systems are good at preventing errors from happening.	71%	67%	4%	63%	-21%	8%	-6%	79%	78%	1%
6.	Feedback and Communication About Error										
C1	1. We are given feedback about changes put into place based on event reports.	53%	52%	1%	47%	-32%	8%	-7%	66%	61%	5%
C3	2. We are informed about errors that happen in this unit.	65%	63%	2%	47%	-26%	8%	-6%	78%	79%	-1%
C5	3. In this unit, we discuss ways to prevent errors from happening again.	70%	69%	1%	53%	-26%	9%	-6%	77%	89%	-12%

* Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database, but the exact number of respondents will vary from item to item. The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 4-7. Trending: Item-level Comparative Results (Page 3 of 4)

Item	Survey Items By Composite	Database: % Positive Response*						Your Hospital: % Positive Response			
		Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
7.	Communication Openness										
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	75%	74%	1%	60%	-23%	8%	-5%	87%	86%	1%
C4	2. Staff feel free to question the decisions or actions of those with more authority.	47%	46%	1%	27%	-28%	8%	-6%	52%	51%	1%
C6R	3. Staff are afraid to ask questions when something does not seem right.	62%	61%	1%	39%	-28%	8%	-6%	68%	74%	-6%
8.	Frequency of Events Reported										
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	54%	51%	3%	37%	-34%	8%	-7%	65%	71%	-6%
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	57%	55%	2%	36%	-21%	8%	-6%	67%	80%	-13%
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	74%	72%	2%	43%	-29%	8%	-5%	83%	91%	-8%
9.	Teamwork Across Units										
F2R	1. Hospital units do not coordinate well with each other.	46%	44%	2%	45%	-46%	8%	-7%	56%	64%	-8%
F4	2. There is good cooperation among hospital units that need to work together.	59%	57%	2%	36%	-25%	8%	-6%	67%	69%	-2%
F6R	3. It is often unpleasant to work with staff from other hospital units.	58%	56%	2%	33%	-26%	8%	-6%	77%	74%	3%
F10	4. Hospital units work well together to provide the best care for patients.	68%	66%	2%	47%	-22%	8%	-6%	79%	81%	-2%

* Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database, but the exact number of respondents will vary from item to item. The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 4-7. Trending: Item-level Comparative Results (Page 4 of 4)

Item	Survey Items By Composite	Database: % Positive Response*						Your Hospital: % Positive Response			
		Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
10.	Staffing										
A2	1. We have enough staff to handle the workload.	54%	53%	1%	33%	-30%	9%	-8%	48%	44%	4%
A5R	2. Staff in this unit work longer hours than is best for patient care.	52%	51%	1%	32%	-31%	7%	-7%	65%	47%	18%
A7R	3. We use more agency/temporary staff than is best for patient care.	65%	62%	3%	64%	-37%	10%	-7%	78%	77%	1%
A14R	4. We work in "crisis mode" trying to do too much, too quickly.	50%	48%	2%	34%	-42%	8%	-6%	64%	48%	16%
11.	Handoffs & Transitions										
F3R	1. Things "fall between the cracks" when transferring patients from one unit to another.	42%	41%	1%	45%	-38%	7%	-6%	48%	58%	-10%
F5R	2. Important patient care information is often lost during shift changes.	50%	48%	2%	37%	-28%	8%	-7%	63%	61%	2%
F7R	3. Problems often occur in the exchange of information across hospital units.	43%	42%	1%	54%	-35%	7%	-7%	53%	58%	-5%
F11R	4. Shift changes are problematic for patients in this hospital.	46%	45%	1%	29%	-31%	7%	-8%	68%	67%	1%
12.	Nonpunitive Response to Error										
A8R	1. Staff feel like their mistakes are held against them.	52%	50%	2%	34%	-20%	6%	-5%	66%	53%	13%
A12R	2. When an event is reported, it feels like the person is being written up, not the problem.	46%	43%	3%	33%	-25%	7%	-6%	63%	56%	7%
A16R	3. Staff worry that mistakes they make are kept in their personnel file.	36%	34%	2%	28%	-24%	6%	-5%	50%	48%	2%

* Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database, but the exact number of respondents will vary from item to item. The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table 4-8. Trending: Average Distribution of Work Area/Unit Patient Safety Grades

Work Area/Unit Patient Safety Grade	Database: Average Percent of Respondents							Your Hospital: Average Percent of Respondents		
	Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
A Excellent	25%	22%	3%	25%	-27%	7%	-5%	41%	27%	14%
B Very Good	47%	46%	1%	74%	-42%	8%	-6%	50%	63%	-13%
C Acceptable	23%	24%	-1%	16%	-30%	4%	-7%	8%	10%	-2%
D Poor	5%	6%	-1%	44%	-51%	3%	-5%	1%	0%	1%
E Failing	1%	1%	0%	18%	-20%	1%	-2%	0%	0%	0%

Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database. Average percent positive totals in the table may not sum to exactly 100% due to rounding of decimals.

Table 4-9. Trending: Average Distribution of Number of Events Reported in the Past 12 Months

Number of Events Reported by Respondents	Database: Average Percent of Respondents							Your Hospital: Average Percent of Respondents		
	Most Recent	Previous	Change	Maximum Increase	Maximum Decrease	Average Increase	Average Decrease	Most Recent	Previous	Change
No events	52%	54%	-2%	24%	-45%	5%	-9%	48%	45%	3%
1 to 2 events	28%	26%	2%	28%	-25%	6%	-5%	32%	24%	8%
3 to 5 events	13%	12%	1%	32%	-19%	4%	-4%	14%	21%	-7%
6 to 10 events	4%	5%	-1%	12%	-13%	2%	-2%	4%	6%	-2%
11 to 20 events	2%	2%	0%	17%	-8%	2%	-1%	0%	3%	-3%
21 event reports or more	1%	1%	0%	7%	-6%	1%	-1%	1%	1%	0%

Note: Based on data from 204 hospitals that repeated survey administration and data submission. The overall number of respondents was 69,541 in the most recent database and 65,321 in the previous database. Average percent positive totals in the table may not sum to exactly 100% due to rounding of decimals.

Pie Charts of Trending Results

The pie charts in Chart 4-1 show the percentages of hospitals that increased, decreased, or did not change by 5% or more on the 12 patient safety culture composites. These charts show that:

- The composite with the largest percentage of hospitals that increased 5% or more was *Overall Perceptions of Patient Safety* (37% of trending hospitals increased by at least 5%).
- The composite with the largest percentage of hospitals that decreased 5% or more was *Organizational Learning-Continuous Improvement* (22% of trending hospitals decreased by at least 5%).

Chart 4-2 displays results for the percent of hospitals that increased, decreased, or did not change by 5% or more on the percent of respondents providing patient safety grades of “A-Excellent” or “B-Very Good” and shows that:

- 38% of hospitals increased by 5% or more;
- 41% of hospitals had changes of less than 5%; and
- 21% of hospitals decreased by 5% or more.

Chart 4-3 displays results for the percent of hospitals that increased, decreased, or did not change by 5% or more on the percent of respondents reporting one or more events and shows that:

- 32% of hospitals increased by 5% or more;
- 46% of hospitals had changes of less than 5%; and
- 23% of hospitals decreased by 5% or more

Your hospital’s results are shown at the bottom of each pie chart and are compared to the trending hospitals.

Additional Trending Analyses

The following sections present quantitative and qualitative data on changes in patient safety culture over time. The quantitative data includes questionnaire data on actions taken by the trending hospitals to improve their patient safety culture, as well as correlational analyses of the actions taken with changes to *Hospital Survey on Patient Safety Culture (HSOPS)* scores. The qualitative data consists of findings from nine interviews conducted with trending hospital staff and suggest explanations for increases and decreases hospitals’ HSOPS scores.

Actions Taken by the Trending Hospitals

One hundred and sixty-five of the 204 trending hospitals (that administered the patient safety culture survey and submitted data more than once) provided basic information about the types of patient safety actions they had taken in between their previous and most recent survey administrations.

Most of the trending hospitals (153 hospitals or 93 percent) reported that they had shared their previous survey results with hospital administrators. In addition, 76 percent (125 hospitals) reported they had also shared their previous survey results with hospital staff, but fewer had shared the results with their Board of Directors (100 hospitals or 61 percent) or with physicians (100 hospitals or 61 percent). Table 7-10 shows the percentages of trending hospitals that reported they had implemented various types of actions. The action most frequently taken was implementing SBAR (95 hospitals or 58 percent). About 10 percent (17 hospitals) indicated they had developed action plans but had not implemented them yet.

Most of the trending hospitals (151 hospitals or 92 percent) indicated they had implemented more than one action. Hospitals described the types of “other” actions implemented, such as: Patient Safety Champion/Representative programs; color-coded wristbands; hand hygiene programs; electronic medical record; medication error reduction strategies; and many other actions. Given that the average length of time between survey administrations was 16 months, it appears that the trending hospitals were able to begin implementation of these activities within a relatively short period of time after their previous survey administration.

Table 4-10. Types of Patient Safety Actions Taken by the 2009 Trending Hospitals

Type of Action Taken	2009 Trending Hospitals*	
	Number	Percent
Implemented SBAR Communication (Situation-Background-Assessment-Recommendation)	95	58%
Made changes to policies/procedures	92	56%
Implemented patient safety walkarounds	84	51%
Conducted training	81	49%
Improved compliance with Joint Commission National Patient Safety Goals	65	39%
Conducted chart audits	63	38%
Improved fall prevention program	62	38%
Other action taken	59	36%
Conducted root cause analysis	58	35%
Improved error reporting system	54	33%
Purchased new hospital equipment	52	32%
Held education/patient safety fair for staff	48	29%
Formed a committee	42	25%
Conducted follow-up interviews/focus groups	29	18%
Implemented patient safety bulletin board/ suggestion box/hotline	24	15%
Implemented "Ticket to Ride" communication tool to reduce handoff risk	19	12%
Developed action plans but have not implemented them yet	17	10%
Implemented patient safety briefing(s)	16	10%
Implemented TeamSTEPPS	8	5%

*Only 165 of the 204 trending hospitals provided information about patient safety actions they had taken.

Correlational Analyses

To explore potential reasons why some hospitals had increases in their patient safety culture scores over time, we examined the relationship between hospital characteristics-- such as bed size, ownership, and teaching status--and changes in patient safety culture scores over time. Relationships were examined by calculating correlations between hospital characteristics and the number of composites increasing by 5 percent or more per hospital. In addition, hospital characteristics were correlated with the percent change in respondents giving their hospital a patient safety grade of 'Excellent' or 'Very Good' and the percent change in respondents reporting one or more events. Correlations (*r*) are a type of statistic that convey the extent to which two variables have a linear relationship. Correlations range from a low of 0 to a high of 1.00 and can be either positive or negative. The closer the correlation is to 1.00 (or -1.00), the greater the degree of association between the variables. A correlation is considered statistically significant or not due to chance when the p-value is less than .05 ($p < .05$).

The following relationships were found between hospital characteristics and changes in patient safety culture scores. These findings should be considered preliminary, as they are based on a relatively small sample of 204 trending hospitals.

- The smaller the hospital bed size, the greater the number of patient safety culture composites that increased by at least 5 percent (correlation: $r = -.21, p < .05$) and the greater the increase in respondents reporting one or more events ($r = -.19, p < .05$).
- Non-teaching hospitals tended to increase by 5 percent or more on the composites than teaching hospitals ($r = .15, p < .05$) and tended to have greater increases in respondents reporting one or more events than teaching hospitals ($r = .17, p < .05$).
- Government hospitals tended to have greater increases in respondents giving their hospital a patient safety grade of 'Excellent' or 'Very Good' ($r = .17, p < .05$), and respondents reporting one or more events ($r = .20, p < .05$) than non-government hospitals.

We also examined whether hospitals that improved on *Nonpunitive Response to Error* also had increases in the number of respondents who reported at least one event in the past 12 months. This finding was supported; hospitals that increased their percent positive score on *Nonpunitive Response to Error* also tended to have an increase in the number of respondents who reported at least one event in the past 12 months (correlation: $r = .14, p < .05$).

Interview Findings

To gain a better understanding of changes in patient safety culture and patient care practices over time, HSOPS project team members conducted hour-long telephone interviews with staff from nine hospitals that administered the HSOPS more than once. Six of the hospitals experienced notable increases in their scores, and three hospitals experienced notable decreases. Most interview participants were quality/risk managers, and one was a chief executive officer. The nine hospitals varied with respect to system affiliation, bed size, teaching status, ownership, and geographic region.

Explanations for notable increases in HSOPS scores. During the interviews, participants were asked why their hospitals' HSOPS scores increased. Some participants mentioned specific actions including implementing the SBAR communication tool for unit-to-unit transfers, hiring a consultant group to work with department directors on targeted patient safety problems, addressing staffing requirements such as filling nursing vacancies and improving patient/staff ratios, and using and displaying scorecards to monitor progress on hospital initiatives. Generally, various themes emerged from their responses. These themes are shared here, along with participants' comments about actions taken by their hospitals to improve patient safety culture and safe patient care practices. Four main themes emerged from those hospitals with notable increases in their HSOPS scores.

Theme 1: Hospitals improved their communication between management and staff on patient safety.

Sample Actions and Illustrative Quotes

- Conducted walkarounds to learn about staff concerns about patient safety
- Focused on patient safety during staff meetings
 - One participant attributed her hospital's improvement to *"the engagement of our department heads and nursing coordinators in making sure patient safety culture is on everyone's mind."*
- Started conducting monthly staff meetings
- Implemented Open Book Management and participated in biweekly "huddles" to review the hospital budget, financial statements, and discuss patient safety issues and concerns
 - *"Open Book Management has had the biggest impact of all their initiatives...affected everything we do...employees are much more aware."*

Theme 2: Hospitals focused on improving error reporting systems, responding appropriately to reports, and applying nonpunitive "Just Culture" principles.

Sample Actions and Illustrative Quotes

- Educated hospital leaders on making error reporting anonymous, easy, and convenient
 - *"When we went from a paper system to an electronic system, our reporting increased about 40 percent – part of it was education, because we had to do a lot of education as we rolled out the electronic system – part of it...is because it's very easy."*
- Set up a hotline for reporting errors and developed anonymous reporting forms for medical errors
 - *"We got management to buy into that it was okay for a staff person to not provide their name, so they wouldn't be afraid to report."*
- Trained staff to use the new reporting systems
- Provided training on "Just Culture" and taught managers to use an algorithm when examining patient safety error incidents
 - *"The algorithm helps management more than anything else."*

Theme 3: Hospitals engaged staff in developing solutions to patient safety problems.

Sample Actions and Illustrative Quotes

- Directly involved staff in designing solutions to handoff problems
- Started an employee engagement committee that includes senior leaders
- Instituted nursing peer review to promote open communication
 - *"I personally think it is a combination of the employee engagement committee where employees have a voice. I think it's the peer review...having peers to go to, to voice your concerns."*
- Assigned staff to a scheduling team to accommodate staff preferences
- Allocated resources for safety needs identified by staff—for example, buying safer beds

Theme 4: Hospitals developed, implemented, and monitored action plans, in some cases focusing on specific survey items.

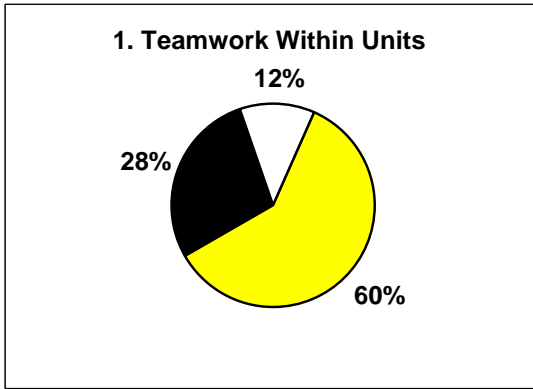
Sample Action

- Charged department managers with developing and implementing an annual action plan and held them accountable

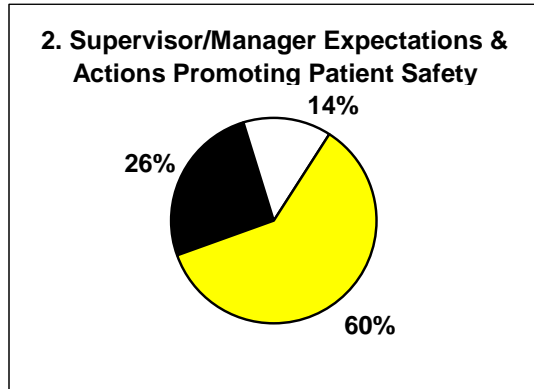
Explanations for notable decreases in HSOPS scores. Hospital participants provided the following explanations as possible reasons for decreases in their HSOPS scores in their most recent administration of the survey.

