**SOPSTM Health Information Technology (IT) Patient Safety Supplemental Item Set for the SOPS Hospital Survey**

**Language: English**

**Notes**

* These supplemental items were designed for use with the core [SOPS™ Hospital Survey](https://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/index.html).
* **Respondents:** The supplemental item set is intended for those who enter or review patient information in your hospital’s electronic health record (EHR) system. The item set was not designed to be completed by staff who work in your hospital’s Information Technology or Clinical Informatics departments or for staff whose primary responsibility is to provide technical assistance for your hospital’s EHR systems.
* **Filter Question:** Respondents who answer “No” to the first question: “*Do you use your hospital’s Electronic Health Record (EHR) system(s) to enter or review patient information?*” should follow the skip instructions and should *not* complete the item set.
* **Composites:** The supplemental items are listed by composite, which means they were developed and tested together to address a specific topic. The composites assessed in this supplemental item set are:
  + EHR System Training.
  + EHR System Support and Communication.
* **Additional measures:** In addition to the composites, other measures are included in the item set to assess:
  + EHR Patient Safety and Quality Issues.
  + EHR and Workflow/Work Process.
  + Overall EHR System Rating.
* **Modifications:** If you choose to administer only a subset of the supplemental items, include *all* items within the composites or additional measures you want to assess; do not reorder items. For composites or additional measures you do not want to assess, delete all items in those composites or measures.
* **Placement:** Any supplemental items must be added to the end of the SOPS Hospital Survey, just before the Background Questions section. Be sure to include the initial filter question and subheadings.

For assistance with this survey, please contact the SOPS Help Line at 1-888-324-9749 or [SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com).

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| Badge | Last updated: January 4, 2018 |

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| **Your Hospital’s Electronic Health Record (EHR) System** |

**1. Do you use your hospital’s Electronic Health Record (EHR) system(s) to enter or review patient information?**

🞎1 Yes

🞎2 No 🡪 [GO TO BACKGROUND QUESTIONS OR END]

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| **Section A: EHR Patient Safety and Quality Issues** |

**If you use more than one EHR System in your hospital, please think about the one you use the most.**

The following items describe things that can affect patient safety and quality when using EHR systems*.*

***In the past 3 months,* how many times did you discover the following issues with the EHR system in your hospital?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None**  ⯆ | **1-5  times** ⯆ | **6-10  times** ⯆ | **11-20 times** ⯆ | **21-50 times ⯆** | **More than 50 times** ⯆ | **Does Not Apply or Don’t Know** ⯆ |
| 1. Information was not complete. | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎6 | 🞎9 |
| 1. Information was not accurate | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎6 | 🞎9 |
| 1. Important information was hard to find | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎6 | 🞎9 |
| 1. Information was entered into the wrong patient health record....................................... | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎6 | 🞎9 |
| 1. Incorrect information was copied and pasted | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎6 | 🞎9 |

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| **Section B: EHR System Training** |

**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. We are given enough training on how to use our EHR system | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. Training on our EHR system is customized for our work area | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. We are adequately trained on what to do when our EHR system is down | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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| **Section C: EHR and Workflow/Work Process** |

**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. There are enough EHR workstations available when we need them | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. Our EHR system requires that we enter the same information in too many places. | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. There are too many alerts or flags in our EHR system | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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| **Section D: EHR System Support and Communication** |

**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. Problems with our EHR system are resolved in a timely manner | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. We are asked for input on ways to improve our EHR system | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. We are made aware of issues with our EHR system that could lead to errors | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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| **Section E: Overall EHR System Rating** |

**1. How satisfied or dissatisfied are you with your hospital’s EHR system?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied  ▼ | Dissatisfied  ▼ | Neither Satisfied nor Dissatisfied  ▼ | Satisfied  ▼ | Very Satisfied  ▼ |
|  | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 |

**THANK YOU FOR COMPLETING THIS SURVEY.**