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| **Hospital Survey on Patient Safety** |
| **Instructions** |

**This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.**

**If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.**

|  |
| --- |
| * *An* ***“event”*** *is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.* * ***“Patient safety”*** *is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.* |

**SECTION A: Your Work Area/Unit**

**In this survey, think of your “unit” as the work area, department, or clinical area of the hospital where you spend *most* of your work time or provide *most* of your clinical services.**

**What is your primary work area or unit in this hospital? Select ONE answer.**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | a. Many different hospital units/No specific unit | | |
| 🞏 | b. Medicine (non-surgical) | 🞏 | h. Psychiatry/mental health | | 🞏 | n. Other, please specify: | |
| 🞏 | c. Surgery | 🞏 | i. Rehabilitation | |  | | |
| 🞏 | d. Obstetrics | 🞏 | j. Pharmacy | |  |  | |
| 🞏 | e. Pediatrics | 🞏 | k. Laboratory | |  | | |
| 🞏 | f. Emergency department | 🞏 | l. Radiology | |  | |  |
| 🞏 | g. Intensive care unit (any type) | 🞏 | m. Anesthesiology | |  | |  |

Public reporting burden for the collection of information is estimated to average 15 minutes per response. 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 (0935-0143), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857.

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 the collection of information is estimated to average 1 hour per response. 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 (0935-0143), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857.

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**Please indicate your agreement or disagreement with the following statements about your work area/unit.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Think about your hospital work area/unit…** | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither** ⯆ | **Agree** ⯆ | **Strongly Agree** ⯆ |
| 1. People support one another in this unit | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 2. We have enough staff to handle the workload | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 3. When a lot of work needs to be done quickly, we work together as a team to get the work done | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 4. In this unit, people treat each other with respect | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 5. Staff in this unit work longer hours than is best for patient care | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION A: Your Work Area/Unit (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Think about your hospital work area/unit…** | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither** ⯆ | **Agree** ⯆ | **Strongly Agree** ⯆ |
| 6. We are actively doing things to improve patient safety | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 7. We use more agency/temporary staff than is best for patient care | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 8. Staff feel like their mistakes are held against them | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 9. Mistakes have led to positive changes here | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 10. It is just by chance that more serious mistakes don’t happen around here | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 11. When one area in this unit gets really busy, others help out | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 12. When an event is reported, it feels like the person is being written up, not the problem | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 13. After we make changes to improve patient safety, we evaluate their effectiveness | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 14. We work in "crisis mode" trying to do too much, too quickly | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 15. Patient safety is never sacrificed to get more work done | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 16. Staff worry that mistakes they make are kept in their personnel file | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 17. We have patient safety problems in this unit | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 18. Our procedures and systems are good at preventing errors from happening | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION B: Your Supervisor/Manager**

**Please indicate your agreement or disagreement with the following statements about your immediate supervisor/manager or person to whom you directly report.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither** ⯆ | **Agree** ⯆ | **Strongly Agree** ⯆ |
| 1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 2. My supervisor/manager seriously considers staff suggestions for improving patient safety | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 4. My supervisor/manager overlooks patient safety problems that happen over and over | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION C: Communications**

**How often do the following things happen in your work area/unit?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Think about your hospital work area/unit…** | **Never** ⯆ | **Rarely** ⯆ | **Some-times** ⯆ | **Most of the time** ⯆ | **Always** ⯆ |
| 1. We are given feedback about changes put into place based on event reports | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 2. Staff will freely speak up if they see something that may negatively affect patient care | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 3. We are informed about errors that happen in this unit | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 4. Staff feel free to question the decisions or actions of those with more authority | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 5. In this unit, we discuss ways to prevent errors from happening again | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 6. Staff are afraid to ask questions when something does not seem right | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION D: Frequency of Events Reported**

**In your hospital work area/unit, when the following mistakes happen, *how often are they reported?***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** ⯆ | **Rarely** ⯆ | **Some-times** ⯆ | **Most of the time** ⯆ | **Always** ⯆ |
| 1. When a mistake is made, but is *caught and corrected before affecting the patient*, how often is this reported? | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 2. When a mistake is made, but has *no potential to harm the patient*, how often is this reported? | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 3. When a mistake is made that *could harm the patient*, but does not, how often is this reported? | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION E: Patient Safety Grade**

**Please give your work area/unit in this hospital an overall grade on patient safety.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **A**  Excellent | **B**  Very Good | **C**  Acceptable | **D**  Poor | **E**  Failing |