- Experienced issues among staff with specific managers and management styles, especially regarding managers' response to incident reports and lack of follow up on staff feedback
 - *“They felt like the managers really didn't act on them [incident reports] or hear them or do anything about them...”*
- Had contracting issues and high turnover for managers and frontline staff – staff have had to get used to new unit managers; some new managers were not familiar with hospital policies on “Just Culture”
- Needed to temporarily shut down hospital services because contract and financial constraints led to a large shortage of professional providers
 - *“The staffing issue came up as part of contract problems. We're in a fairly isolated area, and we have a vacancy rate in the professional provider staff of about 40%. During this time frame we also changed financial management systems. We're not able to hire contractors with the speed that we had in the past. We ended up running very short and ended up closing beds and shutting services down for about an 18-month period.”*
- Drilled down in the survey data and observed that scores were lower for larger than smaller units – attributed the lower scores to less frequent and personal communications, weaker sense of accountability to coworkers
- Were in the middle of union negotiations and staff were feeling hostile
- Struggled with organizational learning - how much information can be fed back to staff given confidentiality requirements and concerns?
 - *“As we run into significant adverse events for patients, how much do we feed the information back to frontline staff? Where's that line of keeping it confidential yet sharing our learnings with staff?”*

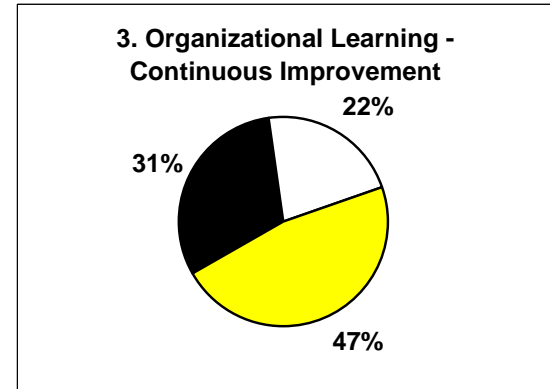
Chart 4-1. Trending: Percentage of Hospitals that Increased, Decreased, or Did Not Change by 5 Percent at Composite Level (Page 1 of 2)



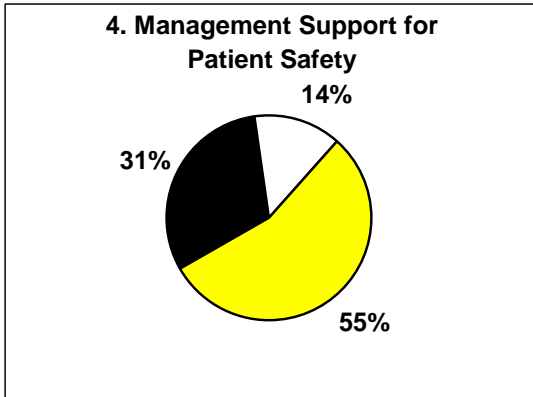
Most Trending Hospitals: Did not change
Your Hospital: Did Not Change



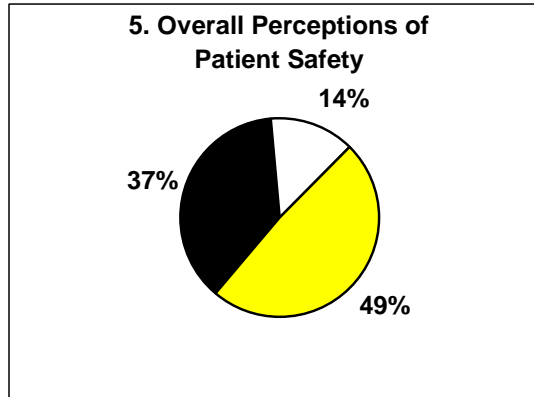
Most Trending Hospitals: Did not change
Your Hospital: Decreased 5% or more



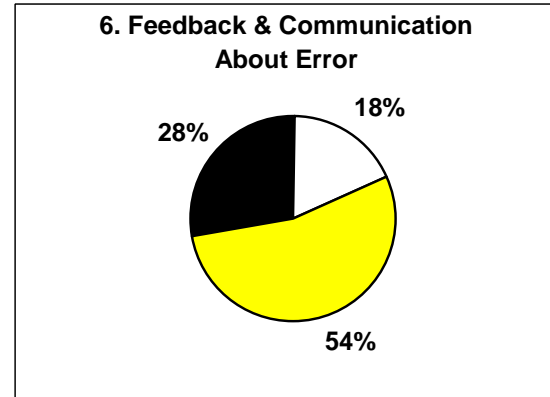
Most Trending Hospitals: Did not change
Your Hospital: Decreased 5% or more



Most Trending Hospitals: Did not change
Your Hospital: Did Not Change

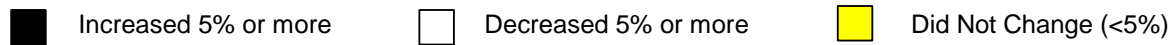


Most Trending Hospitals: Did not change
Your Hospital: Increased 5% or more



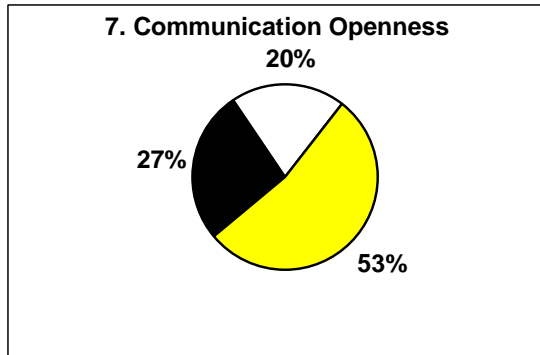
Most Trending Hospitals: Did not change
Your Hospital: Did Not Change

Percentage of Hospitals that:

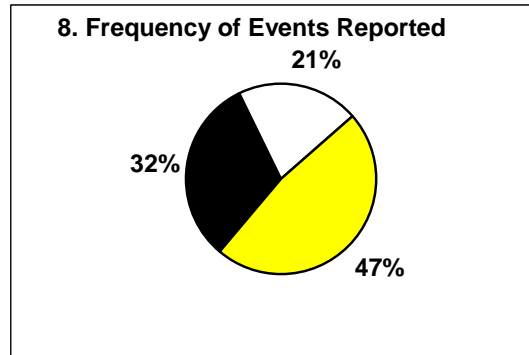


Note: Based on 204 hospitals that repeated survey administration and data submission.

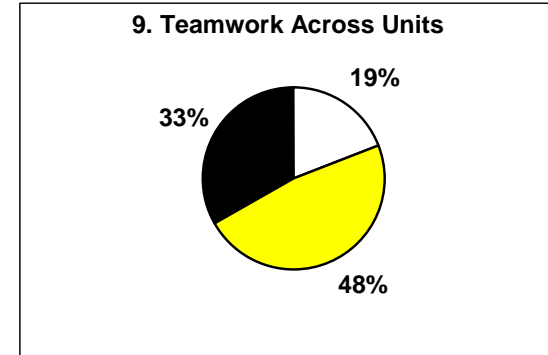
Chart 4-1. Trending: Percentage of Hospitals that Increased, Decreased, or Did Not Change by 5 Percent at Composite Level (Page 2 of 2)



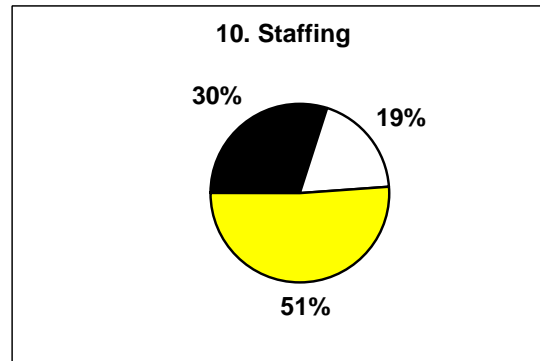
Most Trending Hospitals: Did not change
Your Hospital: Did Not Change



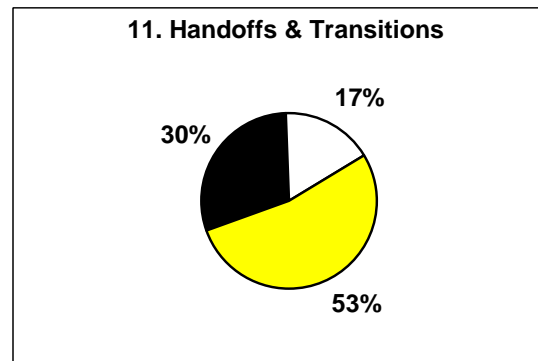
Most Trending Hospitals: Did not change
Your Hospital: Decreased 5% or more



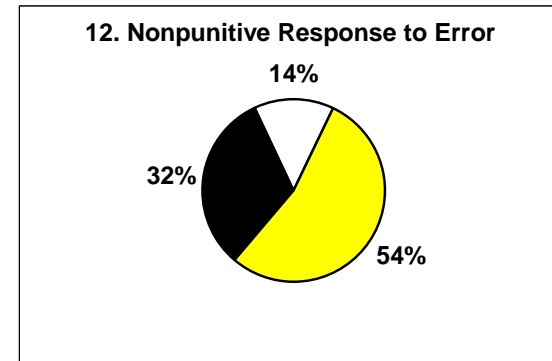
Most Trending Hospitals: Did not change
Your Hospital: Did Not Change



Most Trending Hospitals: Did not change
Your Hospital: Increased 5% or more

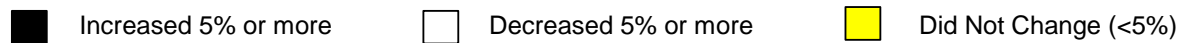


Most Trending Hospitals: Did not change
Your Hospital: Did Not Change



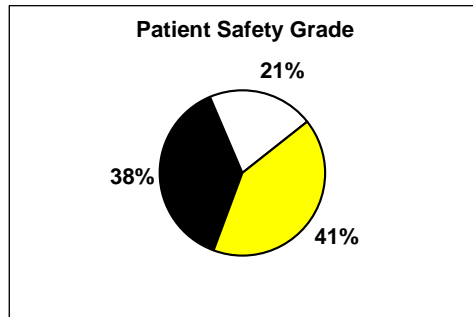
Most Trending Hospitals: Did not change
Your Hospital: Increased 5% or more

Percentage of Hospitals that:



Note: Based on 204 hospitals that repeated survey administration and data submission.

Chart 4-2. Trending: Percentage of Hospitals that Increased, Decreased, or Did Not Change by 5 Percent on Work Area/Unit Patient Safety Grade



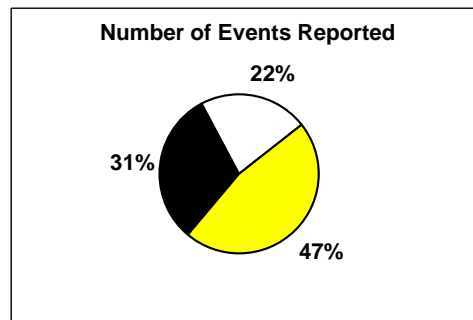
Most Trending Hospitals: Did not change
Your Hospital: Did Not Change

Percentage of Hospitals that:

- Increased 5% or more
- Decreased 5% or more
- Did Not Change (<5%)

Note: When determining change over time, percentages for patient safety grades “Excellent” and “Very Good” were combined.

Chart 4-3. Trending: Percentage of Hospitals that Increased, Decreased, or Did Not Change by 5 Percent on Number of Events Reported



Most Trending Hospitals: Did not change
Your Hospital: Did Not Change

Percentage of Hospitals that:

- Increased 5% or more
- Decreased 5% or more
- Did Not Change (<5%)

Note: When determining change over time, percentages of respondents who reported 1 or more events over the past 12 months were combined.

Chapter 5. What's Next? Action Planning for Improvement

After the initial release of the *Hospital Survey on Patient Safety Culture* in November of 2004, AHRQ held a series of national conference calls to provide technical assistance and guidance to hospitals interested in administering the survey. The seven steps of action planning outlined in this chapter are primarily based on the third conference call presentation by an organizational psychologist (Church, 2005; available on the AHRQ web site at www.ahrq.gov/qual/hospculture), and based on the book “Designing and Using Organizational Surveys: A Seven-Step Process” (Church & Waclawski, 1998).

Seven Steps of Action Planning

While administering the *Hospital Survey on Patient Safety Culture* can be considered an “intervention”—a means of educating hospital staff and building awareness about issues of concern related to patient safety—this should not be the only goal of conducting the survey. Administering the survey is not enough. Keep in mind that the delivery of survey results is not the *end point* in the survey process, it is actually just the *beginning*. It is often the case that the perceived failure of surveys as a means for creating lasting change is actually due to faulty or nonexistent action planning or survey follow-up. Seven steps of action planning are provided to help your hospital go beyond simply conducting a survey to realizing patient safety culture change.

Step # 1: Understand Your Survey Results

It is important to review the survey results and interpret them before you develop action plans. Develop an understanding of your hospital's key strengths and areas for improvement. Examine your hospital's overall percent positive scores on the patient safety culture composites and items:

- Which areas were most and least positive?
- How do your hospital's results compare to the results from the database hospitals?

Next, consider examining your survey data broken down by work area/unit or staff position.

- Are there different areas for improvement for different hospital units?
- Are there different areas for improvement for different hospital staff?
- Do any patterns emerge?
- How do your hospital's results for these breakouts compare to the results from the database hospitals?

Finally, if your hospital administered the survey more than once, compare your most recent results to your previous results to examine change over time.

- Did your hospital have an increase in its scores on any of the survey composites or items?

- Did your hospital have a decrease in its scores?
- When you consider the types of patient safety actions that your hospital implemented between each survey administration, do you notice improvements in those areas?

After reviewing the survey results carefully, identify 2 to 3 areas for improvement at the hospital level. While your hospital may want to improve in almost all areas, it is better to avoid focusing on too many issues at one time.

Step # 2: Communicate and Discuss the Survey Results

Common complaints among survey respondents are that they never get any feedback about survey results and have no idea whether anything ever happens as a result of a survey. It is therefore important to thank your staff for taking the time to complete the survey and let them know that you value their input. Sharing results from the survey throughout the hospital shows your commitment to the survey and improvement process.

Use survey feedback as an impetus for change. Feedback can be provided at the hospital level and/or at the department or unit level. However, to ensure respondent anonymity/confidentiality, it is important to only report data if there are enough respondents in a particular category or group. One common rule-of-thumb recommends not reporting data if there are fewer than 10 respondents in a category. For example, if there are only 4 respondents from a department, that department's data should not be reported separately because there are too few respondents to provide complete assurance of anonymity/confidentiality.

Summaries of the survey results should be distributed throughout the hospital in a top-down manner beginning with senior management, administrators, medical and senior leaders, and committees, followed by department or unit managers and then staff. Managers at all levels should be expected to carefully review the findings. Summarize key findings, but also encourage discussion about the results throughout the hospital. What do others see in the data and how do they interpret the results?

In some cases, it may not be completely clear why an area of patient safety culture was particularly low. Keep in mind that surveys are only one way of examining culture, so strive for a deeper understanding when needed, by conducting follow-up activities such as focus groups or interviews with staff to find out more about an issue, why it is problematic, and how it can be improved.

Step # 3: Develop Focused Action Plans

Once areas for patient safety culture improvement have been identified, formal, written action plans need to be developed to ensure progress toward change. Hospital-wide and department- or unit-based action plans can be developed. Major goals can be established as hospital-wide action plans. Unit-specific goals can be fostered by encouraging and empowering staff to develop action plans at the unit level.

Encourage action plans that are “SMART”:

- Specific

- Measurable
- Achievable
- Relevant
- Time-bound

Identify funding or other resources needed to implement action plans. It is also important to identify quantitative and qualitative measures that can be used to evaluate progress and the impact of changes implemented.

Step # 4: Communicate Action Plans and Deliverables

Once action plans have been developed, the plans, deliverables and expected outcomes of the plans need to be communicated. Those directly involved or affected will need to know their roles, responsibilities, and the time frame for implementation. Action plans and goals should also be shared widely so that their transparency encourages further accountability and demonstrates the hospital-wide commitments being made in response to the survey results.

At this step it is important for senior hospital managers and leaders to understand that they are the primary owners of the change process and that success depends on their full commitment and support. Senior-level commitment to taking action must be strong; without buy-in from the top, including medical leadership, improvement efforts are likely to fail.

Step # 5: Implement Action Plans

Implementing action plans is one of the hardest steps. Taking action requires the provision of necessary resources and support. It requires tracking quantitative and qualitative measures of progress and success that have already been identified. It requires publicly recognizing those individuals and units that take action to drive improvement. And it requires adjustments along the way.

This step is critical to realizing patient safety culture improvement. While communicating the survey results is important, taking action makes the real difference. However, as the Institute for Healthcare Improvement (IHI, 2006) suggests, actions do not have to be major, permanent changes that are enacted. In fact, it is worthwhile to strive to implement easier, smaller changes that are likely to have a positive impact rather than big changes with unknown probability of success.

The “Plan-Do-Study-Act” cycle (Langley et al, 1996) is a pilot-study approach to change that involves first developing a small-scale plan to test a proposed change (Plan), carrying out the plan (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the plan (Act). Implementation of action plans can occur on a small scale, within a single unit, to examine impact and refine plans before rolling out the changes on a larger scale to other units or hospitals.

Step # 6: Track Progress and Evaluate Impact

Use quantitative and qualitative measures to review progress and evaluate whether a specific change actually leads to improvement. Ensure that there is timely communication of progress toward action plans on a regular basis. If you determine that a change has worked, communicate that success to staff by telling them what was changed, and that it was done in response to the safety culture survey results. Be sure to make the connection to the survey so that the next time the survey is administered, staff will know that it will be worthwhile to participate again because actions were taken based on the prior survey's results. Alternatively, your evaluation may discover that a change is not working as expected or has failed to reach its goals and will need to be modified or replaced by another approach. Before dropping the effort completely, try to determine why it failed and whether adjustments might be worth trying.

