

**Attachment F - SOPS® Hospital Survey with Diagnostic Safety Supplemental Item Set**

## Hospital Survey on Patient Safety (Version 2.0)

### Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10-15 minutes to complete. If a question does not apply to you or your hospital or you don't know the answer, please select "Does Not Apply or Don't Know."

- ***"Patient safety"*** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of healthcare delivery.
- A ***"patient safety event"*** is defined as any type of healthcare-related error, mistake, or incident, regardless of whether or not it results in patient harm.

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey 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 this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. 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. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. 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-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at [MEPSPROJECTDIRECTOR@ahrq.hhs.gov](mailto:MEPSPROJECTDIRECTOR@ahrq.hhs.gov).

### Your Staff Position

1. What is your position in this hospital?

Select ONE answer.

<p><b>Nursing</b></p> <p><input type="checkbox"/>1 Advanced Practice Nurse (NP, CRNA, CNS, CNM)</p> <p><input type="checkbox"/>2 Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)</p> <p><input type="checkbox"/>3 Patient Care Aide, Hospital Aide, Nursing Assistant</p> <p><input type="checkbox"/>4 Registered Nurse (RN)</p> <p><b>Medical</b></p> <p><input type="checkbox"/>5 Physician Assistant</p> <p><input type="checkbox"/>6 Resident, Intern</p> <p><input type="checkbox"/>7 Physician, Attending, Hospitalist</p> <p><b>Other Clinical Position</b></p> <p><input type="checkbox"/>8 Dietitian</p> <p><input type="checkbox"/>9 Pharmacist, Pharmacy Technician</p> <p><input type="checkbox"/>10 Physical, Occupational, or Speech Therapist</p> <p><input type="checkbox"/>11 Psychologist</p> <p><input type="checkbox"/>12 Respiratory Therapist</p> <p><input type="checkbox"/>13 Social Worker</p> <p><input type="checkbox"/>14 Technologist, Technician (e.g., EKG, Lab, Radiology)</p>	<p><b>Supervisor, Manager, Clinical Leader, Senior Leader</b></p> <p><input type="checkbox"/>15 Supervisor, Manager, Department Manager, Clinical Leader, Administrator, Director</p> <p><input type="checkbox"/>16 Senior Leader, Executive, C-Suite</p> <p><b>Support</b></p> <p><input type="checkbox"/>17 Facilities</p> <p><input type="checkbox"/>18 Food Services</p> <p><input type="checkbox"/>19 Housekeeping, Environmental Services</p> <p><input type="checkbox"/>20 Information Technology, Health Information Services, Clinical Informatics</p> <p><input type="checkbox"/>21 Security</p> <p><input type="checkbox"/>22 Transporter</p> <p><input type="checkbox"/>23 Unit Clerk, Secretary, Receptionist, Office Staff</p> <p><b>Other</b></p> <p><input type="checkbox"/>24 Other, please specify:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<b>Your Unit/Work Area</b>	

2. Think of your “unit” as the work area, department, or clinical area of the hospital where you spend most of your work time. What is your primary unit or work area in this hospital?

Select ONE answer.

<p>Multiple Units, No specific unit</p> <p><input type="checkbox"/>1 Many different hospital units, No specific unit</p> <p><b>Medical/Surgical Units</b></p> <p><input type="checkbox"/>2 Combined Medical/Surgical Unit</p> <p><input type="checkbox"/>3 Medical Unit (Non-Surgical)</p>	<p><b>Surgical Services</b></p> <p><input type="checkbox"/>16 Anesthesiology</p> <p><input type="checkbox"/>17 Endoscopy, Colonoscopy</p> <p><input type="checkbox"/>18 Pre Op, Operating Room/Suite, PACU/Post Op, Peri Op</p> <p><b>Clinical Services</b></p>	<p><b>Support Services</b></p> <p><input type="checkbox"/>29 Admitting/Registration</p> <p><input type="checkbox"/>30 Food Services, Dietary</p> <p><input type="checkbox"/>31 Housekeeping, Environmental Services, Facilities</p>
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☐4 Surgical Unit

