

# **Agency for Healthcare Research and Quality (AHRQ) Nursing Home Survey on Patient Safety Culture**

## **Background and Information for Translators**

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### **Purpose and Use of This Document**

In this document, we provide information about the AHRQ *Nursing Home Survey on Patient Safety Culture* to help translation team members develop a translation that conveys the same meaning as the original U.S. English version.

First, we present background information about the survey, including its purpose and intended target population. Next, we group the survey items according to the patient safety culture dimensions they assess and provide more information about the intended meaning of the items.

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## Background on the Survey

In response to nursing homes interested in a survey that focuses on safety culture in their organizations, the Agency for Healthcare Research and Quality (AHRQ) developed the *Nursing Home Survey on Patient Safety Culture*, which was released in Fall 2008.

**What is “patient safety culture”?** Patient safety is a critical component of health care quality. As health care organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of safety. Achieving a culture of safety requires an understanding of the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate. A definition of safety culture is provided below.

### Safety Culture Definition

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Organising for Safety: Third Report of the ACSNI (Advisory Committee on the Safety of Nuclear Installations) Study Group on Human Factors. Health and Safety Commission (of Great Britain). Sudbury, England: HSE Books, 1993.

**What title should I use on the survey?** In the U.S. we recommend using the title “Nursing Home Survey on Patient Safety” and not including the word “Culture.” The reason is that in the U.S. some respondents do not know what patient safety culture means - they tend to confuse the word “culture” with ethnicity and race. If you think respondents in your country understand the term “patient safety culture,” you may leave the word “culture” in the title.

**How can the survey be used?** The nursing home survey can be used as an intervention to raise staff awareness about patient safety issues and as a diagnostic tool to assess the status of patient safety culture in a nursing home. It can be used to identify patient safety culture strengths and areas for improvement, to evaluate the impact of patient safety improvement initiatives, to examine trends in patient safety culture change over time, and to facilitate comparisons with other nursing homes on patient safety culture.

**What types of facilities was the survey designed for?** The survey was designed to measure resident safety culture in a nursing home facility or in a special contained area of a facility (e.g., a hospital) that includes only *licensed* nursing home beds. It is important to understand that the survey was *not* designed or tested for use in:

- Assisted living facilities,
- Community care facilities,
- Rehabilitation services, or

- Independent living facilities.

In these types of facilities, residents receive far less care from facility staff than they do in nursing homes. If you plan to administer the survey in a nursing home that is located on a large campus or facility that has a mix of nursing home and other long-term care programs (such as independent living, assisted living, and rehabilitation services), survey *only* the facilities or areas with nursing home beds. Do not administer the survey to staff who work most of the time in areas with independent living, assisted living, or rehabilitation beds.

**Who should complete the survey?** The *Nursing Home Survey on Patient Safety Culture* examines patient safety culture from a nursing home staff perspective. Everyone who works routinely in the nursing home should complete the survey. The following types of staff can be surveyed: administrators, physicians (who are onsite or make visits to the nursing home from independent practices), physician assistants, social workers, activity directors, dietitians/nutritionists, nursing staff, housekeeping, maintenance, cooks, and security staff. *Staff* also includes temporary/agency personnel who routinely work in the nursing home.

**How was the survey tested?** The draft survey was pretested during cognitive interviews with nursing home staff to ensure that items were easily understood and relevant to patient safety in a nursing home setting. The items were revised as appropriate, and the survey was then pilot tested in late 2007 with more than 5,000 staff working in 40 nursing homes across the United States. Participating nursing homes varied by bed size, geographic region, urbanicity, and ownership. More than 3,700 surveys were received. Confirmatory factor analyses were conducted to examine the factor structure of the survey, and the survey was revised so that the final items and dimensions have sound psychometric properties. The final survey contains 42 items measuring 12 dimensions. The survey also includes two overall rating questions that ask respondents if they would tell friends that the nursing home is safe for their family and to give an overall rating on resident safety in the nursing home; 7 background questions; and a comments section. The Flesch-Kincaid reading score was below a seventh-grade reading level.