Keep in mind that it is important not to reassess culture too frequently because lasting culture change will be slow and may take years. Frequent assessments of culture are likely to find temporary shifts or improvements that may come back down to baseline levels in the longer term if changes are not sustained. When planning to reassess culture, it is also very important to obtain high survey response rates. Otherwise, it will not be clear whether changes in survey results over time are due to true changes in attitudes, or due to the fact that you may be surveying different staff each time.

Step # 7: Share What Works

In step six, you tracked measures to be able to identify which changes result in improvement. Once your hospital has found effective ways to address a particular area, the changes can be implemented on a broader scale to other departments within the hospital and to other hospitals. Be sure to share your successes with outside hospitals and healthcare systems as well.

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Notes: Description of Data Cleaning and Calculations

This notes section provides additional detail regarding how various statistics presented in this report were calculated.

Data Cleaning

Each participating hospital was asked to submit cleaned, individual-level survey data. However, as an additional check, once the data were submitted, response frequencies were run on each hospital's data to look for out-of-range values, missing variables, or other data anomalies. In instances where data problems were found, hospitals were contacted, asked to make corrections and resubmit their data. In addition, each participating hospital was sent a copy of their data frequencies as an additional way for the hospitals to verify that the dataset received was correct.

Response Rates

As part of the data submission process, hospitals were asked to provide their response rate numerator and denominator. Response rates were calculated using the formula below.

$$\text{Response Rate} = \frac{\text{Number of complete, returned surveys}}{\text{Number of surveys distributed} - \text{Ineligibles}}$$

Numerator = Number of complete, returned surveys. The numerator equals the number of individual survey records submitted to the database. It should exclude surveys that were returned blank on all non-demographic survey items, but include surveys where at least one non-demographic survey item was answered.

Denominator = The total number of surveys distributed minus ineligibles. Ineligibles include deceased individuals or those who were not employed at the hospital during data collection.

As a data cleaning step, we examined whether any individual survey records submitted to the database were missing responses on all of the non-demographic survey items (indicating the respondent did not answer any of the main survey questions). Records where all non-demographic survey items were missing were found (even though these blank records should not have been submitted to the database). We therefore removed these blank records from the larger dataset and adjusted any affected hospital's response rate numerator and overall response rate accordingly.

Calculation of Percent Positive Scores

To calculate your hospital's composite score, simply average the percent of positive response on each item that is in the composite. Here is an example of computing a composite score for Overall Perceptions of Patient Safety:

1. There are four items in this composite—two are positively worded (items # A15 and # A18) and two are negatively worded items # A10 and # A17). Keep in mind that DISAGREEING with a negatively worded item indicates a POSITIVE response.

2. Calculate the percent of positive response at the item level (see example in Table 1).

Table 1. Example of Computing Item and Composite Percent Positive Scores

Four items measuring "Overall Perceptions of Patient Safety"	For positively worded items, count the # of "Strongly agree" or "Agree" responses	For negatively worded items, count the # of "Strongly disagree" or "Disagree" responses	Total # of responses to the item	Percent positive response on item
Item A15-positively worded "Patient safety is never sacrificed to get more work done"	120	NA*	260	120/260=46%
Item A18-positively worded "Our procedures and systems are good at preventing errors from happening"	130	NA*	250	130/250=52%
Item A10-negatively worded "It is just by chance that more serious mistakes don't happen around here"	NA*	110	240	110/240=46%
Item A17-negatively worded "We have patient safety problems in this unit"	NA*	140	250	140/250= 56%
* NA = Not applicable	Composite Score % Positive = (46% + 52% + 46% + 56%) / 4 = 50%			

In this example, there were 4 items with percent positive response scores of 46%, 52%, 46%, and 56%. Averaging these item-level percent positive scores results in a composite score of .50 or 50% on Overall Perceptions of Patient Safety. In this example, an average of about 50% of the respondents responded positively on the survey items in this composite.

Once you have calculated your hospital's percent positive response on each of the 12 safety culture composites, you can compare your results with the composite-level results from the 622 database hospitals.

Note that the method described above for calculating composite scores is slightly different than the method described in the September 2004 Survey User's Guide that is part of the original survey toolkit materials on the AHRQ web site. The Guide advises computing composites by calculating the overall percent positive across all the items within a composite. The updated recommendation included in this report is to compute item percent positive scores first, and then average the item percent positive scores to obtain the composite score, which gives equal weight to each item in a composite. The Survey User's Guide will eventually be updated to reflect this slight change in methodology.

Percentiles

Percentiles were computed using the SAS® Software default method. The first step in this procedure is to rank order the percent positive scores from all the participating hospitals, from lowest to highest. The next step is to multiply the number of hospitals (n) by the percentile of interest (p), which in our case would be the 10th, 25th, 50th, 75th or 90th.

For example, to calculate the 10th percentile, one would multiply 622 (the total number of hospitals) by .10 (10th percentile). The product of n x p is equal to “j+g” where “j” is the integer and “g” is the number after the decimal. If “g” equals 0, the percentile is equal to the percent positive value of the hospital in the jth position plus the percent positive value of the hospital in the jth +1 position, all divided by two [(X_(j) + X_{(j+1)])/2]. If “g” is not equal to 0, the percentile is equal to the percent positive value of the hospital in the jth +1 position.}

The following examples show how the 10th and 50th percentiles would be computed using a sample of percent positive scores from 12 hospitals (using fake data shown in Table 2). First, the percent positive scores are sorted from low to high on Composite “A.”

Table 2. Data Table for Example of How to Compute Percentiles

Hospital	Composite “A” % Positive Score	
1	33%	
2	48%	←10 th percentile score = 48%
3	52%	
4	60%	
5	63%	
6	64%	←50 th percentile score = 65%
7	66%	
8	70%	
9	72%	
10	75%	
11	75%	
12	78%	

10th percentile

- For the 10th percentile, we would first multiply the number of hospitals by .10 (n x p = 12 x .10 = 1.2).
- The product of n x p = 1.2, where “j” = 1 and “g” = 2. Since “g” is not equal to 0, the 10th percentile score is equal to the percent positive value of the hospital in the jth +1 position:
 - “j” equals 1
 - The 10th percentile equals the value for the hospital in the 2nd position = 48%

50th Percentile

- For the 50th percentile, we would first multiply the number of hospitals by .50 (n x p = 12 x .50 = 6.0).
- The product of n x p = 6.0, where “j” = 6 and “g” = 0. Since “g” = 0, the 50th percentile score is equal to the percent positive value of the hospital in the jth position plus the percent positive value of the hospital in the jth +1 position, all divided by two:
 - “j” equals 6
 - The 50th percentile equals the average of the hospitals in the 6th and 7th position (64%+66%)/2 = 65%

Hospital Survey on Patient Safety Culture 2009 Comparative Database

Report for Trending Hospitals

**ABC Hospital
Nowhere, USA**

**Part II: Appendix A— Overall Results by Respondent
Characteristics
Appendix B— Trending Results by Respondent
Characteristics**

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Appendix A: Overall Results by Respondent Characteristics

Appendix A presents data tables that show average percent positive scores on the survey composites and items across database hospitals compared to percent positive scores from your hospital, broken down by the following respondent characteristics:

Appendix A: Overall Results by Respondent Characteristics

- Work area/unit
- Staff position
- Interaction with patients

In the bottom row of the composite-level tables, an overall average across composite scores is shown as a summary statistic when comparing across breakout categories.

To ensure hospital confidentiality, a rule was established requiring at least 20 hospitals to be in a particular breakout category before data would be displayed by that category.

You can compare your hospital's percent positive scores against the averages shown in Appendix A by respondent work areas, staff positions, and respondent interaction with patients. You can use a 5% difference as a rule of thumb for determining what differences to pay attention to.

Hospitals that did not ask respondents for their work area/unit, staff position, or about interaction with patients will have a hyphen (-) in Appendix A showing that no data are available. In addition, a rule was established requiring at least 10 respondents to be in a particular breakout category before data would be displayed by that category. Therefore, in Appendix A, work areas, staff positions, and respondent interaction levels may have a hyphen (-) if there were 9 or fewer respondents in a category. Furthermore, respondents who selected "Many different work areas/No specific work area" (for their work area), "Other" (for their work area or staff position), or did not answer (missing) were not included in the breakout tables in Appendix A.

Appendix B: Trending Results by Respondent Characteristics

Appendix B, shows trends over time for the 204 hospitals (of the 622 total database hospitals) that administered the survey and submitted data twice. Average percent positive scores across hospitals from the most recent and previous administrations are shown on the survey composites and items, broken down by the following respondent characteristics:

Appendix B: Trending Results by Respondent Characteristics

- Work area/unit
- Staff position
- Interaction with patients

Tables 1 and 2 below show examples of the statistics shown in this appendix. The tables show the average percent of respondents who answered positively among the trending hospitals for the hospitals' most recent survey administration (top row) and their previous administration (middle row). The change over time is shown in the bottom row as a negative number if the most recent administration showed a decline, or is shown as a positive number if the most recent administration showed an increase. Changes in scores of 5% or greater, whether positive or negative, are bolded.

Table 1: Example of Decrease in Average Score Over Time (Negative Change)

Most Recent	85%
Previous	90%
Change	-5%

Table 2: Example of Increase in Average Score Over Time (Positive Change)

Most Recent	70%
Previous	60%
Change	10%

Hospitals that did not ask respondents for their work area/unit, staff position, or about interaction with patients will have a hyphen (-) in Appendix B showing that no data are available. In addition, a rule was established requiring at least 10 respondents to be in a particular breakout category before data would be displayed by that category. Therefore, in Appendix B, work areas, staff positions, and respondent interaction levels may have a hyphen (-) if there were 9 or fewer respondents in a category. Furthermore, respondents who selected "Many different work areas/No specific work area" (for their work area), "Other" (for their work area or staff position), or did not answer (missing) were not included in the breakout tables in Appendix B.

Appendix A: Overall Results by Respondent Characteristics—

(1) Work Area/Unit

NOTE 1: Hospitals that did not ask respondents to indicate their work area/unit were excluded from these breakout tables. In addition, respondents who selected “Many different work areas/No specific work area,” “Other,” or did not answer (missing) were not included.

NOTE 2: The number of database respondents in each work area/unit is shown. However, the precise number of database respondents corresponding to each data cell in the tables will vary because hospitals may have omitted a specific survey item and because of individual non-response/missing data.

NOTE 3: Your hospital’s number of respondents in each work area/unit is shown. However, the precise number of respondents corresponding to each of your hospital’s data cells in the tables will vary because of individual non-response/missing data.

Your hospital’s results are shown in the second row underneath the average results for the database hospitals but are only displayed if there were at least 10 respondents in a particular work area/unit (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents in a particular work area/unit, a hyphen (-) is shown.

Table A-1. Composite-level Average Percent Positive Response by Work Area/Unit (Page 1 of 2)

Patient Safety Culture Composites	Work Area/Unit												
	Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
<i>Database: # Respondents</i>	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
<i>Your Hospital: # Respondents</i>	91	0	22	11	2	3	0	10	6	4	25	8	0
1. Teamwork Within Units	<i>Database</i>	79%	79%	83%	79%	74%	80%	80%	78%	79%	79%	86%	78%
	<i>Your Hospital</i>	-	77%	89%	-	-	-	100%	-	-	89%	-	-
2. Supv/Mgr Expectations & Actions Promoting Patient Safety	<i>Database</i>	74%	72%	72%	75%	72%	73%	75%	77%	76%	76%	81%	74%
	<i>Your Hospital</i>	-	64%	91%	-	-	-	98%	-	-	78%	-	-
3. Org Learning-- Continuous Improvement	<i>Database</i>	71%	65%	69%	72%	69%	69%	72%	75%	70%	69%	74%	74%
	<i>Your Hospital</i>	-	66%	80%	-	-	-	93%	-	-	80%	-	-
4. Mgmt Support for Patient Safety	<i>Database</i>	65%	62%	59%	71%	65%	66%	67%	70%	67%	72%	75%	68%
	<i>Your Hospital</i>	-	76%	97%	-	-	-	97%	-	-	95%	-	-
5. Overall Perceptions of Patient Safety	<i>Database</i>	64%	55%	56%	70%	55%	61%	65%	65%	59%	72%	76%	67%
	<i>Your Hospital</i>	-	72%	93%	-	-	-	98%	-	-	78%	-	-
6. Feedback & Communication About Error	<i>Database</i>	64%	56%	56%	65%	57%	60%	61%	67%	66%	63%	70%	64%
	<i>Your Hospital</i>	-	60%	77%	-	-	-	100%	-	-	82%	-	-
7. Communication Openness	<i>Database</i>	66%	61%	61%	63%	56%	63%	63%	70%	63%	64%	72%	64%
	<i>Your Hospital</i>	-	53%	76%	-	-	-	93%	-	-	69%	-	-

NOTE: Respondents who selected "Many different work areas/No specific work area," "Other," and missing are not shown.

Table A-1. Composite-level Average Percent Positive Response by Work Area/Unit (Page 2 of 2)

Patient Safety Culture Composites	Work Area/Unit												
	Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
<i>Database: # Respondents</i>	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
<i>Your Hospital: # Respondents</i>	91	0	22	11	2	3	0	10	6	4	25	8	0
8. Frequency of Events Reported	<i>Database</i>	58%	56%	56%	64%	61%	60%	60%	59%	63%	54%	61%	64%
	<i>Your Hospital</i>	-	54%	79%	-	-	-	100%	-	-	84%	-	-
9. Teamwork Across Units	<i>Database</i>	54%	48%	53%	56%	56%	54%	53%	55%	53%	56%	61%	53%
	<i>Your Hospital</i>	-	67%	67%	-	-	-	93%	-	-	78%	-	-
10. Staffing	<i>Database</i>	58%	49%	52%	54%	50%	56%	58%	56%	55%	62%	62%	56%
	<i>Your Hospital</i>	-	56%	63%	-	-	-	95%	-	-	55%	-	-
11. Handoffs & Transitions	<i>Database</i>	41%	48%	47%	37%	47%	53%	46%	32%	39%	41%	40%	40%
	<i>Your Hospital</i>	-	62%	40%	-	-	-	95%	-	-	56%	-	-
12. Nonpunitive Response to Error	<i>Database</i>	44%	37%	39%	43%	39%	42%	41%	56%	46%	46%	59%	45%
	<i>Your Hospital</i>	-	35%	74%	-	-	-	90%	-	-	62%	-	-
Average Across Composites	<i>Database</i>	62%	57%	59%	62%	58%	61%	62%	63%	61%	63%	68%	62%
	<i>Your Hospital</i>	-	62%	77%	-	-	-	96%	-	-	75%	-	-

NOTE: Respondents who selected "Many different work areas/No specific work area," "Other," and missing are not shown.

