

# 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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a. Many different hospital units/No specific unit | <input type="checkbox"/> h. Psychiatry/mental health | <input type="checkbox"/> n. Other, please specify:       |
| <input type="checkbox"/> b. Medicine (non-surgical)                        | <input type="checkbox"/> i. Rehabilitation           | <input style="width: 250px; height: 20px;" type="text"/> |
| <input type="checkbox"/> c. Surgery  | <input type="checkbox"/> j. Pharmacy                 |  |
| <input type="checkbox"/> d. Obstetrics                                     | <input type="checkbox"/> k. Laboratory               |  |
| <input type="checkbox"/> e. Pediatrics                                     | <input type="checkbox"/> l. Radiology                |  |
| <input type="checkbox"/> f. Emergency department                           | <input type="checkbox"/> m. Anesthesiology           |  |
| <input type="checkbox"/> g. Intensive care unit (any type)                 |  |  |

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.

average 1 hour per  
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Please indicate

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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	S		D		N		A	S
Think about your hospital work area/unit...	trongly Disagree □	isagree □	either □	gree □	A trongly Agree □			
1. People support one another in this unit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
2. 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			
3. When a lot of work needs to be done quickly, we work together as a team to get the work done.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
4. In this unit, people 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			
5. Staff in this unit work longer hours than is best for patient care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			

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

	S		D		N		A	S
Think about your hospital work area/unit...	trongly Disagree □	isagree □	either □	gree □	A trongly Agree □			
6. We are actively doing things to improve patient safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
7. We use more agency/temporary staff than is best for patient care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
8. Staff feel like their mistakes are held against them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
9. Mistakes have led to positive changes here.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
10. It is just by chance that more serious mistakes don't happen around here.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
11. When one area in this unit gets really busy, others help out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
12. When an event is reported, it feels like the person is being written up, not the problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
13. After we make changes to improve patient safety, we evaluate their effectiveness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
14. We work in "crisis mode" trying to do too much, too quickly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
15. Patient safety is never sacrificed to get more work done.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
16. Staff worry that mistakes they make are kept in their personnel file.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
17. We have patient safety problems in this unit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5			
18. Our procedures and systems are good at preventing errors from happening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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.

S                      D                      N                      A                      S  
 trongly    isagree    either    gree    trongly

	Disagree				Agree
	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
2. My supervisor/manager seriously considers staff suggestions for improving patient safety.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
4. My supervisor/manager overlooks patient safety problems that happen over and over.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>

**SECTION C: Communications**

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

Think about your hospital work area/unit...	Never	Rarely	Sometimes	Most of the time	Always
1. We are given feedback about changes put into place based on event reports.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Staff will freely speak up if they see something that may negatively affect patient care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. We are informed about errors that happen in this unit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Staff feel free to question the decisions or actions of those with more authority.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. In this unit, we discuss ways to prevent errors from happening again.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Staff are afraid to ask questions when something does not seem right.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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	Sometimes	Most of the time	Always
1. When a mistake is made, but is <i>caught and corrected before affecting the patient</i> , how often is this reported?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. When a mistake is made, but has <i>no potential to harm the patient</i> , how often is this reported?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When a mistake is made that <i>could harm the patient</i> , but does not, how often is this reported?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Hospital units do not coordinate well with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Things "fall between the cracks" when transferring patients from one unit to another.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. There is good cooperation among hospital units that need to work together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>SECTION F: Your Hospital (continued)</b>					
<b>Think about your hospital...</b>	<b>Strongly Disagree</b> □	<b>Disagree</b> □	<b>Neither</b> □	<b>Agree</b> □	<b>Strongly Agree</b> □
5. Important patient care information is often lost during shift changes.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
6. It is often unpleasant to work with staff from other hospital units.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
7. Problems often occur in the exchange of information across hospital units.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
8. The actions of hospital management show that patient safety is a top priority.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
9. Hospital management seems interested in patient safety only after an adverse event happens.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
10. Hospital units work well together to provide the best care for patients.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>
11. Shift changes are problematic for patients in this hospital.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>

**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
- b. 1 to 2 event reports
- c. 3 to 5 event reports
- d. 6 to 10 event reports
- e. 11 to 20 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
- b. 1 to 5 years
- c. 6 to 10 years
- d. 11 to 15 years
- e. 16 to 20 years
- f. 21 years or more

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

- a. Less than 1 year
- b. 1 to 5 years
- c. 6 to 10 years
- d. 11 to 15 years
- e. 16 to 20 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
- b. 20 to 39 hours per week
- c. 40 to 59 hours per week
- d. 60 to 79 hours per week
- e. 80 to 99 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.**

- |  |   |
|--|---|
| <input type="checkbox"/> a. Registered Nurse                             | <input type="checkbox"/> j. Respiratory Therapist                       |
| <input type="checkbox"/> b. Physician Assistant/Nurse Practitioner       | <input type="checkbox"/> k. Physical, Occupational, or Speech Therapist |
| <input type="checkbox"/> c. LVN/LPN                                      | <input type="checkbox"/> l. Technician (e.g., EKG, Lab, Radiology)      |
| <input type="checkbox"/> d. Patient Care Asst/Hospital Aide/Care Partner | <input type="checkbox"/> m. Administration/Management                   |
| <input type="checkbox"/> e. Attending/Staff Physician                    | <input type="checkbox"/> n. Other, please specify:                      |
| <input type="checkbox"/> f. Resident Physician/Physician in Training     | <input type="text"/>  |
| <input type="checkbox"/> g. Pharmacist                                   |   |
| <input type="checkbox"/> h. Dietician                                    |   |
| <input type="checkbox"/> 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?**

- |  |  |
|--|--|
| <input type="checkbox"/> a. Less than 1 year | <input type="checkbox"/> d. 11 to 15 years   |
| <input type="checkbox"/> b. 1 to 5 years     | <input type="checkbox"/> e. 16 to 20 years   |
| <input type="checkbox"/> c. 6 to 10 years    | <input type="checkbox"/> 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.***