**Patient Care Units**

☐5 Cardiology

☐6 Emergency  
Department,  
Observation, Short  
Stay

☐7 Gastroenterology

☐8 ICU (all adult types)

☐9 Labor & Delivery,  
Obstetrics &  
Gynecology

☐10 Oncology,  
Hematology

☐11 Pediatrics (including  
NICU, PICU)

☐12 Psychiatry,  
Behavioral Health

☐13 Pulmonology

☐14 Rehabilitation,  
Physical Medicine

☐15 Telemetry

☐19 Pathology, Lab

☐20 Pharmacy

☐21 Radiology, Imaging

☐22 Respiratory Therapy

☐23 Social Services, Case  
Management, Discharge  
Planning

**Administration/  
Management**

☐24 Administration,  
Management

☐25 Financial Services,  
Billing

☐26 Human Resources,  
Training

☐27 Information Technology,  
Health Information  
Management, Clinical  
Informatics

☐28 Quality, Risk  
Management, Patient  
Safety

☐32 Security Services

☐33 Transport

**Other**

☐34 Other, please  
specify:

## SECTION A: Your Unit/Work Area

**How much do you agree or disagree with the following statements about your unit/work area?**

Think about your unit/work area:	Strongly Disagree □	Disagree □	Neither Agree nor Disagree □	Agree □	Strongly Agree □	Does Not Apply or Don't Know □
1. In this unit, we work together as an effective team.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
2. In this unit, we have enough staff to handle the workload.....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
3. Staff in this unit work longer hours than is best for patient care	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
4. This unit regularly reviews work processes to determine if changes are needed to improve patient safety	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
5. This unit relies too much on temporary, float, or PRN staff	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
6. In this unit, staff feel like their mistakes are held against them	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
7. When an event is reported in this unit, it feels like the person is being written up, not the problem	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
8. During busy times, staff in this unit help each other	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
9. There is a problem with disrespectful behavior by those working in this unit	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
10. When staff make errors, this unit focuses on learning rather than blaming individuals	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
11. The work pace in this unit is so rushed that it negatively affects patient safety	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
12. In this unit, changes to improve patient safety are evaluated to see how well they worked	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
13. In this unit, there is a lack of support for staff involved in patient safety errors	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
14. This unit lets the same patient safety problems keep happening	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>



## SECTION B: Your Supervisor, Manager, or Clinical Leader

How much do you agree or disagree with the following statements about your immediate supervisor, manager, or clinical leader?

	Strongly Disagree □	Disagree □	Neither Agree nor Disagree □	Agree □	Strongly Agree □	Does Not Apply or Don't Know □
1. My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety .....	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
2. My supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>

## SECTION C: Communication

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

Think about your unit/work area:	Never □	Rarely □	Some- times □	Most of the time □	Always □	Does Not Apply or Don't Know □
1. We are informed about errors that happen in this unit	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
2. When errors happen in this unit, we discuss ways to prevent them from happening again	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
3. In this unit, we are informed about changes that are made based on event reports	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
4. In this unit, staff speak up if they see something that may negatively affect patient care	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
6. When staff in this unit speak up, those with more authority are open to their patient safety concerns	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>
7. In this unit, staff are afraid to ask questions when something does not seem right	□ <sub>1</sub>	□ <sub>2</sub>	□ <sub>3</sub>	□ <sub>4</sub>	□ <sub>5</sub>	□ <sub>9</sub>

## SECTION D: Reporting Patient Safety Events

Think about your unit/work area:	Never □	Rarely □	Sometimes □	Most of the time □	Always □	Does Not Apply or Don't Know □
1. When a mistake is <u>caught and corrected before reaching the patient</u> , 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	<input type="checkbox"/> 9
2. When a mistake reaches the patient and <u>could have harmed the patient, but did not</u> , 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	<input type="checkbox"/> 9
3. <u>In the past 12 months</u> , how many patient safety events have <u>you</u> reported?						
<input type="checkbox"/> a. None <input type="checkbox"/> b. 1 to 2 <input type="checkbox"/> c. 3 to 5 <input type="checkbox"/> d. 6 to 10 <input type="checkbox"/> e. 11 or more						

## SECTION E: Patient Safety Rating

1. How would you rate your unit/work area on patient safety?

Poor	Fair	Good	Very Good	Excellent
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION F: Your Hospital

How much do you agree or disagree with the following statements about your hospital?