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 1 of 6)

Item	Survey Items by Composite	Work Area/Unit												
		Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	<i>Database: # Respondents</i>	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
	<i>Your Hospital: # Respondents</i>	91	0	22	11	2	3	0	10	6	4	25	8	0
1.	Teamwork Within Units													
A1	1. People support one another in this unit.	<i>Database</i>	85%	85%	88%	83%	83%	87%	86%	85%	84%	85%	91%	83%
		<i>Your Hospital</i>	-	77%	100%	-	-	-	100%	-	-	96%	-	-
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	<i>Database</i>	87%	87%	88%	85%	80%	88%	87%	84%	84%	87%	90%	87%
		<i>Your Hospital</i>	-	86%	82%	-	-	-	100%	-	-	96%	-	-
A4	3. In this unit, people treat each other with respect.	<i>Database</i>	78%	75%	80%	76%	74%	77%	80%	78%	79%	77%	88%	74%
		<i>Your Hospital</i>	-	73%	100%	-	-	-	100%	-	-	88%	-	-
A11	4. When one area in this unit gets really busy, others help out.	<i>Database</i>	65%	70%	74%	70%	61%	68%	67%	67%	70%	66%	76%	65%
		<i>Your Hospital</i>	-	73%	73%	-	-	-	100%	-	-	75%	-	-
2.	Supv/Mgr Expectations & Actions Promoting Patient Safety													
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	<i>Database</i>	70%	69%	68%	69%	70%	70%	71%	71%	74%	69%	77%	71%
		<i>Your Hospital</i>	-	45%	91%	-	-	-	90%	-	-	83%	-	-
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	<i>Database</i>	76%	73%	73%	74%	73%	74%	76%	80%	77%	77%	84%	76%
		<i>Your Hospital</i>	-	59%	100%	-	-	-	100%	-	-	83%	-	-
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	<i>Database</i>	74%	72%	70%	80%	72%	72%	75%	78%	73%	78%	80%	71%
		<i>Your Hospital</i>	-	73%	82%	-	-	-	100%	-	-	75%	-	-
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	<i>Database</i>	76%	75%	75%	77%	74%	76%	78%	79%	78%	80%	84%	77%
		<i>Your Hospital</i>	-	77%	91%	-	-	-	100%	-	-	71%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 2 of 6)

		Work Area/Unit												
Item	Survey Items by Composite	Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	Database: # Respondents	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
	Your Hospital: # Respondents	91	0	22	11	2	3	0	10	6	4	25	8	0
3.	Organizational Learning— Continuous Improvement													
A6	1. We are actively doing things to improve patient safety.	Database Your Hospital	85% -	77% 86%	83% 100%	80% -	81% -	80% -	84% 100%	87% -	81% -	80% 88%	88% -	86% -
A9	2. Mistakes have led to positive changes here.	Database Your Hospital	63% -	56% 50%	57% 50%	69% -	59% -	61% -	60% 90%	73% -	60% -	62% 70%	62% -	64% -
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	Database Your Hospital	64% -	62% 64%	67% 91%	66% -	68% -	67% -	71% 90%	66% -	69% -	65% 83%	73% -	71% -
4.	Mgmt Support for Patient Safety													
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	Database Your Hospital	75% -	70% 86%	68% 100%	81% -	73% -	76% -	76% 100%	77% -	75% -	83% 96%	84% -	78% -
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	Database Your Hospital	67% -	63% 77%	61% 100%	73% -	67% -	68% -	68% 100%	71% -	68% -	74% 100%	77% -	69% -
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	Database Your Hospital	54% -	52% 64%	49% 90%	60% -	55% -	54% -	55% 90%	61% -	58% -	60% 88%	63% -	58% -

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 3 of 6)

Item	Survey Items by Composite	Dataset	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	Database: # Respondents	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
	Your Hospital: # Respondents	91	0	22	11	2	3	0	10	6	4	25	8	0
5.	Overall Perceptions of Patient Safety													
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	Database	63%	52%	54%	64%	53%	60%	62%	62%	58%	67%	74%	63%
		Your Hospital	-	64%	91%	-	-	-	100%	-	-	76%	-	-
A15	2. Patient safety is never sacrificed to get more work done.	Database	58%	55%	51%	70%	54%	55%	64%	63%	62%	74%	76%	64%
		Your Hospital	-	64%	91%	-	-	-	100%	-	-	80%	-	-
A17 R	3. We have patient safety problems in this unit.	Database	64%	51%	55%	70%	50%	60%	62%	62%	50%	72%	74%	66%
		Your Hospital	-	73%	100%	-	-	-	90%	-	-	88%	-	-
A18	4. Our procedures and systems are good at preventing errors from happening.	Database	72%	61%	63%	78%	63%	68%	71%	72%	68%	75%	79%	75%
		Your Hospital	-	86%	90%	-	-	-	100%	-	-	67%	-	-
6.	Feedback and Communication About Error													
C1	1. We are given feedback about changes put into place based on event reports.	Database	55%	48%	47%	52%	50%	53%	52%	53%	59%	51%	61%	53%
		Your Hospital	-	48%	70%	-	-	-	100%	-	-	70%	-	-
C3	2. We are informed about errors that happen in this unit.	Database	61%	57%	55%	69%	55%	59%	62%	73%	67%	69%	70%	65%
		Your Hospital	-	71%	80%	-	-	-	100%	-	-	88%	-	-
C5	3. In this unit, we discuss ways to prevent errors from happening again.	Database	74%	63%	64%	72%	65%	68%	68%	75%	73%	70%	79%	73%
		Your Hospital	-	62%	82%	-	-	-	100%	-	-	88%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 4 of 6)

Item	Survey Items by Composite	Dataset	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	Database: # Respondents	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
	Your Hospital: # Respondents	91	0	22	11	2	3	0	10	6	4	25	8	0
7.	Communication Openness													
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	Database	76%	74%	75%	76%	71%	78%	78%	79%	77%	79%	84%	80%
		Your Hospital	-	67%	100%	-	-	-	100%	-	-	92%	-	-
C4	2. Staff feel free to question the decisions or actions of those with more authority.	Database	53%	48%	44%	47%	40%	48%	49%	58%	50%	47%	57%	48%
		Your Hospital	-	50%	45%	-	-	-	90%	-	-	48%	-	-
C6 R	3. Staff are afraid to ask questions when something does not seem right.	Database	68%	63%	63%	66%	56%	63%	63%	72%	63%	67%	73%	63%
		Your Hospital	-	43%	82%	-	-	-	90%	-	-	68%	-	-
8.	Frequency of Events Reported													
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	Database	53%	44%	44%	55%	50%	50%	50%	46%	55%	44%	54%	57%
		Your Hospital	-	38%	70%	-	-	-	100%	-	-	78%	-	-
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	Database	52%	53%	52%	58%	58%	56%	56%	57%	59%	48%	56%	60%
		Your Hospital	-	48%	78%	-	-	-	100%	-	-	77%	-	-
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	Database	70%	71%	71%	80%	74%	74%	74%	75%	74%	69%	73%	75%
		Your Hospital	-	76%	89%	-	-	-	100%	-	-	95%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 5 of 6)

Item	Survey Items by Composite	Dataset	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Ment Health	Radi- ology	Rehab- ilitation	Surgery
	Database: # Respondents	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
	Your Hospital: # Respondents	91	0	22	11	2	3	0	10	6	4	25	8	0
9. Teamwork Across Units														
F2 R	1. Hospital units do not coordinate well with each other.	Database	39%	38%	39%	43%	43%	39%	41%	43%	39%	43%	47%	40%
		Your Hospital	-	50%	55%	-	-	-	80%	-	-	63%	-	-
F4	2. There is good cooperation among hospital units that need to work together.	Database	53%	48%	52%	58%	56%	56%	54%	55%	52%	58%	61%	53%
		Your Hospital	-	68%	50%	-	-	-	90%	-	-	83%	-	-
F6 R	3. It is often unpleasant to work with staff from other hospital units.	Database	58%	51%	60%	56%	60%	57%	56%	58%	60%	56%	65%	55%
		Your Hospital	-	77%	73%	-	-	-	100%	-	-	79%	-	-
F10	4. Hospital units work well together to provide the best care for patients.	Database	64%	57%	60%	66%	64%	65%	62%	65%	61%	66%	70%	62%
		Your Hospital	-	73%	90%	-	-	-	100%	-	-	88%	-	-
10. Staffing														
A2	1. We have enough staff to handle the workload.	Database	62%	43%	48%	49%	44%	53%	57%	51%	51%	60%	56%	55%
		Your Hospital	-	36%	18%	-	-	-	90%	-	-	44%	-	-
A5 R	2. Staff in this unit work longer hours than is best for patient care.	Database	49%	51%	51%	55%	48%	52%	54%	56%	53%	58%	60%	49%
		Your Hospital	-	55%	80%	-	-	-	90%	-	-	48%	-	-
A7 R	3. We use more agency/temporary staff than is best for patient care.	Database	68%	63%	64%	66%	64%	73%	73%	69%	67%	73%	70%	70%
		Your Hospital	-	77%	70%	-	-	-	100%	-	-	75%	-	-
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	Database	54%	40%	46%	48%	43%	47%	51%	48%	51%	55%	62%	49%
		Your Hospital	-	57%	82%	-	-	-	100%	-	-	52%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-2. Item-level Average Percent Positive Response by Work Area/Unit (Page 6 of 6)

Item	Survey Items by Composite	Work Area/Unit												
		Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	Database: # Respondents Your Hospital: # Respondents	106,839 91	1,184 0	9,703 22	12,040 11	9,273 2	17,143 3	8,088 0	4,534 10	5,226 6	4,298 4	10,528 25	7,429 8	17,393 0
11.	Handoffs & Transitions													
F3 R	1. Things “fall between the cracks” when transferring patients from one unit to another.	Database Your Hospital	39% -	46% 52%	37% 20%	29% -	42% -	44% -	41% 90%	26% -	33% -	40% 57%	38% -	40% -
F5 R	2. Important patient care information is often lost during shift changes.	Database Your Hospital	45% -	57% 82%	58% 50%	44% -	51% -	63% -	52% 90%	36% -	46% -	46% 48%	42% -	45% -
F7 R	3. Problems often occur in the exchange of information across hospital units.	Database Your Hospital	40% -	45% 36%	41% 50%	36% -	44% -	46% -	40% 100%	33% -	35% -	39% 64%	41% -	39% -
F11 R	4. Shift changes are problematic for patients in this hospital.	Database Your Hospital	37% -	46% 77%	53% 40%	40% -	48% -	59% -	48% 100%	34% -	42% -	41% 57%	37% -	36% -
12.	Nonpunitive Response to Error													
A8 R	1. Staff feel like their mistakes are held against them.	Database Your Hospital	54% -	45% 36%	47% 91%	51% -	46% -	49% -	50% 90%	63% -	52% -	52% 72%	65% -	51% -
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	Database Your Hospital	42% -	38% 36%	41% 70%	44% -	42% -	44% -	45% 90%	57% -	51% -	46% 75%	59% -	47% -
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	Database Your Hospital	36% -	29% 32%	30% 60%	33% -	30% -	31% -	29% 90%	49% -	37% -	39% 38%	53% -	37% -

Note: The item’s survey location is shown to the left. An “R” indicates a negatively worded item, where the percent positive response is based on those who responded “Strongly disagree” or “Disagree,” or “Never” or “Rarely” (depending on the response category used for the item).

Table A-3. Average Percent Distribution of Work Area/Unit Patient Safety Grades by Work Area/Unit

Work Area/Unit Patient Safety Grade	Work Area/Unit												
	Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radiology	Rehab- ilitation	Surgery
<i>Database: # Respondents</i>	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
<i>Your Hospital: # Respondents</i>	91	0	22	11	2	3	0	10	6	4	25	8	0
A Excellent	<i>Database</i>	35%	16%	18%	26%	15%	21%	24%	25%	23%	28%	35%	32%
	<i>Your Hospital</i>	-	18%	50%	-	-	-	100%	-	-	27%	-	-
B Very Good	<i>Database</i>	42%	46%	49%	51%	47%	47%	49%	49%	44%	49%	46%	45%
	<i>Your Hospital</i>	-	71%	50%	-	-	-	0%	-	-	59%	-	-
C Acceptable	<i>Database</i>	19%	30%	26%	20%	31%	25%	22%	20%	22%	19%	16%	18%
	<i>Your Hospital</i>	-	6%	0%	-	-	-	0%	-	-	14%	-	-
D Poor	<i>Database</i>	3%	7%	6%	3%	6%	6%	5%	5%	9%	3%	2%	4%
	<i>Your Hospital</i>	-	6%	0%	-	-	-	0%	-	-	0%	-	-
E Failing	<i>Database</i>	1%	1%	1%	0%	1%	1%	0%	1%	1%	0%	1%	1%
	<i>Your Hospital</i>	-	0%	0%	-	-	-	0%	-	-	0%	-	-

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Table A-4. Average Percent Distribution of Number of Events Reported in the Past 12 Months by Work Area/Unit

Number of Events Reported by Respondents	Work Area/Unit												
	Dataset	Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radiology	Rehab- ilitation	Surgery
<i>Database: # Respondents</i>	106,839	1,184	9,703	12,040	9,273	17,143	8,088	4,534	5,226	4,298	10,528	7,429	17,393
<i>Your Hospital: # Respondents</i>	91	0	22	11	2	3	0	10	6	4	25	8	0
No events	<i>Database</i>	56%	46%	34%	49%	38%	43%	44%	42%	51%	55%	55%	46%
	<i>Your Hospital</i>	-	28%	73%	-	-	-	20%	-	-	57%	-	-
1 to 2 events	<i>Database</i>	30%	32%	38%	29%	33%	36%	34%	18%	26%	31%	33%	32%
	<i>Your Hospital</i>	-	56%	18%	-	-	-	50%	-	-	14%	-	-
3 to 5 events	<i>Database</i>	7%	13%	20%	12%	20%	15%	16%	15%	14%	10%	8%	14%
	<i>Your Hospital</i>	-	17%	9%	-	-	-	20%	-	-	19%	-	-
6 to 10 events	<i>Database</i>	4%	5%	6%	5%	6%	4%	4%	10%	6%	2%	3%	5%
	<i>Your Hospital</i>	-	0%	0%	-	-	-	10%	-	-	5%	-	-
11 to 20 events	<i>Database</i>	1%	2%	2%	3%	2%	1%	2%	8%	2%	1%	0%	1%
	<i>Your Hospital</i>	-	0%	0%	-	-	-	0%	-	-	0%	-	-
21 event reports or more	<i>Database</i>	1%	2%	0%	3%	1%	0%	0%	8%	1%	0%	0%	1%
	<i>Your Hospital</i>	-	0%	0%	-	-	-	0%	-	-	5%	-	-

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Appendix A: Overall Results by Respondent Characteristics—

(2) Staff Position

NOTE 1: Hospitals that did not ask respondents to indicate their staff position were excluded from these breakout tables. In addition, respondents who selected “Other,” or did not answer (missing) were not included.

NOTE 2: The number of database respondents in each staff position is shown. However, the precise number of database respondents corresponding to each data cell in the tables will vary because hospitals may have omitted a specific survey item and because of individual non-response/missing data.

NOTE 3: Your hospital’s number of respondents in each staff position is shown. However, the precise number of respondents corresponding to each of your hospital’s data cells in the tables will vary because of individual non-response/missing data.

Your hospital’s percent positive results are shown in the second row underneath the average results for the database hospitals but are only displayed if there were at least 10 respondents in a particular staff position (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents in a particular staff position, a hyphen (-) is shown.

Table A-5. Composite-level Average Percent Positive Response by Staff Position (Page 1 of 2)

Patient Safety Culture Composites	Dataset	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
<i>Database: # Respondents</i>	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
<i>Your Hospital: # Respondents</i>	92	0	32	0	26	0	34	0	0	0
1. Teamwork Within Units	<i>Database</i>	88%	82%	81%	74%	80%	79%	77%	84%	77%
	<i>Your Hospital</i>	-	84%	-	91%	-	91%	-	-	-
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	<i>Database</i>	84%	71%	77%	75%	77%	73%	75%	77%	76%
	<i>Your Hospital</i>	-	69%	-	74%	-	87%	-	-	-
3. Org Learning--Continuous Improvement	<i>Database</i>	81%	71%	69%	73%	74%	70%	69%	70%	70%
	<i>Your Hospital</i>	-	68%	-	78%	-	86%	-	-	-
4. Management Support for Patient Safety	<i>Database</i>	83%	69%	75%	73%	68%	64%	70%	71%	73%
	<i>Your Hospital</i>	-	84%	-	83%	-	91%	-	-	-
5. Overall Perceptions of Patient Safety	<i>Database</i>	73%	63%	66%	61%	61%	59%	70%	69%	65%
	<i>Your Hospital</i>	-	77%	-	78%	-	85%	-	-	-
6. Feedback & Communication About Error	<i>Database</i>	74%	61%	68%	64%	64%	58%	63%	65%	65%
	<i>Your Hospital</i>	-	81%	-	55%	-	79%	-	-	-

Table A-5. Composite-level Average Percent Positive Response by Staff Position (Page 2 of 2)

Patient Safety Culture Composites	Dataset	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
<i>Database: # Respondents</i>	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
<i>Your Hospital: # Respondents</i>	92	0	32	0	26	0	34	0	0	0
7. Communication Openness	<i>Database</i>	75%	63%	65%	57%	71%	61%	62%	67%	60%
	<i>Your Hospital</i>	-	64%	-	67%	-	78%	-	-	-
8. Frequency of Events Reported	<i>Database</i>	66%	55%	57%	65%	52%	61%	59%	55%	65%
	<i>Your Hospital</i>	-	82%	-	60%	-	73%	-	-	-
9. Teamwork Across Units	<i>Database</i>	63%	59%	61%	59%	55%	54%	54%	61%	57%
	<i>Your Hospital</i>	-	67%	-	61%	-	84%	-	-	-
10. Staffing	<i>Database</i>	63%	55%	55%	49%	56%	56%	56%	58%	51%
	<i>Your Hospital</i>	-	55%	-	67%	-	77%	-	-	-
11. Handoffs & Transitions	<i>Database</i>	45%	44%	37%	49%	30%	47%	39%	41%	45%
	<i>Your Hospital</i>	-	58%	-	42%	-	77%	-	-	-
12. Nonpunitive Response to Error	<i>Database</i>	62%	42%	45%	36%	60%	43%	43%	50%	39%
	<i>Your Hospital</i>	-	48%	-	63%	-	72%	-	-	-
Average Across Composites	<i>Database</i>	71%	61%	63%	61%	62%	60%	61%	64%	62%
	<i>Your Hospital</i>	-	70%	-	68%	-	82%	-	-	-

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 1 of 6)

