

Survey on Patient Safety

Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your facility 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, 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 work area as the unit, department, or clinical area of your facility where you spend most of your work time or provide most of your clinical services.

What is your primary work area or unit in your facility? Select ONE answer.

- | | | |
|---|--|---|
| <input type="checkbox"/> a. Many different 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 | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <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) | | |

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

Think about your work area/unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly 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)

Think about your work area/unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly 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.

	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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. My supervisor/manager seriously considers staff suggestions for improving patient safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. My supervisor/manager overlooks patient safety problems that happen over and over	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION C: Communications

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

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼
Think about your work area/unit...					
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 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 <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 an overall grade on patient safety.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E
Excellent	Very Good	Acceptable	Poor	Failing

SECTION F: Your Facility

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

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
Think about your facility...					
1. Management in this facility 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. Units in this facility 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 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

SECTION F: Your Facility (continued)

Think about your facility...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
5. Important patient care information is often lost during shift changes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. It is often unpleasant to work with staff from other units in this facility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Problems often occur in the exchange of information across units in this facility.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. The actions of management in this facility 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
9. Management in this facility 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
10. Units in this facility work well together to provide the best care for patients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. Shift changes are problematic for patients in this facility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION G: Number of Events Reported

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

- | | |
|--|--|
| <input type="checkbox"/> a. No event reports | <input type="checkbox"/> d. 6 to 10 event reports |
| <input type="checkbox"/> b. 1 to 2 event reports | <input type="checkbox"/> e. 11 to 20 event reports |
| <input type="checkbox"/> c. 3 to 5 event reports | <input type="checkbox"/> 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 facility?

- | | |
|--|--|
| <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 |

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

- | | |
|--|--|
| <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 |

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

- | | |
|---|--|
| <input type="checkbox"/> a. Less than 20 hours per week | <input type="checkbox"/> d. 60 to 79 hours per week |
| <input type="checkbox"/> b. 20 to 39 hours per week | <input type="checkbox"/> e. 80 to 99 hours per week |
| <input type="checkbox"/> c. 40 to 59 hours per week | <input type="checkbox"/> f. 100 hours per week or more |

SECTION H: Background Information (continued)

4. What is your staff position in this facility? 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/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 | <div style="border: 1px solid black; height: 20px; width: 450px;"></div> |
| <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 facility.

THANK YOU FOR COMPLETING THIS SURVEY.