

Safety Program for Perinatal Care II – Demonstration Project

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

Public reporting burden for this collection of information is estimated to average 30 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.

Safety Program for Perinatal Care II – Demonstration Project

HEALTH WORKER IMPLEMENTATION SURVEY – 6 MONTHS

Item	Question	Response options	Skip pattern
000	<p>Dear Provider,</p> <p>The Safety Program in Perinatal Care-II (SPPC-II) Demonstration Project, implemented jointly by the Johns Hopkins University and the Alliance for Innovation on Maternal Health (AIM) with funding from the Agency for Healthcare Research and Quality, aims to demonstrate the value of integrating teamwork and communication training with AIM maternal safety bundles for obstetric hemorrhage and severe hypertension in pregnancy. You are being asked to complete this survey because your hospital's leadership has agreed to participate in this Demonstration Project and you have received training on teamwork and communication tools and strategies through this project.</p> <p>This survey is a tool to help assess the skills you gained from this training and to what extent you and your colleagues are currently using these in clinical obstetric practice. We will not identify your name or the name of your hospital in any reports or publications that uses the information you provide.</p> <p>Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied unless you consent to the use of the information for another purpose.</p>		
000a	Staff ID <i>Provided by AIM Team Lead</i>	_____ [Staff ID]	
1	<p>What is your staff position in this hospital?</p> <p><i>[Please select ONE answer that best describes your position.]</i></p>	<p>ObGyn Attending Physician.....0 ObGyn Resident.....1 ObGyn Hospitalist.....2 Registered Nurse.....3 Certified Nurse-Midwife.....4 Midwife.....5 Physician Assistant.....6 Nurse Practitioner.....7 Other (specify).....-77 _____ [Specify; free text]</p>	
2	<p>In total, how many years of experience in obstetric practice do you have?</p> <p><i>[Please estimate if you do not know the exact number of years.]</i></p>	_____ [Number of years]	
3	<p>How many years and months have you worked in this hospital?</p> <p><i>[For example, if 1 year and 6 months, please enter "1" for Number of years</i></p>	<p>_____ [Number of years] _____ [Number of months]</p>	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
	<i>and “6” for Number of months].</i>		
4	Typically, how many hours per work do you work in this hospital? <i>[Please estimate based on hours worked last week.]</i>	_____ [Number of hours]	
SPPC-II Training Assessment—LEARNING			
<i>The following questions refer to the teamwork and communication training offered in conjunction with the AIM program in your state.</i>			
5	Have you completed all eight e-modules?	Yes.....1 No.....0 Don't remember.....-88	
6	Have you completed any of the e-modules more than once?	Yes.....1 No.....0 Don't remember.....-88	
7	Prior to this training that is specifically applied to obstetric emergency scenarios, did you receive other similar training on teamwork and communication aspects in clinical practice, for example, TeamSTEPPS training(s)?	Yes.....1 No.....0 Don't remember.....-88	
8	Have you attended one or more in-person training or simulation sessions facilitated by your unit leadership aiming to demonstrate or practice the strategies you learned from this training?	Yes, I attended.....1 No, I did not attend.....0 No such sessions were organized in my unit.....-66 Don't remember.....-88	→Skip to question 10 →Skip to question 10 →Skip to question 10
9	How many sessions like this did you attend?	_____ [Number of sessions] Don't remember.....-88	
10	Do you think that you gained sufficient knowledge for the time you invested in this training and, if attended, the related facilitation sessions?	Yes.....1 No.....0 Don't know.....-88	
11	Would you benefit from more didactic training or facilitation sessions on teamwork and communication in clinical practice?	Didactic training.....0 Facilitation sessions.....1 Both.....2 Neither.....3 Don't know.....-88	
<i>Let's consider a clinical scenario: A 41-week pregnant woman arrives at the labor and delivery (L&D) unit as her membranes spontaneously rupture. A triage nurse takes her vital signs and checks fetal heart rate. The patient's blood pressure is 170/98 mmHg.</i>			
12	What should the nurse do? <i>[Select ALL that apply]</i>	Document this information in the patient's chart.....0 Inform both the resident and the attending physician who take care of the patient of her blood pressure.....1	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
		Inform only the resident about the patient's blood pressure since the physician is very busy.....2 Try to comfort the patient since the elevated blood pressure may be due to discomfort from contractions.....3 Don't know.....-88	
13	Following the nursing briefing, the attending physician requests an IV and labs, and orders immediate treatment with anti-hypertensives. After hanging up with the attending physician, the nurse attempts IV access in order to obtain labs and administer anti-hypertensives. The nurse has difficulty establishing IV access, so she calls out to the charge nurse to ask for assistance. The charge nurse is understaffed and does not have a nurse available -- she asks the nurse to keep trying. What tool(s) will help the nurse communicate the message (of urgency) for help to the charge nurse sends someone to help you? <i>[Select ALL that apply]</i>	SBAR.....0 Two-Challenge rule.....1 Power words2 Huddle.....3 Brief.....4 Debrief.....5 Handoffs.....6 Don't know.....-88	
14	The patient's laboratory results return shortly after her arrival on L&D and demonstrate a protein/creatinine ratio of 0.46 with 3+ protein on a catheterized urine sample; elevated transaminases with AST of 107 U/L and ALT of 98 U/L; a Hgb of 10 g/dl; and a normal platelet count. The attending physician reviews the patient's vital signs and laboratory values and considers essential that he gather the team together to discuss the plan of care moving forward. Which of the following tools should the physicians use? <i>[Select ALL that apply]</i>	SBAR.....0 Two-Challenge rule.....1 Power words2 Huddle.....3 Brief.....4 Debrief.....5 Handoffs.....6 Don't know.....-88	
SPPC-II Training Assessment—TRANSFER			
15	Which of the following teamwork and communication tools and strategies		