Item	Patient Safety Culture Composites	Dataset	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	<i>Database: # Respondents</i>	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	<i>Your Hospital: # Respondents</i>	92	0	32	0	26	0	34	0	0	0
1.	Teamwork Within Units										
A1	1. People support one another in this unit.	<i>Database</i>	93%	88%	86%	80%	87%	86%	83%	89%	82%
		<i>Your Hospital</i>	-	84%	-	96%	-	94%	-	-	-
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	<i>Database</i>	93%	87%	86%	80%	85%	86%	85%	87%	83%
		<i>Your Hospital</i>	-	94%	-	88%	-	97%	-	-	-
A4	3. In this unit, people treat each other with respect.	<i>Database</i>	88%	84%	80%	72%	80%	78%	75%	84%	75%
		<i>Your Hospital</i>	-	84%	-	96%	-	88%	-	-	-
A11	4. When one area in this unit gets really busy, others help out.	<i>Database</i>	77%	70%	73%	65%	68%	67%	67%	75%	68%
		<i>Your Hospital</i>	-	74%	-	85%	-	85%	-	-	-
2.	Supv/Mgr Expectations & Actions Promoting Patient Safety										
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	<i>Database</i>	82%	69%	78%	73%	70%	70%	68%	74%	74%
		<i>Your Hospital</i>	-	67%	-	69%	-	74%	-	-	-
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	<i>Database</i>	87%	75%	81%	76%	79%	75%	75%	81%	76%
		<i>Your Hospital</i>	-	68%	-	73%	-	88%	-	-	-
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	<i>Database</i>	84%	66%	75%	74%	78%	73%	77%	76%	77%
		<i>Your Hospital</i>	-	71%	-	77%	-	91%	-	-	-
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	<i>Database</i>	85%	72%	76%	76%	79%	76%	78%	78%	77%
		<i>Your Hospital</i>	-	71%	-	77%	-	94%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 2 of 6)

Item	Patient Safety Culture Composites	Dataset	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	<i>Database: # Respondents</i>	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	<i>Your Hospital: # Respondents</i>	92	0	32	0	26	0	34	0	0	0
3.	Organizational Learning— Continuous Improvement										
A6	1. We are actively doing things to improve patient safety.	<i>Database</i>	88%	79%	81%	85%	86%	83%	80%	83%	81%
		<i>Your Hospital</i>	-	94%	-	88%	-	88%	-	-	-
A9	2. Mistakes have led to positive changes here.	<i>Database</i>	80%	68%	62%	60%	76%	60%	63%	59%	62%
		<i>Your Hospital</i>	-	52%	-	68%	-	76%	-	-	-
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	<i>Database</i>	76%	66%	64%	73%	61%	68%	65%	68%	68%
		<i>Your Hospital</i>	-	60%	-	77%	-	94%	-	-	-
4.	Mgmt Support for Patient Safety										
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	<i>Database</i>	89%	77%	86%	82%	74%	73%	81%	81%	83%
		<i>Your Hospital</i>	-	94%	-	88%	-	97%	-	-	-
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	<i>Database</i>	84%	71%	78%	77%	69%	65%	72%	71%	75%
		<i>Your Hospital</i>	-	87%	-	84%	-	94%	-	-	-
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	<i>Database</i>	75%	59%	61%	59%	60%	55%	58%	59%	61%
		<i>Your Hospital</i>	-	72%	-	76%	-	82%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 3 of 6)

		Staff Position									
Item	Patient Safety Culture Composites	Dataset	Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	Database: # Respondents	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	Your Hospital: # Respondents	92	0	32	0	26	0	34	0	0	0
5.	Overall Perceptions of Patient Safety										
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	Database Your Hospital	72% -	62% 69%	58% -	51% 77%	61% -	59% 85%	64% -	67% -	56% -
A15	2. Patient safety is never sacrificed to get more work done.	Database Your Hospital	72% -	63% 81%	65% -	63% 81%	56% -	56% 79%	70% -	68% -	69% -
A17 R	3. We have patient safety problems in this unit.	Database Your Hospital	70% -	60% 84%	66% -	60% 85%	57% -	56% 85%	70% -	69% -	65% -
A18	4. Our procedures and systems are good at preventing errors from happening.	Database Your Hospital	77% -	68% 74%	74% -	69% 68%	71% -	66% 91%	74% -	74% -	71% -
6.	Feedback and Communication About Error										
C1	1. We are given feedback about changes put into place based on event reports.	Database Your Hospital	64% -	54% 66%	60% -	55% 44%	51% -	51% 79%	51% -	56% -	55% -
C3	2. We are informed about errors that happen in this unit.	Database Your Hospital	77% -	62% 90%	67% -	66% 56%	69% -	57% 79%	68% -	65% -	68% -
C5	3. In this unit, we discuss ways to prevent errors from happening again.	Database Your Hospital	82% -	69% 87%	76% -	71% 65%	73% -	66% 79%	70% -	73% -	71% -

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 4 of 6)

Item	Patient Safety Culture Composites	Dataset	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	Database: # Respondents	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	Your Hospital: # Respondents	92	0	32	0	26	0	34	0	0	0
7.	Communication Openness										
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	Database	83%	72%	76%	74%	79%	75%	77%	80%	76%
		Your Hospital	-	87%	-	88%	-	91%	-	-	-
C4	2. Staff feel free to question the decisions or actions of those with more authority.	Database	68%	55%	56%	41%	61%	45%	46%	53%	42%
		Your Hospital	-	41%	-	46%	-	71%	-	-	-
C6 R	3. Staff are afraid to ask questions when something does not seem right.	Database	74%	63%	62%	57%	74%	62%	64%	69%	61%
		Your Hospital	-	65%	-	65%	-	74%	-	-	-
8.	Frequency of Events Reported										
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	Database	58%	48%	53%	62%	35%	48%	51%	48%	61%
		Your Hospital	-	76%	-	56%	-	59%	-	-	-
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	Database	62%	50%	50%	61%	50%	59%	52%	49%	60%
		Your Hospital	-	79%	-	54%	-	68%	-	-	-
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	Database	78%	69%	69%	74%	72%	76%	74%	67%	75%
		Your Hospital	-	93%	-	71%	-	91%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 5 of 6)

		Staff Position									
Item	Patient Safety Culture Composites	Dataset	Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	Database: # Respondents	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	Your Hospital: # Respondents	92	0	32	0	26	0	34	0	0	0
9. Teamwork Across Units											
F2 R	1. Hospital units do not coordinate well with each other.	Database Your Hospital	52% -	48% 45%	50% -	46% 46%	43% -	41% 79%	42% -	48% -	46% -
F4	2. There is good cooperation among hospital units that need to work together.	Database Your Hospital	65% -	60% 74%	62% -	60% 52%	55% -	55% 82%	56% -	62% -	58% -
F6 R	3. It is often unpleasant to work with staff from other hospital units.	Database Your Hospital	63% -	61% 71%	61% -	59% 68%	61% -	58% 88%	54% -	67% -	55% -
F10	4. Hospital units work well together to provide the best care for patients.	Database Your Hospital	74% -	67% 77%	71% -	72% 76%	63% -	63% 85%	65% -	69% -	68% -
10. Staffing											
A2	1. We have enough staff to handle the workload.	Database Your Hospital	67% -	57% 34%	57% -	44% 50%	49% -	52% 71%	53% -	53% -	49% -
A5 R	2. Staff in this unit work longer hours than is best for patient care.	Database Your Hospital	59% -	51% 47%	53% -	44% 75%	59% -	54% 76%	54% -	56% -	48% -
A7 R	3. We use more agency/temporary staff than is best for patient care.	Database Your Hospital	69% -	61% 74%	58% -	62% 80%	71% -	71% 88%	67% -	69% -	59% -
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	Database Your Hospital	56% -	51% 63%	52% -	47% 62%	46% -	47% 73%	49% -	55% -	50% -

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-6. Item-level Average Percent Positive Response by Staff Position (Page 6 of 6)

Item	Patient Safety Culture Composites	Dataset	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	Database: # Respondents	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
	Your Hospital: # Respondents	92	0	32	0	26	0	34	0	0	0
11.	Handoffs & Transitions										
F3 R	1. Things “fall between the cracks” when transferring patients from one unit to another.	Database Your Hospital	41% -	43% 55%	32% -	46% 21%	25% -	43% 69%	34% -	36% -	44% -
F5 R	2. Important patient care information is often lost during shift changes.	Database Your Hospital	49% -	46% 61%	40% -	57% 50%	33% -	53% 79%	45% -	44% -	51% -
F7 R	3. Problems often occur in the exchange of information across hospital units.	Database Your Hospital	44% -	44% 55%	39% -	43% 36%	31% -	44% 72%	37% -	42% -	43% -
F11 R	4. Shift changes are problematic for patients in this hospital.	Database Your Hospital	46% -	40% 61%	37% -	50% 63%	31% -	49% 88%	40% -	41% -	44% -
12.	Nonpunitive Response to Error										
A8 R	1. Staff feel like their mistakes are held against them.	Database Your Hospital	69% -	48% 56%	53% -	43% 73%	65% -	50% 74%	50% -	57% -	45% -
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	Database Your Hospital	68% -	45% 52%	47% -	37% 64%	62% -	46% 79%	43% -	51% -	39% -
A16 AR	3. Staff worry that mistakes they make are kept in their personnel file.	Database Your Hospital	50% -	31% 35%	35% -	28% 52%	54% -	33% 62%	35% -	43% -	32% -

Note: The item’s survey location is shown to the left. An “R” indicates a negatively worded item, where the percent positive response is based on those who responded “Strongly disagree” or “Disagree,” or “Never” or “Rarely” (depending on the response category used for the item).

Table A-7. Average Percent Distribution of Work Area/Unit Patient Safety Grades by Staff Position

Work Area/Unit Patient Safety Grade	Dataset	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
<i>Database: # Respondents</i>	142,969	13,750	8,084	1,195	10,386	3,123	66,261	19,230	9,026	11,914
<i>Your Hospital: # Respondents</i>	92	0	32	0	26	0	34	0	0	0
A Excellent	<i>Database</i>	30%	25%	27%	24%	21%	19%	27%	29%	27%
	<i>Your Hospital</i>	-	32%	-	35%	-	48%	-	-	-
B Very Good	<i>Database</i>	52%	47%	48%	46%	49%	47%	49%	46%	47%
	<i>Your Hospital</i>	-	54%	-	57%	-	52%	-	-	-
C Acceptable	<i>Database</i>	16%	22%	21%	24%	23%	26%	20%	20%	22%
	<i>Your Hospital</i>	-	14%	-	9%	-	0%	-	-	-
D Poor	<i>Database</i>	2%	5%	3%	5%	6%	6%	3%	4%	3%
	<i>Your Hospital</i>	-	0%	-	0%	-	0%	-	-	-
E Failing	<i>Database</i>	1%	1%	0%	1%	1%	1%	1%	1%	1%
	<i>Your Hospital</i>	-	0%	-	0%	-	0%	-	-	-

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Table A-8. Average Percent Distribution of Number of Events Reported in the Past 12 Months by Staff Position

Number of Events Reported by Respondents	Dataset	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
<i>Database: # Respondents</i>	<i>142,969</i>	<i>13,750</i>	<i>8,084</i>	<i>1,195</i>	<i>10,386</i>	<i>3,123</i>	<i>66,261</i>	<i>19,230</i>	<i>9,026</i>	<i>11,914</i>
<i>Your Hospital: # Respondents</i>	<i>92</i>	<i>0</i>	<i>32</i>	<i>0</i>	<i>26</i>	<i>0</i>	<i>34</i>	<i>0</i>	<i>0</i>	<i>0</i>
No events	<i>Database</i>	45%	59%	75%	75%	25%	29%	57%	59%	77%
	<i>Your Hospital</i>	-	50%	-	55%	-	28%	-	-	-
1 to 2 events	<i>Database</i>	24%	27%	16%	19%	22%	38%	29%	31%	17%
	<i>Your Hospital</i>	-	25%	-	23%	-	52%	-	-	-
3 to 5 events	<i>Database</i>	16%	9%	6%	4%	20%	22%	9%	7%	4%
	<i>Your Hospital</i>	-	21%	-	14%	-	14%	-	-	-
6 to 10 events	<i>Database</i>	8%	3%	2%	1%	13%	7%	3%	2%	1%
	<i>Your Hospital</i>	-	4%	-	9%	-	3%	-	-	-
11 to 20 events	<i>Database</i>	4%	1%	0%	0%	10%	3%	1%	0%	0%
	<i>Your Hospital</i>	-	0%	-	0%	-	0%	-	-	-
21 event reports or more	<i>Database</i>	3%	1%	0%	0%	10%	1%	1%	0%	0%
	<i>Your Hospital</i>	-	0%	-	0%	-	3%	-	-	-

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Appendix A: Overall Results by Respondent Characteristics--

(3) Interaction With Patients

NOTE 1: Hospitals that did not ask respondents to indicate their interaction with patients were excluded from these breakout tables. In addition, respondents who did not answer (missing) were not included.

NOTE 2: The number of database respondents is shown in each table. However, the precise number of database respondents corresponding to each data cell in the tables will vary because hospitals may have omitted a specific survey item and because of individual non-response/missing data.

NOTE 3: Your hospital's number of respondents by interaction with patients is shown. However, the precise number of your hospital's respondents corresponding to each of your hospital's data cells in the tables will vary because of individual non-response/missing data.

Database averages by interaction with patients are displayed; your hospital's percent positive results are shown in two columns to the right but are only displayed if there were at least 10 respondents (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents with or without direct interaction with patients, a hyphen (-) is shown..

Table A-9. Composite-level Average Percent Positive Response by Interaction with Patients

Patient Safety Culture Composites	Database Hospital Average		Your Hospital	
	Interaction with Patients			
	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
<i># Respondents</i>	143,052	43,658	85	15
1. Teamwork Within Units	79%	81%	86%	95%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	75%	76%	75%	75%
3. Org Learning--Continuous Improvement	71%	72%	73%	86%
4. Management Support for Patient Safety	69%	76%	83%	95%
5. Overall Perceptions of Patient Safety	64%	66%	78%	80%
6. Feedback & Communication About Error	62%	66%	71%	90%
7. Communication Openness	62%	64%	65%	87%
8. Frequency of Events Reported	60%	62%	69%	86%
9. Teamwork Across Units	57%	58%	67%	82%
10. Staffing	56%	53%	64%	64%
11. Handoffs & Transitions	45%	38%	57%	68%
12. Nonpunitive Response to Error	43%	47%	55%	79%
Average Across Composites	62%	63%	70%	82%

Table A-10. Item-level Average Percent Positive Response by Interaction with Patients (Page 1 of 4)

		Database Hospital Average		Your Hospital	
		Interaction with Patients			
Item	Survey Items By Composite	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
	# Respondents	143,052	43,658	85	15
1.	Teamwork Within Units				
A1	1. People support one another in this unit.	85%	86%	88%	100%
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	86%	87%	92%	100%
A4	3. In this unit, people treat each other with respect.	77%	80%	87%	100%
A11	4. When one area in this unit gets really busy, others help out.	68%	69%	79%	79%
2.	Supervisor/Manager Expectations & Actions Promoting Patient Safety				
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	71%	75%	69%	79%
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	76%	78%	73%	79%
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	74%	76%	79%	71%
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	77%	77%	81%	71%
3.	Organizational Learning— Continuous Improvement				
A6	1. We are actively doing things to improve patient safety.	82%	80%	88%	87%
A9	2. Mistakes have led to positive changes here.	62%	69%	58%	86%
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	68%	68%	74%	85%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-10. Item-level Average Percent Positive Response by Interaction with Patients (Page 2 of 4)

		Database Hospital Average		Your Hospital	
		Interaction with Patients			
Item	Survey Items By Composite	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
	<i># Respondents</i>	143,052	43,658	85	15
3.	Management Support for Patient Safety				
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	78%	85%	90%	100%
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	70%	78%	86%	93%
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	58%	66%	72%	93%
5.	Overall Perceptions of Patient Safety				
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	60%	61%	73%	80%
A15	2. Patient safety is never sacrificed to get more work done.	64%	66%	81%	60%
A17 R	3. We have patient safety problems in this unit.	62%	65%	81%	93%
A18	4. Our procedures and systems are good at preventing errors from happening.	70%	72%	79%	86%
6.	Feedback and Communication About Error				
C1	1. We are given feedback about changes put into place based on event reports.	53%	56%	65%	79%
C3	2. We are informed about errors that happen in this unit.	63%	69%	75%	93%
C5	3. In this unit, we discuss ways to prevent errors from happening again.	70%	74%	73%	100%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-10. Item-level Average Percent Positive Response by Interaction with Patients (Page 3 of 4)

		Database Hospital Average		Your Hospital	
		Interaction with Patients			
Item	Survey Items By Composite	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
	<i># Respondents</i>	143,052	43,658	85	15
7.	Communication Openness				
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	76%	76%	85%	100%
C4	2. Staff feel free to question the decisions or actions of those with more authority.	46%	51%	46%	73%
C6 R	3. Staff are afraid to ask questions when something does not seem right.	63%	66%	63%	87%
8.	Frequency of Events Reported				
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	51%	56%	60%	93%
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	56%	57%	66%	71%
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	73%	73%	81%	93%
9.	Teamwork Across Units				
F2 R	1. Hospital units do not coordinate well with each other.	44%	47%	52%	79%
F4	2. There is good cooperation among hospital units that need to work together.	58%	59%	65%	79%
F6 R	3. It is often unpleasant to work with staff from other hospital units.	59%	57%	75%	86%
F10	4. Hospital units work well together to provide the best care for patients.	66%	70%	77%	86%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-10. Item-level Average Percent Positive Response by Interaction with Patients (Page 4 of 4)

		Database Hospital Average		Your Hospital	
		Interaction with Patients			
Item	Survey Items By Composite	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
	<i># Respondents</i>	143,052	43,658	85	15
10.	Staffing				
A2	1. We have enough staff to handle the workload.	53%	57%	49%	40%
A5 R	2. Staff in this unit work longer hours than is best for patient care.	53%	49%	68%	57%
A7 R	3. We use more agency/temporary staff than is best for patient care.	67%	57%	80%	64%
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	49%	48%	59%	93%
11.	Handoffs & Transitions				
F3 R	1. Things "fall between the cracks" when transferring patients from one unit to another.	42%	35%	44%	79%
F5 R	2. Important patient care information is often lost during shift changes.	51%	43%	64%	57%
F7 R	3. Problems often occur in the exchange of information across hospital units.	43%	38%	49%	71%
F11 R	4. Shift changes are problematic for patients in this hospital.	46%	39%	69%	64%
12.	Nonpunitive Response to Error				
A8 R	1. Staff feel like their mistakes are held against them.	50%	55%	62%	80%
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	45%	49%	57%	93%
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	35%	38%	45%	64%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table A-11. Average Percent Distribution of Work Area/Unit Patient Safety Grades by Interaction with Patients

Work Area/Unit Patient Safety Grade	Database Hospital Average		Your Hospital	
	Interaction with Patients			
	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
<i># Respondents</i>	143,052	43,658	85	15
A Excellent	24%	28%	43%	36%
B Very Good	48%	49%	48%	57%
C Acceptable	23%	20%	8%	7%
D Poor	5%	3%	1%	0%
E Failing	1%	0%	0%	0%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Table A-12. Average Percent Distribution of Number of Events Reported in the Past 12 Months by Interaction with Patients

Number of Events Reported by Respondents	Database Hospital Average		Your Hospital	
	Interaction with Patients			
	WITH direct interaction	WITHOUT direct interaction	WITH direct interaction	WITHOUT direct interaction
<i># Respondents</i>	143,052	43,658	85	15
No events	48%	68%	40%	93%
1 to 2 events	31%	16%	38%	0%
3 to 5 events	14%	8%	16%	7%
6 to 10 events	5%	4%	4%	0%
11 to 20 events	2%	2%	0%	0%
21 event reports or more	1%	2%	1%	0%

Note: Average percent totals in the table may not sum to exactly 100% due to rounding of decimals.

