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HEALTH WORKER IMPLEMENTATION SURVEY – 30 MONTHS

Item	Question	Response options	Skip pattern
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 confidentiality statute, 42 USC 299c-3(c conducted or supported by AHRQ that is purpose for which it was supplied unless purpose.). That law requires that information dentifies individuals or establishments you consent to the use of the inforr	collected for research ts be used only for the
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 Physician0 ObGyn Resident	
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	[Number of hours]	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[14a111561 61116416]	
	do you work in this hospital?		
	[Please estimate based on hours		
SDDC II	worked last week.] Training Assessment—LEARNING		
	wing questions refer to the teamwork and	d communication training offered in c	oniunction with the
AIM prog	gram in your state.		onjunction with the
5	Have you completed all eight e-	Yes1	
	modules?	No0	
		Don't remember88	
6	Have you completed any of the e-	Yes1	
	modules more than once?	No	
7	Drier to this training that is	Don't remember88 Yes1	
'	Prior to this training that is specifically applied to obstetric	No0	
	emergency scenarios, did you receive	Don't remember88	
	other similar training on teamwork and	Don't remember00	
	communication aspects in clinical		
	practice, for example, TeamSTEPPS		
	training(s)?		
8	Have you attended one or more in-	Yes, I attended1	
	person training or simulation	No, I did not attend0	→Skip to question 10
	sessions facilitated by your unit	No such sessions were organized	→Skip to question 10
	leadership aiming to demonstrate or	in my unit66	
	practice the strategies you learned	Don't remember88	→Skip to question 10
	from this training?		, ,
9	How many sessions like this did you	[Number of sessions]	
	attend?		
		Don't remember88	
10	Do you think that you gained sufficient	Yes1	
	knowledge for the time you invested in	No0	
	this training and, if attended, the	Don't know88	
11	related facilitation sessions?	Didentia tuninia a	
11	Would you benefit from more didactic	Didactic training0	
	training or facilitation sessions on	Facilitation sessions1	
	teamwork and communication in	Both2 Neither3	
	clinical practice?	Don't know88	
Let's con	ısider a clinical scenario: A 41-week pre ç		and delivery (I &D)
	ner membranes spontaneously rupture		
	te. The patient's blood pressure is 170		mo and checks letal
12	What should the nurse do?	Document this information in the	
	Title official the fields do.	patient's chart0	
	[Select ALL that apply]	Inform both the resident and the	
	[[[]]]]	attending physician who take	
		care of the patient of her blood	
		pressure1	
		Inform only the resident about the	

Item	Question	Response options	Skip pattern
		patient's blood pressure since the physician is very busy	
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?	SBAR 0 Two-Challenge rule 1 Power words 2 Huddle 3 Brief 4 Debrief 5 Handoffs 6 Don't know -88	
14	[Select ALL that apply] 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?	SBAR 0 Two-Challenge rule 1 Power words 2 Huddle 3 Brief 4 Debrief 5 Handoffs 6 Don't know -88	
SPPC-II	[Select ALL that apply] Training Assessment—TRANSFER		
15	Which of the following teamwork and		
	communication tools and strategies are you currently using in your		

Item	Question	Response options	Skip pattern
	practice?		
15a	Call out	Yes	
15b	Check back	Yes	
15c	SBAR	Yes1 No0	
15d	Handoffs or "I PASS the BATON"	Yes1 No0	
15e	Two-challenge rule	Yes1 No0	
15f	Power Words (e.g., concerned, uncomfortable, safety issue)	Yes	
15g	Briefs	Yes1 No0	
15h	Huddles	Yes1 No0	
15i	Debriefs	Yes1 No0	
15j	DESCR Script	Yes1 No0	
16	How frequently are you using any of these tools and strategies in your practice?	Never	
17	How frequently are other clinicians in your unit using any of these tools and strategies in clinical practice?	Never	
18	How frequently are you using any of these tools and strategies when your patients' family members are present?	Never	
19	How frequently are other clinicians in your unit using any of these tools and strategies when your patients' family members are present?	Never	
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	→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	

Item	Question	Response options	Skip pattern		
	ll Training Assessment – RESULTS <mark>[Ma</mark>				
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					
	onsistently demonstrate the qualities desc				
22	Our unit has a clinical team leader	Never0			
	clearly recognized by all team	Rarely1			
	members.	Inconsistently2			
		Consistently3			
23	The clinical team leader assures	Never0			
	maintenance of an appropriate	Rarely1			
	balance between command authority	Inconsistently2			
0.4	and team member participation.	Consistently3			
24	Each team member demonstrates a	Never0			
	clear understanding of his or her role.	Rarely1			
		Inconsistently2			
25	Our toom prompts such other to	Consistently3 Never0			
25	Our team prompts each other to				
	attend to all significant clinical	Rarely1 Inconsistently2			
	indicators throughout procedures or interventions.	Consistently3			
26	When team members are actively	Never0			
20	involved with the patient, they	Rarely1			
	verbalize their activities aloud.	Inconsistently2			
	verbalize their activities aloud.	Consistently3			
27	Team members repeat back or	Never0			
	paraphrase instructions and	Rarely1			
	clarifications to indicate that they	Inconsistently2			
	heard them correctly.	Consistently3			
28	Team members refer to established	Never0			
	protocols and checklists for specific	Rarely1			
	procedure/intervention.	Inconsistently2			
		Consistently3			
29	All members of the team are	Never0			
	appropriately involved and participate	Rarely1			
	in patient care.	Inconsistently2			
		Consistently3			
30	Disagreements or conflicts among	Never0			
	team members are addressed without	Rarely1			
	a loss of situation awareness.	Inconsistently2			
		Consistently3			
31	When appropriate, roles are shifted to	Never0			
	address urgent or emergent events.	Rarely1			
		Inconsistently2			
		Consistently3			
32	When directions are unclear, team	Never0			
	members acknowledge their lack of	Rarely1			
	understanding and ask for repetition	Inconsistently2			