**How can I get a copy of the survey?** The survey is available on the AHRQ Web site, along with a User's Guide and an Items and Dimensions document, which groups the survey items according to the dimensions they are intended to measure: <http://www.ahrq.gov/qual/patientsafetyculture/nhsurvindex.htm>

# **AHRQ Nursing Home Survey on Patient Safety Culture: More Information About the Items**

In this document, the items in the *Nursing Home Survey on Patient Safety Culture* are grouped according to the safety culture dimensions they are intended to measure. The item's survey location is shown to the left of each item. For some items, more information (appears in italic font) is provided to help translators convey the correct meanings of the items.

**Note:** *In the survey items, the word "staff" refers to everyone who works **routinely** in the nursing home, including: administrators, physicians (who are onsite or make visits to the nursing home from independent practices), physician assistants, social workers, activity directors, dietitians/nutritionists, nursing staff, housekeeping, maintenance, cooks, and security staff. Staff also includes temporary/agency personnel who routinely work in the nursing home.*

## **1. Teamwork**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- A1. Staff in this nursing home treat each other with respect. *(More about this item: All staff treat all other staff with respect; not talking only about respect shown by management/supervisors to other staff.)*
- A2. Staff support one another in this nursing home. *(More about this item: All staff help one another as needed.)*
- A5. Staff feel like they are part of a team. *(More about this item: "Team" refers to a work team.)*
- A9. When someone gets really busy in this nursing home, other staff help out.

## **2. Staffing**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- A3. We have enough staff to handle the workload. *(More about this item: "To handle the workload" means "to do all the work.")*
- A8. Staff have to hurry because they have too much work to do. (negatively worded) *(More about this item: When staff have to hurry because they have so much work to do, it is not good for resident care.)*
- A16. Residents' needs are met during shift changes. *(More about this item: Residents' needs are NOT ignored during shift changes when staff are busy arriving and leaving and briefing each other.)*
- A17. It is hard to keep residents safe here because so many staff quit their jobs. (negatively worded) *(More about this item: Many staff at this nursing home quit their jobs; that makes it harder to keep residents safe.)*

### **3. Compliance With Procedures**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- A4. Staff follow standard procedures to care for residents. *(More about this item: Staff follow the same set of established procedures each time they perform a task—examples of tasks include putting in a catheter, dressing a wound, feeding residents who have had a stroke and have difficulty swallowing, and using a lift.)*
- A6. Staff use shortcuts to get their work done faster. (negatively worded) *(More about this item: Staff may use unsafe procedures or may not follow all procedures so that they can do their work more quickly or easily. For example, rather than taking the time to go and get a lift to help someone get out of bed [according to procedures], a staff member tries to do it without a lift.)*
- A14. To make work easier, staff often ignore procedures. (negatively worded) (refer to A4 and A6.)

### **4. Training & Skills**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- A7. Staff get the training they need in this nursing home. *(More about this item: The nursing home provides on-the-job training for staff to improve their skills and learn new skills.)*
- A11. Staff have enough training on how to handle difficult residents. *(More about this item: The nursing home provides appropriate training to help staff work effectively with residents who are hard to care for or who have behavioral problems—spit, bite, etc.)*
- A13. Staff understand the training they get in this nursing home. *(More about this item: Staff not only receive training in the nursing home but also understand what they are supposed to learn.)*

**5. Nonpunitive Response to Mistakes** *(More about this dimension: In a nonpunitive environment, when a mistake happens, those in authority look at all factors that contributed to the mistake, including the organization's systems, practices, and procedures. They do not first conclude the staff member is at fault.)*

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- A10. Staff are blamed when a resident is harmed. (negatively worded) *(More about this item: An "Agree/Strongly Agree" response indicates that the culture is punitive—that is, when a resident is harmed, the supervisor/administrator simply blames staff instead of investigating problems with procedures or systems.)*
- A12. Staff are afraid to report their mistakes. (negatively worded)
- A15. Staff are treated fairly when they make mistakes. *(More about this item: Staff expect supervisors to investigate all factors, including systems reasons, to determine why mistakes happen instead of immediately deciding that only the staff member is at fault. Staff are not treated harshly when a human error is made.)*
- A18. Staff feel safe reporting their mistakes. *(More about this item: Staff do not think there will be negative consequences for them or that they will be punished unfairly if they report mistakes.)*

## **6. Handoffs**

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your nursing home?