Appendix B: Trending Results by—

(1) Work Area/Unit

NOTE 1: Respondents who selected “Many different work areas/No specific work area,” “Other,” or did not answer (missing) were not included.

NOTE 2: Your hospital’s number of respondents in each work area/unit is shown. However, the precise number of respondents corresponding to each of your hospital’s data cells in the tables will vary because of individual non-response/missing data.

NOTE 3: Changes in scores of 5% or greater, whether positive or negative, are bolded.

Your hospital’s results are only displayed if there were at least 10 respondents in a particular work area/unit (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents in a particular work area/unit, a hyphen (-) is shown.

Table B-1. Trending: Composite-level Average Percent Positive Response by Work Area/Unit (Page 1 of 2)

Patient Safety Culture Composites	Database Year	Work Area/Unit											
		Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
	Previous	0	0	7	7	4	4	3	1	6	26	10	0
1. Teamwork Within Units	Most Recent	-	77%	89%	-	-	-	100%	-	-	89%	-	-
	Previous	-	-	-	-	-	-	-	-	-	80%	95%	-
	Change	-	-	-	-	-	-	-	-	-	9%	-	-
2. Supv/Mgr Expectations & Actions Promoting Patient Safety	Most Recent	-	64%	91%	-	-	-	98%	-	-	78%	-	-
	Previous	-	-	-	-	-	-	-	-	-	90%	86%	-
	Change	-	-	-	-	-	-	-	-	-	-12%	-	-
3. Mgmt Support for Patient Safety	Most Recent	-	76%	97%	-	-	-	97%	-	-	95%	-	-
	Previous	-	-	-	-	-	-	-	-	-	86%	79%	-
	Change	-	-	-	-	-	-	-	-	-	9%	-	-
4. Org Learning-- Continuous Improvement	Most Recent	-	66%	80%	-	-	-	93%	-	-	80%	-	-
	Previous	-	-	-	-	-	-	-	-	-	90%	81%	-
	Change	-	-	-	-	-	-	-	-	-	-10%	-	-
5. Overall Perceptions of Patient Safety	Most Recent	-	72%	93%	-	-	-	98%	-	-	78%	-	-
	Previous	-	-	-	-	-	-	-	-	-	76%	84%	-
	Change	-	-	-	-	-	-	-	-	-	2%	-	-
6. Feedback & Communication About Error	Most Recent	-	60%	77%	-	-	-	100%	-	-	82%	-	-
	Previous	-	-	-	-	-	-	-	-	-	86%	58%	-
	Change	-	-	-	-	-	-	-	-	-	-4%	-	-

Table B-1. Trending: Composite-level Average Percent Positive Response by Work Area/Unit (Page 2 of 2)

Patient Safety Culture Composites	Database Year	Work Area/Unit											
		Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
	Previous	0	0	7	7	4	4	3	1	6	26	10	0
7. Communication Openness	Most Recent	-	53%	76%	-	-	-	93%	-	-	69%	-	-
	Previous	-	-	-	-	-	-	-	-	-	70%	77%	-
	Change	-	-	-	-	-	-	-	-	-	-1%	-	-
8. Frequency of Events Reported	Most Recent	-	54%	79%	-	-	-	100%	-	-	84%	-	-
	Previous	-	-	-	-	-	-	-	-	-	88%	62%	-
	Change	-	-	-	-	-	-	-	-	-	-4%	-	-
9. Teamwork Across Units	Most Recent	-	67%	67%	-	-	-	93%	-	-	78%	-	-
	Previous	-	-	-	-	-	-	-	-	-	73%	70%	-
	Change	-	-	-	-	-	-	-	-	-	5%	-	-
10. Staffing	Most Recent	-	56%	63%	-	-	-	95%	-	-	55%	-	-
	Previous	-	-	-	-	-	-	-	-	-	49%	40%	-
	Change	-	-	-	-	-	-	-	-	-	6%	-	-
11. Handoffs & Transitions	Most Recent	-	62%	40%	-	-	-	95%	-	-	56%	-	-
	Previous	-	-	-	-	-	-	-	-	-	55%	26%	-
	Change	-	-	-	-	-	-	-	-	-	1%	-	-
12. Nonpunitive Response to Error	Most Recent	-	35%	74%	-	-	-	90%	-	-	62%	-	-
	Previous	-	-	-	-	-	-	-	-	-	52%	56%	-
	Change	-	-	-	-	-	-	-	-	-	10%	-	-

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 1 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emerg- ency	ICU	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
# Respondents		Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
		Previous	0	0	7	7	4	4	3	1	6	26	10	0
1.	Teamwork Within Units													
A1	1. People support one another in this unit.	Most Recent	-	77%	100%	-	-	-	100%	-	-	96%	-	-
		Previous	-	-	-	-	-	-	-	-	-	81%	100%	-
		Change	-	-	-	-	-	-	-	-	-	15%	-	-
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	Most Recent	-	86%	82%	-	-	-	100%	-	-	96%	-	-
		Previous	-	-	-	-	-	-	-	-	-	85%	90%	-
		Change	-	-	-	-	-	-	-	-	-	11%	-	-
A4	3. In this unit, people treat each other with respect.	Most Recent	-	73%	100%	-	-	-	100%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	80%	100%	-
		Change	-	-	-	-	-	-	-	-	-	8%	-	-
A11	4. When one area in this unit gets really busy, others help out.	Most Recent	-	73%	73%	-	-	-	100%	-	-	75%	-	-
		Previous	-	-	-	-	-	-	-	-	-	76%	90%	-
		Change	-	-	-	-	-	-	-	-	-	-1%	-	-
2.	Supv/Mgr Expectations & Actions Promoting Patient Safety													
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	Most Recent	-	45%	91%	-	-	-	90%	-	-	83%	-	-
		Previous	-	-	-	-	-	-	-	-	-	91%	89%	-
		Change	-	-	-	-	-	-	-	-	-	-8%	-	-
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	Most Recent	-	59%	100%	-	-	-	100%	-	-	83%	-	-
		Previous	-	-	-	-	-	-	-	-	-	91%	78%	-
		Change	-	-	-	-	-	-	-	-	-	-8%	-	-
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	Most Recent	-	73%	82%	-	-	-	100%	-	-	75%	-	-
		Previous	-	-	-	-	-	-	-	-	-	87%	89%	-
		Change	-	-	-	-	-	-	-	-	-	-12%	-	-
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	Most Recent	-	77%	91%	-	-	-	100%	-	-	71%	-	-
		Previous	-	-	-	-	-	-	-	-	-	91%	89%	-
		Change	-	-	-	-	-	-	-	-	-	-20%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 2 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU (any type)	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
		Previous	0	0	7	7	4	4	3	1	6	26	10	0
3.	Organizational Learning— Continuous Improvement													
A6	1. We are actively doing things to improve patient safety.	Most Recent	-	86%	100%	-	-	-	100%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	92%	100%	-
		Change	-	-	-	-	-	-	-	-	-	-4%	-	-
A9	2. Mistakes have led to positive changes here.	Most Recent	-	50%	50%	-	-	-	90%	-	-	70%	-	-
		Previous	-	-	-	-	-	-	-	-	-	85%	67%	-
		Change	-	-	-	-	-	-	-	-	-	-15%	-	-
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	Most Recent	-	64%	91%	-	-	-	90%	-	-	83%	-	-
		Previous	-	-	-	-	-	-	-	-	-	92%	78%	-
		Change	-	-	-	-	-	-	-	-	-	-9%	-	-
4.	Management Support for Patient Safety													
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	Most Recent	-	86%	100%	-	-	-	100%	-	-	96%	-	-
		Previous	-	-	-	-	-	-	-	-	-	92%	100%	-
		Change	-	-	-	-	-	-	-	-	-	4%	-	-
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	Most Recent	-	77%	100%	-	-	-	100%	-	-	100%	-	-
		Previous	-	-	-	-	-	-	-	-	-	88%	75%	-
		Change	-	-	-	-	-	-	-	-	-	12%	-	-
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	Most Recent	-	64%	90%	-	-	-	90%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	77%	63%	-
		Change	-	-	-	-	-	-	-	-	-	11%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 3 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
# Respondents		Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
		Previous	0	0	7	7	4	4	3	1	6	26	10	0
5.	Overall Perceptions of Patient Safety													
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	Most Recent	-	64%	91%	-	-	-	100%	-	-	76%	-	-
		Previous	-	-	-	-	-	-	-	-	-	68%	78%	-
		Change	-	-	-	-	-	-	-	-	-	8%	-	-
A15	2. Patient safety is never sacrificed to get more work done.	Most Recent	-	64%	91%	-	-	-	100%	-	-	80%	-	-
		Previous	-	-	-	-	-	-	-	-	-	84%	90%	-
		Change	-	-	-	-	-	-	-	-	-	-4%	-	-
A17 R	3. We have patient safety problems in this unit.	Most Recent	-	73%	100%	-	-	-	90%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	75%	80%	-
		Change	-	-	-	-	-	-	-	-	-	13%	-	-
A18	4. Our procedures and systems are good at preventing errors from happening.	Most Recent	-	86%	90%	-	-	-	100%	-	-	67%	-	-
		Previous	-	-	-	-	-	-	-	-	-	76%	89%	-
		Change	-	-	-	-	-	-	-	-	-	-9%	-	-
6.	Feedback and Communication About Error													
C1	1. We are given feedback about changes put into place based on event reports.	Most Recent	-	48%	70%	-	-	-	100%	-	-	70%	-	-
		Previous	-	-	-	-	-	-	-	-	-	71%	33%	-
		Change	-	-	-	-	-	-	-	-	-	-1%	-	-
C3	2. We are informed about errors that happen in this unit.	Most Recent	-	71%	80%	-	-	-	100%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	96%	50%	-
		Change	-	-	-	-	-	-	-	-	-	-8%	-	-
C5	3. In this unit, we discuss ways to prevent errors from happening again.	Most Recent	-	62%	82%	-	-	-	100%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	92%	90%	-
		Change	-	-	-	-	-	-	-	-	-	-4%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 4 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
		Previous	0	0	7	7	4	4	3	1	6	26	10	0
7.	Communication Openness													
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	Most Recent	-	67%	100%	-	-	-	100%	-	-	92%	-	-
		Previous	-	-	-	-	-	-	-	-	-	80%	100%	-
		Change	-	-	-	-	-	-	-	-	-	12%	-	-
C4	2. Staff feel free to question the decisions or actions of those with more authority.	Most Recent	-	50%	45%	-	-	-	90%	-	-	48%	-	-
		Previous	-	-	-	-	-	-	-	-	-	54%	40%	-
		Change	-	-	-	-	-	-	-	-	-	-6%	-	-
C6 R	3. Staff are afraid to ask questions when something does not seem right.	Most Recent	-	43%	82%	-	-	-	90%	-	-	68%	-	-
		Previous	-	-	-	-	-	-	-	-	-	76%	90%	-
		Change	-	-	-	-	-	-	-	-	-	-8%	-	-
8.	Frequency of Events Reported													
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	Most Recent	-	38%	70%	-	-	-	100%	-	-	78%	-	-
		Previous	-	-	-	-	-	-	-	-	-	80%	43%	-
		Change	-	-	-	-	-	-	-	-	-	-2%	-	-
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	Most Recent	-	48%	78%	-	-	-	100%	-	-	77%	-	-
		Previous	-	-	-	-	-	-	-	-	-	85%	71%	-
		Change	-	-	-	-	-	-	-	-	-	-8%	-	-
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	Most Recent	-	76%	89%	-	-	-	100%	-	-	95%	-	-
		Previous	-	-	-	-	-	-	-	-	-	100%	71%	-
		Change	-	-	-	-	-	-	-	-	-	-5%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 5 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
	# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
		Previous	0	0	7	7	4	4	3	1	6	26	10	0
9.	Teamwork Across Units													
F2 R	1. Hospital units do not coordinate well with each other.	Most Recent	-	50%	55%	-	-	-	80%	-	-	63%	-	-
		Previous	-	-	-	-	-	-	-	-	-	65%	50%	-
		Change	-	-	-	-	-	-	-	-	-	-2%	-	-
F4	2. There is good cooperation among hospital units that need to work together.	Most Recent	-	68%	50%	-	-	-	90%	-	-	83%	-	-
		Previous	-	-	-	-	-	-	-	-	-	65%	56%	-
		Change	-	-	-	-	-	-	-	-	-	18%	-	-
F6 R	3. It is often unpleasant to work with staff from other hospital units.	Most Recent	-	77%	73%	-	-	-	100%	-	-	79%	-	-
		Previous	-	-	-	-	-	-	-	-	-	84%	75%	-
		Change	-	-	-	-	-	-	-	-	-	-5%	-	-
F10	4. Hospital units work well together to provide the best care for patients.	Most Recent	-	73%	90%	-	-	-	100%	-	-	88%	-	-
		Previous	-	-	-	-	-	-	-	-	-	77%	100%	-
		Change	-	-	-	-	-	-	-	-	-	11%	-	-
10.	Staffing													
A2	1. We have enough staff to handle the workload.	Most Recent	-	36%	18%	-	-	-	90%	-	-	44%	-	-
		Previous	-	-	-	-	-	-	-	-	-	31%	10%	-
		Change	-	-	-	-	-	-	-	-	-	13%	-	-
A5 R	2. Staff in this unit work longer hours than is best for patient care.	Most Recent	-	55%	80%	-	-	-	90%	-	-	48%	-	-
		Previous	-	-	-	-	-	-	-	-	-	40%	38%	-
		Change	-	-	-	-	-	-	-	-	-	8%	-	-
A7 R	3. We use more agency/temporary staff than is best for patient care.	Most Recent	-	77%	70%	-	-	-	100%	-	-	75%	-	-
		Previous	-	-	-	-	-	-	-	-	-	68%	89%	-
		Change	-	-	-	-	-	-	-	-	-	7%	-	-
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	Most Recent	-	57%	82%	-	-	-	100%	-	-	52%	-	-
		Previous	-	-	-	-	-	-	-	-	-	58%	22%	-
		Change	-	-	-	-	-	-	-	-	-	-6%	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-2. Trending: Item-level Percent Positive Response by Work Area/Unit (Page 6 of 6)

Item	Survey Items by Composite	Database Year	Work Area/Unit											
			Anesthe- siology	Emer- gency	ICU	Lab	Medi- cine	Obste- trics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radi- ology	Rehab- ilitation	Surgery
<i># Respondents</i>		<i>Most Recent</i>	0	22	11	2	3	0	10	6	4	25	8	0
		<i>Previous</i>	0	0	7	7	4	4	3	1	6	26	10	0
11.	Handoffs & Transitions													
F3 R	1. Things “fall between the cracks” when transferring patients from one unit to another.	Most Recent	-	52%	20%	-	-	-	90%	-	-	57%	-	-
		Previous	-	-	-	-	-	-	-	-	-	54%	50%	-
		Change	-	-	-	-	-	-	-	-	-	3%	-	-
F5 R	2. Important patient care information is often lost during shift changes.	Most Recent	-	82%	50%	-	-	-	90%	-	-	48%	-	-
		Previous	-	-	-	-	-	-	-	-	-	50%	20%	-
		Change	-	-	-	-	-	-	-	-	-	-2%	-	-
F7 R	3. Problems often occur in the exchange of information across hospital units.	Most Recent	-	36%	50%	-	-	-	100%	-	-	64%	-	-
		Previous	-	-	-	-	-	-	-	-	-	46%	14%	-
		Change	-	-	-	-	-	-	-	-	-	18%	-	-
F11 R	4. Shift changes are problematic for patients in this hospital.	Most Recent	-	77%	40%	-	-	-	100%	-	-	57%	-	-
		Previous	-	-	-	-	-	-	-	-	-	70%	20%	-
		Change	-	-	-	-	-	-	-	-	-	-13%	-	-
12.	Nonpunitive Response to Error													
A8 R	1. Staff feel like their mistakes are held against them.	Most Recent	-	36%	91%	-	-	-	90%	-	-	72%	-	-
		Previous	-	-	-	-	-	-	-	-	-	46%	56%	-
		Change	-	-	-	-	-	-	-	-	-	26%	-	-
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	Most Recent	-	36%	70%	-	-	-	90%	-	-	75%	-	-
		Previous	-	-	-	-	-	-	-	-	-	59%	78%	-
		Change	-	-	-	-	-	-	-	-	-	16%	-	-
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	Most Recent	-	32%	60%	-	-	-	90%	-	-	38%	-	-
		Previous	-	-	-	-	-	-	-	-	-	52%	33%	-
		Change	-	-	-	-	-	-	-	-	-	-14%	-	-

Note: The item’s survey location is shown to the left. An “R” indicates a negatively worded item, where the percent positive response is based on those who responded “Strongly disagree” or “Disagree,” or “Never” or “Rarely” (depending on the response category used for the item).

