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**HEALTH WORKER IMPLEMENTATION SURVEY – 30 MONTHS**

| **Item** | **Question** | **Response options** | **Skip pattern** |
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| 000 | Dear Provider,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.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. 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. |
| 000a | **Staff ID** *Provided by AIM Team Lead* | \_\_\_\_\_\_ [Staff ID] |  |
| 1 | What is your staff position in this hospital? *[Please select ONE answer that best describes your position.]* | ObGyn Attending Physician 0ObGyn Resident 1ObGyn Hospitalist 2Registered Nurse 3Certified Nurse-Midwife 4Midwife 5Physician Assistant 6Nurse Practitioner 7Other (specify) -77\_\_\_\_\_\_ [Specify; free text] |  |
| 2 | In total, how many years of experience in obstetric practice do you have? [*Please estimate if you do not know the exact number of years.]* | \_\_\_\_\_\_ [Number of years] |  |
| 3 | How many years and months have you worked in this hospital?*[For example, if 1 year and 6 months, please enter “1” for Number of years and “6” for Number of months].* | \_\_\_\_\_\_ [Number of years]\_\_\_\_\_\_ [Number of months] |  |
| 4 | Typically, how many hours per work do you work in this hospital?[*Please estimate based on hours worked last week.]* | \_\_\_\_\_\_ [Number of hours] |  |
| ***SPPC-II Training Assessment—LEARNING****The following questions refer to the teamwork and communication training offered in conjunction with the AIM program in your state.* |
| 5 | Have you completed all eight e-modules? | Yes 1No 0Don’t remember -88 |  |
| 6 | Have you completed any of the e-modules more than once? | Yes 1No 0Don’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 1No 0Don’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 1No, I did not attend 0No such sessions were organized in my unit -66Don’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 1No 0Don’t know -88 |  |
| 11 | Would you benefit from more didactic training or facilitation sessions on teamwork and communication in clinical practice?  | Didactic training 0Facilitation sessions 1Both 2Neither 3Don’t know -88 |  |
| *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.*** |
| 12 | What should the nurse do? *[Select ALL that apply]* | Document this information in the patient’s chart 0Inform both the resident and the attending physician who take care of the patient of her blood pressure 1Inform only the resident about the patient’s blood pressure since the physician is very busy 2Try to comfort the patient since the elevated blood pressure may be due to discomfort from contractions 3Don’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?*[Select ALL that apply]* | SBAR 0Two-Challenge rule 1Power words 2Huddle 3Brief 4Debrief 5Handoffs 6Don’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?*[Select ALL that apply]* | SBAR 0Two-Challenge rule 1Power words 2Huddle 3Brief 4Debrief 5Handoffs 6Don’t know -88 |  |
| ***SPPC-II Training Assessment—TRANSFER*** |
| 15 | Which of the following teamwork and communication tools and strategies are you **currently** using in your practice?  |  |  |
| 15a | Call out | Yes 1No 0 |  |
| 15b | Check back | Yes 1No 0 |  |
| 15c | SBAR | Yes 1No 0 |  |
| 15d | Handoffs or “I PASS the BATON” | Yes 1No 0 |  |
| 15e | Two-challenge rule | Yes 1No 0 |  |
| 15f | Power Words (e.g., concerned, uncomfortable, safety issue) | Yes 1No 0 |  |
| 15g | Briefs | Yes 1No 0 |  |
| 15h | Huddles | Yes 1No 0 |  |
| 15i | Debriefs | Yes 1No 0 |  |
| 15j | DESCR Script | Yes 1No 0 |  |
| 16 | How frequently are you using any of these tools and strategies in your practice? | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 17 | How frequently are other clinicians in your unit using any of these tools and strategies in clinical practice? | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 18 | How frequently are you using any of these tools and strategies when your patients’ family members are present? | Never 0Rarely 1Inconsistently 2Consistently 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 0Rarely 1Inconsistently 2Consistently 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 1No 0Don’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 0Somewhat not confident 1Neither confident nor not confident 2Somewhat confident 3Very confident 4 |  |
| ***SPPCI-II Training Assessment – RESULTS [Mayo High Performance Teamwork Scale]******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.* |
| 22 | Our unit has a clinical team leader clearly recognized by all team members. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 23 | The clinical team leader assures maintenance of an appropriate balance between command authority and team member participation. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 24 | Each team member demonstrates a clear understanding of his or her role. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 25 | Our team prompts each other to attend to all significant clinical indicators throughout procedures or interventions. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 26 | When team members are actively involved with the patient, they verbalize their activities aloud. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 27 | Team members repeat back or paraphrase instructions and clarifications to indicate that they heard them correctly. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 28 | Team members refer to established protocols and checklists for specific procedure/intervention. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 29 | All members of the team are appropriately involved and participate in patient care. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 30 | Disagreements or conflicts among team members are addressed without a loss of situation awareness. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 31 | When appropriate, roles are shifted to address urgent or emergent events. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 32 | When directions are unclear, team members acknowledge their lack of understanding and ask for repetition and clarification. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 33 | Team members acknowledge—in a positive manner—statements directed at avoiding or containing errors or seeking clarification. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 34 | Team members call attention to actions that they feel could cause errors or complications. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 35 | Team members respond to potential errors or complications with procedures that avoid the error or complication. | Never 0Rarely 1Inconsistently 2Consistently 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 0Rarely 1Inconsistently 2Consistently 3 |  |
| 37 | Team members ask each other for assistance prior to or during periods of task overload. | Never 0Rarely 1Inconsistently 2Consistently 3 |  |
| 38 | Please give your unit an overall grade on patient safety **at this time**.  | A—Excellent 4B—Very good 3C—Acceptable 2D—Poor 1E—Failing 0 |  |
| ***AIM Bundle Implementation – Knowledge [Adapted from CUSP Team Check-up Tool]****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.* |
| 39 | **All clinical staff** in our unit know what AIM bundle(s) is(are) being implemented in our unit. | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly 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 4Agree 3Neither agree nor disagree 2Disagree 1Strongly 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 **physician staff** in this unit. | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| 42 | We have good ownership for AIM bundle implementation from **nursing staff** in this unit. | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| 43 | **At this time**, unit staff are confused about how to proceed with the implementation of the AIM bundle(s). | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| 44 | **At this time**, there are protocols in our unit to ensure that we adequately implement the AIM bundle(s). | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| 45 | Our quality improvement team meets **regularly** to review progress with AIM bundle(s) implementation. | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| 46 | Unit staff do **not** believe that perinatal safety is an issue for this unit. | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly 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 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| ***AIM Bundle Implementation – Resources*** |
| 48 | Unit leadership (managers, physicians, opinion leaders) is stable (i.e., there is low turnover). | Strongly agree 4Agree 3Neither agree nor disagree 2Disagree 1Strongly 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 4Agree 3Neither agree nor disagree 2Disagree 1Strongly disagree 0 |  |
| ***AIM Bundle Implementation – Results*** |
| 50 | Considering your work to implement 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).  | A—Excellent 4B—Very good 3C—Acceptable 2D—Poor 1E—Failing 0 |  |

Thank you for completing this survey.