- B1. Staff are told what they need to know before taking care of a resident for the first time.
- B2. Staff are told right away when there is a change in a resident's care plan.
- B3. We have all the information we need when residents are transferred from the hospital. *(More about this item: Transferred from the hospital to the nursing home.)*
- B10. Staff are given all the information they need to care for residents. *(More about this item: "Staff" includes not only direct care staff but also housekeeping, dietary/food preparation staff, etc.)*

## **7. Feedback & Communication About Incidents** *(More about this dimension: Typical errors/mistakes/incidents include medication errors, preventable falls, not following the care plan or procedures; etc.)*

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your nursing home?

- B4. When staff report something that could harm a resident, someone takes care of it. *(More about this item: The report can be made verbally or in writing.)*
- B5. In this nursing home, we talk about ways to keep incidents from happening again. *(More about this item: "We" includes all staff in the nursing home, not just direct care workers.)*
- B6. Staff tell someone if they see something that might harm a resident. *(More about this item: Staff tell someone with the authority to do something about it.)*
- B8. In this nursing home, we discuss ways to keep residents safe from harm. *(More about this item: refer to B5.)*

## **8. Communication Openness**

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your nursing home?

- B7. Staff ideas and suggestions are valued in this nursing home. *(More about this item: "Are valued" means that administrators/supervisors welcome and listen to staff ideas and suggestions.)*
- B9. Staff opinions are ignored in this nursing home. (negatively worded) *(More about this item: Administrators/supervisors do not pay attention to staff opinions.)*
- B11. It is easy for staff to speak up about problems in this nursing home. *(More about this item: "To speak up" means to notify someone in authority [managers/supervisors] about the problems.)*

## **9. Supervisor Expectations & Actions Promoting Resident Safety\***

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- C1. My supervisor listens to staff ideas and suggestions about resident safety.
- C2. My supervisor says a good word to staff who follow the right procedures. *(More about this item: "Says a good word to staff" means "praises staff.")*
- C3. My supervisor pays attention to resident safety problems in this nursing home.

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<sup>1</sup> Adapted from Zohar. A group-level model of safety climate: Testing the effect of group climate on microaccidents in manufacturing jobs. *Journal of Applied Psychology* 2000;85:587-96.

## **10. Overall Perceptions of Resident Safety**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- D1. Residents are well cared for in this nursing home.
- D6. This nursing home does a good job keeping residents safe.
- D8. This nursing home is a safe place for residents.

## **11. Management Support for Resident Safety**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- D2. Management asks staff how the nursing home can improve resident safety.
- D7. Management listens to staff ideas and suggestions to improve resident safety.
- D9. Management often walks around the nursing home to check on resident care. *(More about this item: Managers/administrators working in the nursing home frequently walk around the nursing home to observe what is happening, to talk to staff about their concerns about resident safety and other issues, and to ask for staff suggestions about improving resident care.)*

## **12. Organizational Learning**

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

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

- D3. This nursing home lets the same mistakes happen again and again. (negatively worded)
- D4. It is easy to make changes to improve resident safety in this nursing home. *(More about this item: Managers/supervisors are responsive when they know that changes are needed to improve resident safety.)*
- D5. This nursing home is always doing things to improve resident safety.
- D10. When this nursing home makes changes to improve resident safety, it checks to see if the changes worked. *(More about this item: Nursing home managers/administrators compare resident safety before and after the changes are made to see if the changes led to the expected improvement in resident safety.)*

## **Overall Ratings**

(Yes, Maybe, No)

- E1. I would tell friends that this is a safe nursing home for their family.

(Poor, Fair, Good, Very good, Excellent)

- E2. Please give this nursing home an overall rating on resident safety.