Table B-3. Trending: Average Percent Distribution of Work Area/Unit Patient Safety Grades by Work Area/Unit

	Database Year	Work Area/Unit											
		Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharmacy	Psych/ Mental Health	Radiology	Rehab- ilitation	Surgery
# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
	Previous	0	0	7	7	4	4	3	1	6	26	10	0
Patient Safety Grade		Average Percent of Respondents within Hospitals											
A Excellent	Most Recent	-	18%	50%	-	-	-	100%	-	-	27%	-	-
	Previous	-	-	-	-	-	-	-	-	-	25%	44%	-
	Change	-	-	-	-	-	-	-	-	-	2%	-	-
B Very Good	Most Recent	-	71%	50%	-	-	-	0%	-	-	59%	-	-
	Previous	-	-	-	-	-	-	-	-	-	58%	56%	-
	Change	-	-	-	-	-	-	-	-	-	1%	-	-
C Acceptable	Most Recent	-	6%	0%	-	-	-	0%	-	-	14%	-	-
	Previous	-	-	-	-	-	-	-	-	-	17%	0%	-
	Change	-	-	-	-	-	-	-	-	-	-3%	-	-
D Poor	Most Recent	-	6%	0%	-	-	-	0%	-	-	0%	-	-
	Previous	-	-	-	-	-	-	-	-	-	0%	0%	-
	Change	-	-	-	-	-	-	-	-	-	0%	-	-
E Failing	Most Recent	-	0%	0%	-	-	-	0%	-	-	0%	-	-
	Previous	-	-	-	-	-	-	-	-	-	0%	0%	-
	Change	-	-	-	-	-	-	-	-	-	0%	-	-

Table B-4. Trending: Average Percent Distribution of Number of Events Reported in the Past 12 Months by Work Area/Unit

	Database Year	Work Area/Unit											
		Anesthe- siology	Emer- gency	ICU	Lab	Medicine	Obstet- rics	Pedi- atrics	Pharm- acy	Psych/ Mental Health	Radiology	Rehab- ilitation	Surgery
# Respondents	Most Recent	0	22	11	2	3	0	10	6	4	25	8	0
	Previous	0	0	7	7	4	4	3	1	6	26	10	0
Number of Events Reported		Average Percent of Respondents within Hospitals											
No events	Most Recent	-	28%	73%	-	-	-	20%	-	-	57%	-	-
	Previous	-	-	-	-	-	-	-	-	-	61%	56%	-
	Change	-	-	-	-	-	-	-	-	-	-4%	-	-
1 to 2 events	Most Recent	-	56%	18%	-	-	-	50%	-	-	14%	-	-
	Previous	-	-	-	-	-	-	-	-	-	13%	22%	-
	Change	-	-	-	-	-	-	-	-	-	1%	-	-
3 to 5 events	Most Recent	-	17%	9%	-	-	-	20%	-	-	19%	-	-
	Previous	-	-	-	-	-	-	-	-	-	13%	22%	-
	Change	-	-	-	-	-	-	-	-	-	6%	-	-
6 to 10 events	Most Recent	-	0%	0%	-	-	-	10%	-	-	5%	-	-
	Previous	-	-	-	-	-	-	-	-	-	9%	0%	-
	Change	-	-	-	-	-	-	-	-	-	-4%	-	-
11 to 20 events	Most Recent	-	0%	0%	-	-	-	0%	-	-	0%	-	-
	Previous	-	-	-	-	-	-	-	-	-	0%	0%	-
	Change	-	-	-	-	-	-	-	-	-	0%	-	-
21 event reports or more	Most Recent	-	0%	0%	-	-	-	0%	-	-	5%	-	-
	Previous	-	-	-	-	-	-	-	-	-	4%	0%	-
	Change	-	-	-	-	-	-	-	-	-	1%	-	-

Appendix B: Trending Results by— (2) Staff Position

NOTE 1: Respondents who selected "Other" or those who did not answer (missing) are not included.

NOTE 2: Your hospital's number of respondents in each staff position is shown. However, the precise number of respondents corresponding to each of your hospital's data cells in the tables will vary because of individual non-response/missing data.

NOTE 3: Changes in scores of 5% or greater, whether positive or negative, are bolded.

Your hospital's results are only displayed if there were at least 10 respondents in a particular staff position (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents in a particular staff position, a hyphen (-) is shown.

Table B-5. Trending: Composite-level Average Percent Positive Response by Staff Position (Page 1 of 2)

Patient Safety Culture Composites	Database Year	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Diet-ician	Pat Care Asst/Aide/ Care Partner	Pharm-acist	RN/LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
	Previous	0	33	0	17	0	21	0	0	0
1. Teamwork Within Units	Most Recent	-	84%	-	91%	-	91%	-	-	-
	Previous	-	82%	-	94%	-	96%	-	-	-
	Change	-	2%	-	-3%	-	-5%	-	-	-
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	Most Recent	-	69%	-	74%	-	87%	-	-	-
	Previous	-	89%	-	74%	-	89%	-	-	-
	Change	-	-20%	-	0%	-	-2%	-	-	-
3. Org Learning--Continuous Improvement	Most Recent	-	68%	-	78%	-	86%	-	-	-
	Previous	-	88%	-	77%	-	92%	-	-	-
	Change	-	-20%	-	1%	-	-6%	-	-	-
4. Management Support for Patient Safety	Most Recent	-	84%	-	83%	-	91%	-	-	-
	Previous	-	79%	-	73%	-	88%	-	-	-
	Change	-	5%	-	10%	-	3%	-	-	-
5. Overall Perceptions of Patient Safety	Most Recent	-	77%	-	78%	-	85%	-	-	-
	Previous	-	71%	-	64%	-	79%	-	-	-
	Change	-	6%	-	14%	-	6%	-	-	-
6. Feedback & Communication About Error	Most Recent	-	81%	-	55%	-	79%	-	-	-
	Previous	-	77%	-	64%	-	83%	-	-	-
	Change	-	4%	-	-9%	-	-4%	-	-	-

Table B-5. Trending: Composite-level Average Percent Positive Response by Staff Position (Page 2 of 2)

Patient Safety Culture Composites	Database Year	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Diet-ician	Pat Care Asst/Aide/ Care Partner	Pharm-acist	RN/LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
	Previous	0	33	0	17	0	21	0	0	0
7. Communication Openness	Most Recent	-	64%	-	67%	-	78%	-	-	-
	Previous	-	65%	-	66%	-	79%	-	-	-
	Change	-	-1%	-	1%	-	-1%	-	-	-
8. Frequency of Events Reported	Most Recent	-	82%	-	60%	-	73%	-	-	-
	Previous	-	84%	-	69%	-	83%	-	-	-
	Change	-	-2%	-	-9%	-	-10%	-	-	-
9. Teamwork Across Units	Most Recent	-	67%	-	61%	-	84%	-	-	-
	Previous	-	69%	-	75%	-	74%	-	-	-
	Change	-	-2%	-	-14%	-	10%	-	-	-
10. Staffing	Most Recent	-	55%	-	67%	-	77%	-	-	-
	Previous	-	43%	-	55%	-	68%	-	-	-
	Change	-	12%	-	12%	-	9%	-	-	-
11. Handoffs & Transitions	Most Recent	-	58%	-	42%	-	77%	-	-	-
	Previous	-	56%	-	57%	-	73%	-	-	-
	Change	-	2%	-	-15%	-	4%	-	-	-
12. Nonpunitive Response to Error	Most Recent	-	48%	-	63%	-	72%	-	-	-
	Previous	-	39%	-	56%	-	69%	-	-	-
	Change	-	9%	-	7%	-	3%	-	-	-

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 1 of 6)

Item	Patient Safety Culture Composites	Database Year	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
1. Teamwork Within Units											
A1	1. People support one another in this unit.	Most Recent	-	84%	-	96%	-	94%	-	-	-
		Previous	-	85%	-	100%	-	100%	-	-	-
		Change	-	-1%	-	-4%	-	-6%	-	-	-
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	Most Recent	-	94%	-	88%	-	97%	-	-	-
		Previous	-	82%	-	94%	-	100%	-	-	-
		Change	-	12%	-	-6%	-	-3%	-	-	-
A4	3. In this unit, people treat each other with respect.	Most Recent	-	84%	-	96%	-	88%	-	-	-
		Previous	-	81%	-	100%	-	100%	-	-	-
		Change	-	3%	-	-4%	-	-12%	-	-	-
A11	4. When one area in this unit gets really busy, others help out.	Most Recent	-	74%	-	85%	-	85%	-	-	-
		Previous	-	78%	-	82%	-	86%	-	-	-
		Change	-	-4%	-	3%	-	-1%	-	-	-
2. Supv/Mgr Expectations & Actions Promoting Patient Safety											
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	Most Recent	-	67%	-	69%	-	74%	-	-	-
		Previous	-	93%	-	69%	-	76%	-	-	-
		Change	-	-26%	-	0%	-	-2%	-	-	-
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	Most Recent	-	68%	-	73%	-	88%	-	-	-
		Previous	-	93%	-	69%	-	95%	-	-	-
		Change	-	-25%	-	4%	-	-7%	-	-	-
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	Most Recent	-	71%	-	77%	-	91%	-	-	-
		Previous	-	79%	-	73%	-	86%	-	-	-
		Change	-	-8%	-	4%	-	5%	-	-	-
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	Most Recent	-	71%	-	77%	-	94%	-	-	-
		Previous	-	90%	-	87%	-	100%	-	-	-
		Change	-	-19%	-	-10%	-	-6%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 2 of 6)

		Staff Position									
Item	Patient Safety Culture Composites	Database Year	Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
3. Organizational Learning— Continuous Improvement											
A6	1. We are actively doing things to improve patient safety.	Most Recent	-	94%	-	88%	-	88%	-	-	-
		Previous	-	94%	-	100%	-	100%	-	-	-
		Change	-	0%	-	-12%	-	-12%	-	-	-
A9	2. Mistakes have led to positive changes here.	Most Recent	-	52%	-	68%	-	76%	-	-	-
		Previous	-	84%	-	56%	-	80%	-	-	-
		Change	-	-32%	-	12%	-	-4%	-	-	-
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	Most Recent	-	60%	-	77%	-	94%	-	-	-
		Previous	-	87%	-	73%	-	95%	-	-	-
		Change	-	-27%	-	4%	-	-1%	-	-	-
4. Management Support for Patient Safety											
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	Most Recent	-	94%	-	88%	-	97%	-	-	-
		Previous	-	91%	-	81%	-	95%	-	-	-
		Change	-	3%	-	7%	-	2%	-	-	-
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	Most Recent	-	87%	-	84%	-	94%	-	-	-
		Previous	-	88%	-	69%	-	90%	-	-	-
		Change	-	-1%	-	15%	-	4%	-	-	-
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	Most Recent	-	72%	-	76%	-	82%	-	-	-
		Previous	-	59%	-	69%	-	80%	-	-	-
		Change	-	13%	-	7%	-	2%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 3 of 6)

Item	Patient Safety Culture Composites	Database Year	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
5. Overall Perceptions of Patient Safety											
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	Most Recent	-	69%	-	77%	-	85%	-	-	-
		Previous	-	71%	-	63%	-	81%	-	-	-
		Change	-	-2%	-	14%	-	4%	-	-	-
A15	2. Patient safety is never sacrificed to get more work done.	Most Recent	-	81%	-	81%	-	79%	-	-	-
		Previous	-	75%	-	63%	-	60%	-	-	-
		Change	-	6%	-	18%	-	19%	-	-	-
A17 R	3. We have patient safety problems in this unit.	Most Recent	-	84%	-	85%	-	85%	-	-	-
		Previous	-	65%	-	69%	-	81%	-	-	-
		Change	-	19%	-	16%	-	4%	-	-	-
A18	4. Our procedures and systems are good at preventing errors from happening.	Most Recent	-	74%	-	68%	-	91%	-	-	-
		Previous	-	74%	-	63%	-	95%	-	-	-
		Change	-	0%	-	5%	-	-4%	-	-	-
6. Feedback and Communication About Error											
C1	1. We are given feedback about changes put into place based on event reports.	Most Recent	-	66%	-	44%	-	79%	-	-	-
		Previous	-	60%	-	53%	-	67%	-	-	-
		Change	-	6%	-	-9%	-	12%	-	-	-
C3	2. We are informed about errors that happen in this unit.	Most Recent	-	90%	-	56%	-	79%	-	-	-
		Previous	-	81%	-	59%	-	90%	-	-	-
		Change	-	9%	-	-3%	-	-11%	-	-	-
C5	3. In this unit, we discuss ways to prevent errors from happening again.	Most Recent	-	87%	-	65%	-	79%	-	-	-
		Previous	-	91%	-	81%	-	90%	-	-	-
		Change	-	-4%	-	-16%	-	-11%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 4 of 6)

Item	Patient Safety Culture Composites	Database Year	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
7. Communication Openness											
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	Most Recent	-	87%	-	88%	-	91%	-	-	-
		Previous	-	84%	-	87%	-	86%	-	-	-
		Change	-	3%	-	1%	-	5%	-	-	-
C4	2. Staff feel free to question the decisions or actions of those with more authority.	Most Recent	-	41%	-	46%	-	71%	-	-	-
		Previous	-	42%	-	38%	-	71%	-	-	-
		Change	-	-1%	-	8%	-	0%	-	-	-
C6 R	3. Staff are afraid to ask questions when something does not seem right.	Most Recent	-	65%	-	65%	-	74%	-	-	-
		Previous	-	69%	-	75%	-	81%	-	-	-
		Change	-	-4%	-	-10%	-	-7%	-	-	-
8. Frequency of Events Reported											
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	Most Recent	-	76%	-	56%	-	59%	-	-	-
		Previous	-	76%	-	57%	-	72%	-	-	-
		Change	-	0%	-	-1%	-	-13%	-	-	-
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	Most Recent	-	79%	-	54%	-	68%	-	-	-
		Previous	-	84%	-	67%	-	82%	-	-	-
		Change	-	-5%	-	-13%	-	-14%	-	-	-
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	Most Recent	-	93%	-	71%	-	91%	-	-	-
		Previous	-	92%	-	85%	-	94%	-	-	-
		Change	-	1%	-	-14%	-	-3%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 5 of 6)

Item	Patient Safety Culture Composites	Database Year	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharma- cist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
9. Teamwork Across Units											
F2 R	1. Hospital units do not coordinate well with each other.	Most Recent	-	45%	-	46%	-	79%	-	-	-
		Previous	-	53%	-	69%	-	76%	-	-	-
		Change	-	-8%	-	-23%	-	3%	-	-	-
F4	2. There is good cooperation among hospital units that need to work together.	Most Recent	-	74%	-	52%	-	82%	-	-	-
		Previous	-	64%	-	75%	-	71%	-	-	-
		Change	-	10%	-	-23%	-	11%	-	-	-
F6 R	3. It is often unpleasant to work with staff from other hospital units.	Most Recent	-	71%	-	68%	-	88%	-	-	-
		Previous	-	80%	-	69%	-	70%	-	-	-
		Change	-	-9%	-	-1%	-	18%	-	-	-
F10	4. Hospital units work well together to provide the best care for patients.	Most Recent	-	77%	-	76%	-	85%	-	-	-
		Previous	-	78%	-	88%	-	80%	-	-	-
		Change	-	-1%	-	-12%	-	5%	-	-	-
10. Staffing											
A2	1. We have enough staff to handle the workload.	Most Recent	-	34%	-	50%	-	71%	-	-	-
		Previous	-	27%	-	29%	-	81%	-	-	-
		Change	-	7%	-	21%	-	-10%	-	-	-
A5 R	2. Staff in this unit work longer hours than is best for patient care.	Most Recent	-	47%	-	75%	-	76%	-	-	-
		Previous	-	29%	-	75%	-	50%	-	-	-
		Change	-	18%	-	0%	-	26%	-	-	-
A7 R	3. We use more agency/temporary staff than is best for patient care.	Most Recent	-	74%	-	80%	-	88%	-	-	-
		Previous	-	64%	-	75%	-	95%	-	-	-
		Change	-	10%	-	5%	-	-7%	-	-	-
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	Most Recent	-	63%	-	62%	-	73%	-	-	-
		Previous	-	50%	-	41%	-	48%	-	-	-
		Change	-	13%	-	21%	-	25%	-	-	-