**SECTION F: Your Hospital**

**Please indicate your agreement or disagreement with the following statements about your hospital.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Think about your hospital…** | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither** ⯆ | **Agree** ⯆ | **Strongly Agree** ⯆ |
| 1. Hospital management provides a work climate that promotes patient safety | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 2. Hospital units do not coordinate well with each other | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 3. Things “fall between the cracks” when transferring patients from one unit to another | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 4. There is good cooperation among hospital units that need to work together | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| **SECTION F: Your Hospital (continued)** |  |  |  |  |  |
| **Think about your hospital…** | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither** ⯆ | **Agree** ⯆ | **Strongly Agree** ⯆ |
| 5. Important patient care information is often lost during shift changes | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 6. It is often unpleasant to work with staff from other hospital units | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 7. Problems often occur in the exchange of information across hospital units | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 8. The actions of hospital management show that patient safety is a top priority | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 9. Hospital management seems interested in patient safety only after an adverse event happens | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 10. Hospital units work well together to provide the best care for patients | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |
| 11. Shift changes are problematic for patients in this hospital | 🞎1 | 🞎2 | 🞏3 | 🞎4 | 🞏5 |

**SECTION G: Number of Events Reported**

**In the past 12 months, how many event reports have you filled out and submitted?**

|  |  |
| --- | --- |
| 🞎 a. No event reports | 🞎 d. 6 to 10 event reports |
| 🞎 b. 1 to 2 event reports | 🞎 e. 11 to 20 event reports |
| 🞎 c. 3 to 5 event reports | 🞎 f. 21 event reports or more |

**SECTION H: Background Information**

**This information will help in the analysis of the survey results.**

**1. How long have you worked in this hospital?**

|  |  |
| --- | --- |
| 🞎 a. Less than 1 year | 🞎 d. 11 to 15 years |
| 🞎 b. 1 to 5 years | 🞎 e. 16 to 20 years |
| 🞎 c. 6 to 10 years | 🞎 f. 21 years or more |

**2. How long have you worked in your current hospital work area/unit?**

|  |  |
| --- | --- |
| 🞎 a. Less than 1 year | 🞎 d. 11 to 15 years |
| 🞎b. 1 to 5 years | 🞎 e. 16 to 20 years |
| 🞎 c. 6 to 10 years | 🞎 f. 21 years or more |

**3. Typically, how many hours per week do you work in this hospital?**

|  |  |
| --- | --- |
| 🞎a. Less than 20 hours per week | 🞎d. 60 to 79 hours per week |
| 🞎 b. 20 to 39 hours per week | 🞎 e. 80 to 99 hours per week |
| 🞎c. 40 to 59 hours per week | 🞎 f. 100 hours per week or more |

**SECTION H: Background Information (continued)**

**4. What is your staff position in this hospital? Select ONE answer that best describes your staff position.**

|  |  |
| --- | --- |
| 🞎 a. Registered Nurse | 🞎 j. Respiratory Therapist |
| 🞎 b. Physician Assistant/Nurse Practitioner | 🞎 k. Physical, Occupational, or Speech Therapist |
| 🞎 c. LVN/LPN | 🞎 l. Technician (e.g., EKG, Lab, Radiology) |
| 🞎 d. Patient Care Asst/Hospital Aide/Care Partner | 🞎 m. Administration/Management |
| 🞎 e. Attending/Staff Physician | 🞎 n. Other, please specify: |
| 🞎 f. Resident Physician/Physician in Training |  |
| 🞎 g. Pharmacist |  |
| 🞎 h. Dietician |  |
| 🞎 i. Unit Assistant/Clerk/Secretary |  |

**5. In your staff position, do you typically have direct interaction or contact with patients?**

|  |
| --- |
| 🞎 a. YES, I typically have direct interaction or contact with patients. |
| 🞎 b. NO, I typically do NOT have direct interaction or contact with patients. |

**6. How long have you worked in your current specialty or profession?**

|  |  |
| --- | --- |
| 🞎a. Less than 1 year | 🞎 d. 11 to 15 years |
| 🞎 b. 1 to 5 years | 🞎 e. 16 to 20 years |
| 🞎 c. 6 to 10 years | 🞎 f. 21 years or more |

**SECTION I: Your Comments**

**Please feel free to write any comments about patient safety, error, or event reporting in your hospital.**

|  |
| --- |
|  |

***THANK YOU FOR COMPLETING THIS SURVEY.***