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
	are you currently using in your practice?		
15a	Call out	Yes.....1 No.....0	
15b	Check back	Yes.....1 No.....0	
15c	SBAR	Yes.....1 No.....0	
15d	Handoffs or "I PASS the BATON"	Yes.....1 No.....0	
15e	Two-challenge rule	Yes.....1 No.....0	
15f	Power Words (e.g., concerned, uncomfortable, safety issue)	Yes.....1 No.....0	
15g	Briefs	Yes.....1 No.....0	
15h	Huddles	Yes.....1 No.....0	
15i	Debriefs	Yes.....1 No.....0	
15j	DESCR Script	Yes.....1 No.....0	
16	How frequently are you using any of these tools and strategies in your practice?	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
17	How frequently are other clinicians in your unit using any of these tools and strategies in clinical practice?	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
18	How frequently are you using any of these tools and strategies when your patients' family members are present?	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
19	How frequently are other clinicians in your unit using any of these tools and strategies when your patients' family members are present?	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
20	Does your unit have a "stop the line" policy where unit clinical staff know that they have the responsibility and authority to stop a procedure when patient safety is a concern?	Yes.....1 No.....0 Don't remember.....-88	→Skip to question 22 →Skip to question 22
21	How confident are you that clinical staff at all levels are empowered to "stop the line"?	Not confident.....0 Somewhat not confident.....1 Neither confident nor not confident.....2 Somewhat confident.....3	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
		Very confident.....4	
SPPCI-II Training Assessment – RESULTS [Mayo High Performance Teamwork Scale] <i>Please think about your unit's work over the last 6 months. Please rate your unit's work as a team by checking the box that corresponds to your level of agreement with the statements below. Please answer every question and select only one response for each question. Please rate conservatively as most teams do not consistently demonstrate the qualities described in the scale.</i>			
22	Our unit has a clinical team leader clearly recognized by all team members.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
23	The clinical team leader assures maintenance of an appropriate balance between command authority and team member participation.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
24	Each team member demonstrates a clear understanding of his or her role.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
25	Our team prompts each other to attend to all significant clinical indicators throughout procedures or interventions.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
26	When team members are actively involved with the patient, they verbalize their activities aloud.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
27	Team members repeat back or paraphrase instructions and clarifications to indicate that they heard them correctly.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
28	Team members refer to established protocols and checklists for specific procedure/intervention.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
29	All members of the team are appropriately involved and participate in patient care.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
30	Disagreements or conflicts among team members are addressed without a loss of situation awareness.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
31	When appropriate, roles are shifted to address urgent or emergent events.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
32	When directions are unclear, team members acknowledge their lack of	Never.....0 Rarely.....1	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
	understanding and ask for repetition and clarification.	Inconsistently.....2 Consistently.....3	
33	Team members acknowledge—in a positive manner—statements directed at avoiding or containing errors or seeking clarification.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
34	Team members call attention to actions that they feel could cause errors or complications.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
35	Team members respond to potential errors or complications with procedures that avoid the error or complication.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
36	When statements directed at avoiding or containing errors or complications do not elicit a response to avoid or contain the error, team members persist in seeking a response.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
37	Team members ask each other for assistance prior to or during periods of task overload.	Never.....0 Rarely.....1 Inconsistently.....2 Consistently.....3	
38	Please give your unit an overall grade on patient safety at this time .	A—Excellent.....4 B—Very good.....3 C—Acceptable.....2 D—Poor.....1 E—Failing.....0	
AIM Bundle Implementation – Knowledge [Adapted from CUSP Team Check-up Tool]			
<i>Please check the box that corresponds to your level of agreement with the statements below. Please answer every question and select only one response for each question.</i>			
39	All clinical staff in our unit know what AIM bundle(s) is(are) being implemented in our unit.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
40	Any five randomly selected clinical staff in our unit could list at least two components of the AIM bundle(s) being implemented in this hospital.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
AIM Bundle implementation – Attitudes/Beliefs/Behaviors [Adapted from CUSP Team Check-up Tool]			
41	We have good ownership for AIM bundle implementation from	Strongly agree.....4 Agree.....3	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
	physician staff in this unit.	Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
42	We have good ownership for AIM bundle implementation from nursing staff in this unit.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
43	At this time , unit staff are confused about how to proceed with the implementation of the AIM bundle(s).	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
44	At this time , there are protocols in our unit to ensure that we adequately implement the AIM bundle(s).	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
45	Our quality improvement team meets regularly to review progress with AIM bundle(s) implementation.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
46	Unit staff do not believe that perinatal safety is an issue for this unit.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
47	A junior staff member feels comfortable questioning a more senior staff member who is not using a unit-developed safety tool or following a unit-developed safety process or procedure for the implementation of the AIM bundle(s).	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
AIM Bundle Implementation – Resources			
48	Unit leadership (managers, physicians, opinion leaders) is stable (i.e., there is low turnover).	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
49	To my knowledge, data collection and reporting for the AIM program have not been a burden for staff in our unit.	Strongly agree.....4 Agree.....3 Neither agree nor disagree.....2 Disagree.....1 Strongly disagree.....0	
AIM Bundle Implementation – Results			
50	Considering your work to implement	A—Excellent.....4	

Safety Program for Perinatal Care II – Demonstration Project

Item	Question	Response options	Skip pattern
	the AIM bundle(s) using teamwork and communication strategies over the last 12 months , please give your unit an overall grade on implementation of the AIM bundle(s).	B—Very good.....3 C—Acceptable.....2 D—Poor.....1 E—Failing.....0	

Thank you for completing this survey.