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-6. Trending: Item-level Percent Positive Response by Staff Position (Page 6 of 6)

Item	Patient Safety Culture Composites	Database Year	Staff Position								
			Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/ LVN/ LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
	# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
		Previous	0	33	0	17	0	21	0	0	0
11. Handoffs & Transitions											
F3 R	1. Things “fall between the cracks” when transferring patients from one unit to another.	Most Recent	-	55%	-	21%	-	69%	-	-	-
		Previous	-	52%	-	50%	-	75%	-	-	-
		Change	-	3%	-	-29%	-	-6%	-	-	-
F5 R	2. Important patient care information is often lost during shift changes.	Most Recent	-	61%	-	50%	-	79%	-	-	-
		Previous	-	52%	-	60%	-	76%	-	-	-
		Change	-	9%	-	-10%	-	3%	-	-	-
F7 R	3. Problems often occur in the exchange of information across hospital units.	Most Recent	-	55%	-	36%	-	72%	-	-	-
		Previous	-	52%	-	57%	-	68%	-	-	-
		Change	-	3%	-	-21%	-	4%	-	-	-
F11 R	4. Shift changes are problematic for patients in this hospital.	Most Recent	-	61%	-	63%	-	88%	-	-	-
		Previous	-	69%	-	60%	-	71%	-	-	-
		Change	-	-8%	-	3%	-	17%	-	-	-
12. Nonpunitive Response to Error											
A8 R	1. Staff feel like their mistakes are held against them.	Most Recent	-	56%	-	73%	-	74%	-	-	-
		Previous	-	38%	-	50%	-	76%	-	-	-
		Change	-	18%	-	23%	-	-2%	-	-	-
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	Most Recent	-	52%	-	64%	-	79%	-	-	-
		Previous	-	45%	-	63%	-	70%	-	-	-
		Change	-	7%	-	1%	-	9%	-	-	-
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	Most Recent	-	35%	-	52%	-	62%	-	-	-
		Previous	-	35%	-	56%	-	60%	-	-	-
		Change	-	0%	-	-4%	-	2%	-	-	-

Note: The item's survey location is shown to the left. An “R” indicates a negatively worded item, where the percent positive response is based on those who responded “Strongly disagree” or “Disagree,” or “Never” or “Rarely” (depending on the response category used for the item).

Table B-7. Trending: Average Distribution of Work Area/Unit Patient Safety Grade by Staff Position

	Database Year	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
	Previous	0	33	0	17	0	21	0	0	0
Patient Safety Grade		Average Percent of Respondents within Hospitals								
A Excellent	Most Recent	-	32%	-	35%	-	48%	-	-	-
	Previous	-	28%	-	19%	-	33%	-	-	-
	Change	-	4%	-	16%	-	15%	-	-	-
B Very Good	Most Recent	-	54%	-	57%	-	52%	-	-	-
	Previous	-	53%	-	75%	-	67%	-	-	-
	Change	-	1%	-	-18%	-	-15%	-	-	-
C Acceptable	Most Recent	-	14%	-	9%	-	0%	-	-	-
	Previous	-	19%	-	6%	-	0%	-	-	-
	Change	-	-5%	-	3%	-	0%	-	-	-
D Poor	Most Recent	-	0%	-	0%	-	0%	-	-	-
	Previous	-	0%	-	0%	-	0%	-	-	-
	Change	-	0%	-	0%	-	0%	-	-	-
E Failing	Most Recent	-	0%	-	0%	-	0%	-	-	-
	Previous	-	0%	-	0%	-	0%	-	-	-
	Change	-	0%	-	0%	-	0%	-	-	-

Table B-8. Trending: Average Percent Distribution of Number of Events Reported in the Past 12 Months by Staff Position

	Database Year	Staff Position								
		Admin/ Mgmt	Attending/ Physician/ Resident/ PA or NP	Dietician	Pat Care Asst/Aide/ Care Partner	Pharmacist	RN/LVN/LPN	Technician (EKG, Lab, Radiology)	Therapist (Respiratory, Phys, Occup, Speech)	Unit Asst/ Clerk/ Secretary
# Respondents	Most Recent	0	32	0	26	0	34	0	0	0
	Previous	0	33	0	17	0	21	0	0	0
Number of Events Reported		Average Percent of Respondents within Hospitals								
No events	Most Recent	-	50%	-	55%	-	28%	-	-	-
	Previous	-	72%	-	38%	-	10%	-	-	-
	Change	-	-22%	-	17%	-	18%	-	-	-
1 to 2 events	Most Recent	-	25%	-	23%	-	52%	-	-	-
	Previous	-	3%	-	50%	-	33%	-	-	-
	Change	-	22%	-	-27%	-	19%	-	-	-
3 to 5 events	Most Recent	-	21%	-	14%	-	14%	-	-	-
	Previous	-	10%	-	6%	-	48%	-	-	-
	Change	-	11%	-	8%	-	-34%	-	-	-
6 to 10 events	Most Recent	-	4%	-	9%	-	3%	-	-	-
	Previous	-	10%	-	6%	-	0%	-	-	-
	Change	-	-6%	-	3%	-	3%	-	-	-
11 to 20 events	Most Recent	-	0%	-	0%	-	0%	-	-	-
	Previous	-	0%	-	0%	-	10%	-	-	-
	Change	-	0%	-	0%	-	-10%	-	-	-
21 event reports or more	Most Recent	-	0%	-	0%	-	3%	-	-	-
	Previous	-	3%	-	0%	-	0%	-	-	-
	Change	-	-3%	-	0%	-	3%	-	-	-

Appendix B: Trending Results by Respondent Characteristics

(3) Interaction with Patients

NOTE 1: Respondents who did not answer (missing) are not included.

NOTE 2: Your hospital's number of respondents in each response category (WITH or WITHOUT direct interaction with patients) is shown. However, the precise number of respondents corresponding to each of your hospital's data cells in the tables will vary because of individual non-response/missing data.

NOTE 3: Changes in scores of 5% or greater, whether positive or negative, are bolded.

Your hospital's results are only displayed if there were at least 10 respondents (to protect individual respondent confidentiality in these areas). If there were 9 or fewer respondents in either response category (WITH or WITHOUT direct interaction with patients), a hyphen (-) is shown.

Table B-9. Trending: Composite-level Average Percent Positive Response by Interaction with Patients (Page 1 of 2)

Patient Safety Culture Composites	Database Year	Interaction with Patients	
		WITH direct interaction	WITHOUT direct interaction
# Respondents	Most Recent	85	15
	Previous	60	12
1. Teamwork Within Units	Most Recent	86%	95%
	Previous	89%	89%
	Change	-3%	6%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	Most Recent	75%	75%
	Previous	84%	94%
	Change	-9%	-19%
3. Management Support for Patient Safety	Most Recent	83%	95%
	Previous	82%	75%
	Change	1%	20%
4. Org Learning--Continuous Improvement	Most Recent	73%	86%
	Previous	86%	92%
	Change	-13%	-6%
5. Overall Perceptions of Patient Safety	Most Recent	78%	80%
	Previous	72%	74%
	Change	6%	6%
6. Feedback & Communication About Error	Most Recent	71%	90%
	Previous	74%	88%
	Change	-3%	2%

Table B-9. Trending: Composite-level Average Percent Positive Response by Interaction with Patients (Page 2 of 2)

Patient Safety Culture Composites	Database Year	Interaction with Patients	
		WITH direct interaction	WITHOUT direct interaction
# Respondents	Most Recent	85	15
	Previous	60	12
7. Communication Openness	Most Recent	65%	87%
	Previous	70%	69%
	Change	-5%	18%
8. Frequency of Events Reported	Most Recent	69%	86%
	Previous	79%	89%
	Change	-10%	-3%
9. Teamwork Across Units	Most Recent	67%	82%
	Previous	74%	63%
	Change	-7%	19%
10. Staffing	Most Recent	64%	64%
	Previous	56%	45%
	Change	8%	19%
11. Handoffs & Transitions	Most Recent	57%	68%
	Previous	66%	35%
	Change	-9%	33%
12. Nonpunitive Response to Error	Most Recent	55%	79%
	Previous	53%	49%
	Change	2%	30%

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 1 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent Previous	85 60	15 12
1. Teamwork Within Units				
A1	1. People support one another in this unit.	Most Recent Previous Change	88% 93% -5%	100% 92% 8%
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	Most Recent Previous Change	92% 90% 2%	100% 92% 8%
A4	3. In this unit, people treat each other with respect.	Most Recent Previous Change	87% 92% -5%	100% 91% 9%
A11	4. When one area in this unit gets really busy, others help out.	Most Recent Previous Change	79% 82% -3%	79% 82% -3%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety				
B1	1. My supv/mgr says a good word when he/she sees a job done according to established patient safety procedures.	Most Recent Previous Change	69% 78% -9%	79% 100% -21%
B2	2. My supv/mgr seriously considers staff suggestions for improving patient safety.	Most Recent Previous Change	73% 85% -12%	79% 100% -21%
B3 R	3. Whenever pressure builds up, my supv/mgr wants us to work faster, even if it means taking shortcuts.	Most Recent Previous Change	79% 80% -1%	71% 83% -12%
B4 R	4. My supv/mgr overlooks patient safety problems that happen over and over.	Most Recent Previous Change	81% 93% -12%	71% 92% -21%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 2 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent Previous	85 60	15 12
3. Organizational Learning— Continuous Improvement				
A6	1. We are actively doing things to improve patient safety.	Most Recent Previous Change	88% 97% -9%	87% 100% -13%
A9	2. Mistakes have led to positive changes here.	Most Recent Previous Change	58% 75% -17%	86% 83% 3%
A13	3. After we make changes to improve patient safety, we evaluate their effectiveness.	Most Recent Previous Change	74% 86% -12%	85% 92% -7%
4. Management Support for Patient Safety				
F1	1. Hospital mgmt provides a work climate that promotes patient safety.	Most Recent Previous Change	90% 92% -2%	100% 83% 17%
F8	2. The actions of hospital mgmt show that patient safety is a top priority.	Most Recent Previous Change	86% 82% 4%	93% 92% 1%
F9 R	3. Hospital mgmt seems interested in patient safety only after an adverse event happens.	Most Recent Previous Change	72% 72% 0%	93% 50% 43%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 3 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent	85	15
		Previous	60	12
5. Overall Perceptions of Patient Safety				
A10 R	1. It is just by chance that more serious mistakes don't happen around here.	Most Recent	73%	80%
		Previous	74%	67%
		Change	-1%	13%
A15	2. Patient safety is never sacrificed to get more work done.	Most Recent	81%	60%
		Previous	65%	83%
		Change	16%	-23%
A17 R	3. We have patient safety problems in this unit.	Most Recent	81%	93%
		Previous	71%	73%
		Change	10%	20%
A18	4. Our procedures and systems are good at preventing errors from happening.	Most Recent	79%	86%
		Previous	79%	75%
		Change	0%	11%
6. Feedback and Communication About Error				
C1	1. We are given feedback about changes put into place based on event reports.	Most Recent	65%	79%
		Previous	59%	73%
		Change	6%	6%
C3	2. We are informed about errors that happen in this unit.	Most Recent	75%	93%
		Previous	76%	92%
		Change	-1%	1%
C5	3. In this unit, we discuss ways to prevent errors from happening again.	Most Recent	73%	100%
		Previous	86%	100%
		Change	-13%	0%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 4 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent	85	15
		Previous	60	12
7. Communication Openness				
C2	1. Staff will freely speak up if they see something that may negatively affect patient care.	Most Recent	85%	100%
		Previous	86%	83%
		Change	-1%	17%
C4	2. Staff feel free to question the decisions or actions of those with more authority.	Most Recent	46%	73%
		Previous	51%	50%
		Change	-5%	23%
C6 R	3. Staff are afraid to ask questions when something does not seem right.	Most Recent	63%	87%
		Previous	74%	75%
		Change	-11%	12%
8. Frequency of Events Reported				
D1	1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported?	Most Recent	60%	93%
		Previous	67%	89%
		Change	-7%	4%
D2	2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported?	Most Recent	66%	71%
		Previous	78%	89%
		Change	-12%	-18%
D3	3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?	Most Recent	81%	93%
		Previous	91%	89%
		Change	-10%	4%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 5 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent Previous	85 60	15 12
9. Teamwork Across Units				
F2 R	1. Hospital units do not coordinate well with each other.	Most Recent Previous Change	52% 67% -15%	79% 50% 29%
F4	2. There is good cooperation among hospital units that need to work together.	Most Recent Previous Change	65% 71% -6%	79% 58% 21%
F6 R	3. It is often unpleasant to work with staff from other hospital units.	Most Recent Previous Change	75% 75% 0%	86% 70% 16%
F10	4. Hospital units work well together to provide the best care for patients.	Most Recent Previous Change	77% 82% -5%	86% 75% 11%
10. Staffing				
A2	1. We have enough staff to handle the workload.	Most Recent Previous Change	49% 47% 2%	40% 33% 7%
A5 R	2. Staff in this unit work longer hours than is best for patient care.	Most Recent Previous Change	68% 47% 21%	57% 45% 12%
A7 R	3. We use more agency/temporary staff than is best for patient care.	Most Recent Previous Change	80% 80% 0%	64% 64% 0%
A14 R	4. We work in "crisis mode" trying to do too much, too quickly.	Most Recent Previous Change	59% 50% 9%	93% 36% 57%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Table B-10. Trending: Item-level Average Percent Positive Response by Interaction with Patients (Page 6 of 6)

Item	Survey Items By Composite	Database Year	Interaction with Patients	
			WITH direct interaction	WITHOUT direct interaction
	# Respondents	Most Recent	85	15
		Previous	60	12
11. Handoffs & Transitions				
F3 R	1. Things “fall between the cracks” when transferring patients from one unit to another.	Most Recent	44%	79%
		Previous	62%	40%
		Change	-18%	39%
F5 R	2. Important patient care information is often lost during shift changes.	Most Recent	64%	57%
		Previous	67%	22%
		Change	-3%	35%
F7 R	3. Problems often occur in the exchange of information across hospital units.	Most Recent	49%	71%
		Previous	64%	22%
		Change	-15%	49%
F11 R	4. Shift changes are problematic for patients in this hospital.	Most Recent	69%	64%
		Previous	69%	56%
		Change	0%	8%
12. Nonpunitive Response to Error				
A8 R	1. Staff feel like their mistakes are held against them.	Most Recent	62%	80%
		Previous	55%	42%
		Change	7%	38%
A12 R	2. When an event is reported, it feels like the person is being written up, not the problem.	Most Recent	57%	93%
		Previous	55%	63%
		Change	2%	30%
A16 R	3. Staff worry that mistakes they make are kept in their personnel file.	Most Recent	45%	64%
		Previous	49%	42%
		Change	-4%	22%

Note: The item’s survey location is shown to the left. An “R” indicates a negatively worded item, where the percent positive response is based on those who responded “Strongly disagree” or “Disagree,” or “Never” or “Rarely” (depending on the response category used for the item).

Table B-11. Trending: Average Percent Distribution of Work Area/Unit Patient Safety Grade by Interaction With Patients

		Interaction with Patients		
		Database Year		
			WITH direct interaction	
			WITHOUT direct interaction	
# Respondents		Most Recent	85	15
		Previous	60	12
Patient Safety Grade		Average Percent of Respondents within Hospitals		
A	Excellent	Most Recent	43%	36%
		Previous	28%	20%
		Change	15%	16%
B	Very Good	Most Recent	48%	57%
		Previous	61%	70%
		Change	-13%	-13%
C	Acceptable	Most Recent	8%	7%
		Previous	11%	10%
		Change	-3%	-3%
D	Poor	Most Recent	1%	0%
		Previous	0%	0%
		Change	1%	0%
E	Failing	Most Recent	0%	0%
		Previous	0%	0%
		Change	0%	0%

Table B-12. Trending: Average Percent Distribution of Number of Events Reported in the Past 12 Months by Interaction With Patients

	Database Year	Interaction with Patients	
		WITH direct interaction	WITHOUT direct interaction
# Respondents	Most Recent	85	15
	Previous	60	12
Number of Events Reported		Average Percent of Respondents within Hospitals	
No events	Most Recent	40%	93%
	Previous	36%	83%
	Change	4%	10%
1 to 2 events	Most Recent	38%	0%
	Previous	29%	0%
	Change	9%	0%
3 to 5 events	Most Recent	16%	7%
	Previous	24%	8%
	Change	-8%	-1%
6 to 10 events	Most Recent	4%	0%
	Previous	7%	0%
	Change	-3%	0%
11 to 20 events	Most Recent	0%	0%
	Previous	4%	0%
	Change	-4%	0%
21 event reports or more	Most Recent	1%	0%
	Previous	0%	8%
	Change	1%	-8%