

# Nursing Home Survey on Patient Safety

In this survey, “resident safety” means preventing resident injuries, incidents, and harm to residents in the nursing home.

This survey asks for your opinions about resident safety issues in your nursing home. It will take about 15 minutes to complete.

To mark your answer, just put an X or a √ in the box:  or .

If a question does not apply to your job or you do not know the answer, please mark the box in the last column. If you do not wish to answer a question, you may leave your answer blank.

## SECTION A: Working in This Nursing Home

How much do you agree or disagree with the following statements?	S					N		Does Not Apply or Don't Know
	strongly Disagree	Disagree	Agree	Disagree	Agree	strongly Agree	Don't Know	
1. Staff in this nursing home treat each other with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9	
2. Staff support one another in this nursing home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<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"/> 6	<input type="checkbox"/> 9	
4. Staff follow standard procedures to care for residents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9	
5. Staff feel like they are part of a team.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9	
6. Staff use shortcuts to get their work done faster.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9	

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.

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7. Staff get the training they need in this nursing home.....	<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. Staff have to hurry because they have too much work 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
9. When someone gets really busy in this nursing home, other staff 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
10. Staff are blamed when a resident is harmed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Attachment I: Nursing Home Survey on Patient Safety (NHSOPS)

**SECTION A: Working in This Nursing Home (continued)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	Does Not Apply or Don't Know
11. Staff have enough training on how to handle difficult residents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
12. Staff are afraid to report their 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
13. Staff understand the training they get in this nursing home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
14. To make work easier, staff often ignore procedures.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
15. 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
16. Residents' needs are met during shift changes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
17. It is hard to keep residents safe here because so many staff quit their jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
18. Staff feel safe reporting their 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

**SECTION B: Communications**

How often do the following things happen in your nursing home?	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't Know
1. Staff are told what they need to know before taking care of a resident for the first time.....	<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 told right away when there is a change in a resident's care plan.....	<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 all the information we need when residents are transferred from the hospital.....	<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 staff report something that could harm a resident, someone takes care of it.....	<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. In this nursing home, we talk about ways to keep incidents from happening 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

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**SECTION B: Communications (continued)**

	Never	N Rarely	R Some- times	S Most of the time	M Always	Does Not Apply or Don't Know
6. Staff tell someone if they see something that might harm a resident.....	<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 ideas and suggestions are valued in this nursing home.....	<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. In this nursing home, we discuss ways to keep residents safe from harm.....	<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. Staff opinions are ignored in this nursing home.....	<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. Staff are given all the information they need to care for residents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
11. It is easy for staff to speak up about problems in this nursing home.....	<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: Your Supervisor**

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. My supervisor listens to staff ideas and suggestions about resident 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. My supervisor says a good word to staff who follow the right procedures.....	<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. My supervisor pays attention to resident safety problems in this nursing home.....	<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: Your Nursing Home**

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. Residents are well cared for in this nursing home.....	<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 asks staff how the nursing home can improve resident 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

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3. This nursing home lets the same mistakes happen again and again..... <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> | <sub>9</sub>

**SECTION D: Your Nursing Home (continued)**

	strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	neither agree nor Disagree <input type="checkbox"/>	agree <input type="checkbox"/>	strongly Agree <input type="checkbox"/>	Does Not Apply or Don't Know <input type="checkbox"/>
4. It is easy to make changes to improve resident safety in this nursing home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
5. This nursing home is always doing things to improve resident safety.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
6. This nursing home does a good job keeping residents safe.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
7. Management listens to staff ideas and suggestions to improve resident safety.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
8. This nursing home is a safe place for residents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
9. Management often walks around the nursing home to check on resident care.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
10. When this nursing home makes changes to improve resident safety, it checks to see if the changes worked.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION E: Overall Ratings**

1. I would tell friends that this is a safe nursing home for their family.

- a. Yes
- b. Maybe
- c. No

2. Please give this nursing home an overall rating on resident safety.

Poor                      Fair                      Good                      Very good                      Excellent  
 ▼                              ▼                              ▼                              ▼                              ▼  
<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>                      <sub>5</sub>