Item	Question	Response options	Skip pattern
	and clarification.	Consistently3	
33	Team members acknowledge—in a	Never0	
	positive manner—statements directed	Rarely1	
	at avoiding or containing errors or	Inconsistently2	
	seeking clarification.	Consistently3	
34	Team members call attention to	Never0	
	actions that they feel could cause	Rarely1	
	errors or complications.	Inconsistently2	
		Consistently3	
35	Team members respond to potential	Never0	
	errors or complications with	Rarely1	
	procedures that avoid the error or	Inconsistently2	
00	complication.	Consistently3	
36	When statements directed at avoiding	Never0	
	or containing errors or complications	Rarely1	
	do not elicit a response to avoid or	Inconsistently2	
	contain the error, team members persist in seeking a response.	Consistently3	
37	Team members ask each other for	Never0	
31	assistance prior to or during periods of	Rarely1	
	task overload.	Inconsistently2	
	lask overload.	Consistently3	
38	Please give your unit an overall grade	A—Excellent4	
30	on patient safety at this time .	B—Very good3	
	on patient safety at this time.	C—Acceptable2	
		D—Poor1	
		E—Failing0	
AIM Bu			Tooll
	check the box that corresponds to your lev		
	uestion and select only one response for ϵ		
39	All clinical staff in our unit know what		
	AIM bundle(s) is(are) being	Agree3	
	implemented in our unit.	Neither agree nor disagree2	
	'	Disagree1	
		Strongly disagree0	
40	Any five randomly selected clinical	Strongly agree4	
	staff in our unit could list at least two	Agree3	
	components of the AIM bundle(s)	Neither agree nor disagree2	
	being implemented in this hospital.	Disagree1	
		Strongly disagree0	
	ndle implementation – Attitudes/Beliefs		Team Check-up Tool]
41	We have good ownership for AIM	Strongly agree4	
	bundle implementation from	Agree3	
	physician staff in this unit.	Neither agree nor disagree2	

Item	Question	Response options	Skip pattern		
		Disagree1			
		Strongly disagree0			
42	We have good ownership for AIM	Strongly agree4			
	bundle implementation from nursing	Agree3			
	staff in this unit.	Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
43	At this time, unit staff are confused	Strongly agree4			
	about how to proceed with the	Agree3			
	implementation of the AIM bundle(s).	Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
44	At this time, there are protocols in	Strongly agree4			
	our unit to ensure that we adequately	Agree3			
	implement the AIM bundle(s).	Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
45	Our quality improvement team meets	Strongly agree4			
	regularly to review progress with AIM	Agree3			
	bundle(s) implementation.	Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
46	Unit staff do not believe that perinatal	Strongly agree4			
	safety is an issue for this unit.	Agree3			
		Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
47	A junior staff member feels	Strongly agree4			
	comfortable questioning a more senior	Agree3			
	staff member who is not using a unit-	Neither agree nor disagree2			
	developed safety tool or following a	Disagree1			
	unit-developed safety process or	Strongly disagree0			
	procedure for the implementation of	and an engineering of the control of			
	the AIM bundle(s).				
AIM Bu	AIM Bundle Implementation – Resources				
48	Unit leadership (managers,	Strongly agree4			
	physicians, opinion leaders) is stable	Agree3			
	(i.e., there is low turnover).	Neither agree nor disagree2			
		Disagree1			
		Strongly disagree0			
49	To my knowledge, data collection and	Strongly agree4			
.5	reporting for the AIM program have	Agree3			
	not been a burden for staff in our unit.	Neither agree nor disagree2			
	not been a barden for stair in our arm.	Disagree1			
		Strongly disagree0			
AIM Ru	ndle Implementation – Results	- c.c.igiy dicagico			
50					
	the AIM bundle(s) using teamwork	B—Very good3			
	and , and barraio(o) doing tournwork				

Item	Question	Response options	Skip pattern
	and communication strategies over	C—Acceptable2	
	the last 12 months, please give your	D—Poor1	
	unit an overall grade on	E—Failing0	
	implementation of the AIM bundle(s).	-	

Thank you for completing this survey.