

Attachment B: Hospital Surgery Survey on Patient Safety for the AHRQ Safety Program for Improving Surgical Care and Recovery

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Hospital Surgery Survey on Patient Safety

This survey asks for your opinions about patient safety in your surgery area. The survey will take about 15 minutes to complete. If a question does not apply to you or you don't know the answer, please answer "Does not apply or Don't know."

Please read each question carefully before choosing your answer. You may save your work at any time by clicking 'Save and Finish Later' at the bottom of this screen. Please save your work before returning to any previous screens or before closing this webpage.

Definitions

- **Doctors** means all physicians (MDs or DOs, including residents) who perform surgeries, procedures, or treatments, including delivery of anesthesia, in this facility.
- **Staff** means ALL others (clinical and nonclinical) who work in your team, whether they are employed directly by your facility or are contract/per diem/agency staff.
- **Patient safety** is the prevention of harm resulting from the processes of health care delivery. Such prevention includes reducing mistakes, errors, incidents, events, or problems that lead to patient harm or could negatively affect patients.
- **Facility** refers to your peri-operative service area in which you work.

This survey is authorized under 42 U.S.C. 299a. Your responses to this survey are voluntary, and the confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

SECTION A: Working in This Facility

► How often do the following statements apply to your facility?

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼	Does not apply or Don't know ▼
1. Important patient care information is clearly communicated across areas in this facility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. We feel comfortable asking questions when something doesn't seem right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. We have enough staff to handle the workload	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. When we see someone with more authority doing something unsafe for patients, we speak up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
5. Key information about patients is missing when it is needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
6. Our ideas and suggestions are valued in this facility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
7. We share key information about patients as soon as it becomes available.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
8. There is enough time between procedures to properly prepare for the next one	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
9. Within this facility, we do a good job communicating information that affects patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
10. We feel rushed when taking care of patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION B: Teamwork and Training

► How much do you agree or disagree with the following statements?

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does not apply or Don't know ▼
1. When someone in this facility gets really busy, others help out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Staff who are new to this facility receive adequate orientation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. Staff feel pressured to do tasks they haven't been trained to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. Doctors and staff clearly understand each other's roles and responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
5. We get the on-the-job training we need in this facility.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
6. Our facility allows disrespectful behavior by those working here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
7. Staff get the refresher training they need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
8. We work together as an effective team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION C: Organizational Learning/Response to Mistakes

► How much do you agree or disagree with the following statements?

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does not apply or Don't know ▼
1. This facility actively looks for ways to improve patient safety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Staff are treated fairly when they make mistakes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. We make improvements when someone points out patient safety problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. Learning, rather than blame, is emphasized when mistakes are made	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
5. Staff are told about patient safety problems that happen in this facility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
6. We are good at changing processes to make sure the same patient safety problems don't happen again.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION D: Near-Miss Documentation

► When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?

Never ▼ <input type="checkbox"/> 1	Rarely ▼ <input type="checkbox"/> 2	Sometimes ▼ <input type="checkbox"/> 3	Most of the time ▼ <input type="checkbox"/> 4	Always ▼ <input type="checkbox"/> 5	Does not apply or Don't know ▼ <input type="checkbox"/> 9
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SECTION E: Management Support for Patient Safety

► How much do you agree or disagree with the following statements?

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does not apply or Don't know ▼
1. Managers encourage everyone to suggest ways to improve patient safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Management examines near-miss events that could have harmed patients but did not.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. Management provides adequate resources to improve patient safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION F: Overall Rating

► Please give your facility an overall rating on patient safety.

Poor ▼ <input type="checkbox"/> 1	Fair ▼ <input type="checkbox"/> 2	Good ▼ <input type="checkbox"/> 3	Very good ▼ <input type="checkbox"/> 4	Excellent ▼ <input type="checkbox"/> 5
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SECTION G: Communication in the Surgery/Procedure Room

► Are you typically in the surgery/procedure room during surgeries, procedures, or treatments?

- 1 Yes → Continue below
- 2 No → Go to Section H

► In the past 6 months, how often were the following actions done in your facility?

	Never ▼	Rarely ▼	Some-times ▼	Most of the time ▼	Always ▼	Does not apply or Don't know ▼
1. Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. Immediately after procedures, team members discussed any concerns for patient recovery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION H: Background Questions

1. What is your position in this facility? Check ONE category that best applies to your job.

- a. Anesthesiologist
- b. Doctor/Physician (excluding Anesthesiologists) or Surgeon
- c. Certified Registered Nurse Anesthetist (CRNA)
- d. Physician Assistant or Nurse Practitioner
- e. **Management:** Medical Director, Center Director, Clinical Director/Administrator, Nurse Manager, Business Manager, Materials Manager, Office Manager, Other Manager
- f. **Nurse:** Registered Nurse (RN), Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)
- g. **Technician:** Surgical/Scrub Technician, Sterile Processing Technician, X-Ray Technician, Other Technician
- h. **Other Clinical Staff or Clinical Support Staff:** Anesthesiologist Assistant, Nurse Assistant, Medical Assistant, Other Clinical Staff or Clinical Support Staff
- i. **Administrative, Clerical, or Business Staff:** Billing, Front Desk, Receptionist, Insurance Processor, Medical Records, Scheduler, Other Administrative or Clerical Staff Position
- j. **Other Position;** Please Specify: _____

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

- a. 1 to 16 hours per week
- b. 17 to 31 hours per week
- c. 32 to 40 hours per week
- d. More than 40 hours per week

Section J: Additional comments

Please feel free to write any comments about how things are done or could be done in your facility that might affect patient safety.

Thank you for completing this survey.