**SECTION F: Background Information**

1. What is your job in this nursing home? Check ONE box that best applies to your job. If more than one category applies, check the highest level job.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> a. <b>Administrator/Manager</b></p> <ul style="list-style-type: none"> <li>Executive Director/Administrator</li> <li>Medical Director</li> <li>Director of Nursing/Nursing Supervisor</li> <li>Department Head</li> <li>Unit Manager/Charge Nurse</li> <li>Assistant Director/Assistant Manager</li> <li>Minimum Data Set (MDS) Coordinator/<br/>Resident Nurse Assessment<br/>Coordinator (RNAC)</li> </ul> <p><input type="checkbox"/> b. <b>Physician (MD, DO)</b></p> <p><input type="checkbox"/> c. <b>Other Provider</b></p> <ul style="list-style-type: none"> <li>Nurse Practitioner</li> <li>Clinical Nurse Specialist</li> <li>Physician Assistant</li> </ul> <p><input type="checkbox"/> d. <b>Licensed Nurse</b></p> <ul style="list-style-type: none"> <li>Registered Nurse (RN)</li> <li>Licensed Practical Nurse (LPN)</li> <li>Wound Care Nurse</li> </ul> <p><input type="checkbox"/> e. <b>Nursing Assistant/Aide</b></p> <ul style="list-style-type: none"> <li>Certified Nursing Assistant (CNA)</li> <li>Geriatric Nursing Assistant (GNA)</li> <li>Nursing Aide/Nursing Assistant</li> </ul> | <p><input type="checkbox"/> f. <b>Direct Care Staff</b></p> <ul style="list-style-type: none"> <li>Activities Staff Member</li> <li>Dietitian/Nutritionist</li> <li>Medication Technician</li> <li>Pastoral Care/Chaplain</li> <li>Pharmacist</li> <li>Physical/Occupational/<br/>Speech/<br/>Respiratory Therapist</li> <li>Podiatrist</li> <li>Social Worker</li> </ul> <p><input type="checkbox"/> g. <b>Administrative Support Staff</b></p> <ul style="list-style-type: none"> <li>Administrative Assistant</li> <li>Admissions</li> <li>Billing/Insurance</li> <li>Secretary</li> <li>Human Resources</li> <li>Medical Records</li> </ul> <p><input type="checkbox"/> h. <b>Support Staff</b></p> <ul style="list-style-type: none"> <li>Drivers</li> <li>Food Service/Dietary</li> <li>Housekeeping</li> <li>Laundry Service</li> <li>Maintenance</li> <li>Security</li> </ul> <p><input type="checkbox"/> i. <b>Other</b> (Please write the title of your job):</p> <hr style="width: 100%; margin-top: 10px;"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. How long have you worked in this nursing home?

- |                                                |                                              |
|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> a. Less than 2 months | <input type="checkbox"/> d. 3 to 5 years     |
| <input type="checkbox"/> b. 2 to 11 months     | <input type="checkbox"/> e. 6 to 10 years    |
| <input type="checkbox"/> c. 1 to 2 years       | <input type="checkbox"/> f. 11 years or more |

3. How many hours per week do you usually work in this nursing home?

- a. 15 or fewer hours per week
- b. 16 to 24 hours per week
- c. 25 to 40 hours per week
- d. More than 40 hours per week

Attachment I: Nursing Home Survey on Patient Safety (NHSOPS)

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

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

4. When do you work most often? Check ONE answer.
- a. Days
  - b. Evenings
  - c. Nights
5. Are you paid by a staffing agency when you work for this nursing home?
- a. Yes
  - b. No
6. In your job in this nursing home, do you work directly with residents most of the time?  
Check ONE answer.
- a. YES, I work directly with residents most of the time.
  - b. NO, I do NOT work directly with residents most of the time.
7. In this nursing home, where do you spend most of your time working? Check ONE answer.
- a. Many different areas or units in this nursing home / No specific area or unit
  - b. Alzheimer's / Dementia unit
  - c. Rehab unit
  - d. Skilled nursing unit
  - e. Other area or unit (Please specify): \_\_\_\_\_

**SECTION G: Your Comments**

Please feel free to write any comments about resident care and safety in this nursing home.

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