Think about your hospital:	Strongly Disagree □	Disagree □	Neither Agree nor Disagree □	Agree □	Strongly Agree □	Does Not Apply or Don't Know □
1. The actions of hospital management show that patient safety is a top priority .....	<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. Hospital management provides adequate resources to improve patient 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
3. Hospital management seems interested in patient safety only after an adverse event happens.....	<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 transferring patients from one unit to another, important information is often left 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



- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 5. During shift changes, important patient care information is often left 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 |
| 6. During shift changes, there is adequate time to exchange all key patient care information ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

## Your Unit/Work Area's Processes Around Diagnosis

The following items ask about **your unit/work area's processes around diagnosis**. The processes start when a patient seeks care for a health problem, and include:

- o Gathering, integrating, and interpreting information about the patient (e.g., clinical history, physical exam, test and imaging results, referrals),
- o Making an initial diagnosis,
- o Discussing the diagnosis with the patient, and
- o Following the patient and revising the diagnosis over time, as needed.

In this part of the survey, the term "provider" refers to physicians, physician assistants, and nurse practitioners who diagnose, treat patients, and prescribe medications. The term staff refers to all others who work in the

### SECTION A: Time Availability

How much do you agree or disagree with the following statements?	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"/>
1. The amount of time that providers have with each patient is long enough to fully evaluate the patient's presenting problem(s).....	1	2	3	4	5	9
2. Providers in this unit have enough time to review the relevant information related to the patient's presenting problem(s).....	1	2	3	4	5	9
3. Providers in this unit finish their patient notes by the end of their regular workday.....	1	2	3	4	5	9

## SECTION B: Testing and Referrals

How much do you agree or disagree with the following statements?	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"/>
1. This unit is effective at tracking a patient's test results from labs, imaging, and other diagnostic procedures.....	1	2	3	4	5	9
2. When this unit doesn't receive a patient's test results, staff follow up.....	1	2	3	4	5	9
3. All test results are communicated to patients, even if the test results are normal.....	1	2	3	4	5	9
4. When this hospital makes a high priority referral, we try to have the appointment scheduled before the patient is discharged.....	1	2	3	4	5	9

## SECTION C: Provider and Staff Communication Around Diagnosis

How much do you agree or disagree with the following statements?	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"/>
1. Providers in this unit encourage staff to share their concerns about a patient's health condition.	1	2	3	4	5	9
2. Providers document differential diagnoses when they have <b>not</b> ruled out other diagnoses.....	1	2	3	4	5	9
3. When a provider thinks another provider in this unit/hospital/system may have missed a diagnosis, they inform that provider.....	1	2	3	4	5	9
4. When a missed, wrong, or delayed diagnosis happens in this unit, we are informed about it.....	1	2	3	4	5	9
5. Providers in this unit talk directly with specialists/radiologists/pathologists when something needs clarification.....	1	2	3	4	5	9

## Background Questions

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 or more years
2. In this hospital, how long have you worked in your current unit/work area?
  - ☐a. Less than 1 year
  - ☐b. 1 to 5 years
  - ☐c. 6 to 10 years
  - ☐d. 11 or more years
3. Typically, how many hours per week do you work in this hospital?
  - ☐a. Less than 30 hours per week
  - ☐b. 30 to 40 hours per week
  - ☐c. More than 40 hours per week
4. 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

## Your Comments

**Please feel free to provide any comments about how things are done or could be done in your hospital that might affect patient safety.**

**Thank you for completing this survey.**