# SOPS® Hospital Survey Version 2.0
## with Health Information Technology Patient Safety Supplemental Items

# Language: English

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a web-based survey, preparing and analyzing data, and producing reports, please read the **Hospital Survey Version 2.0 User's Guide**, which also applies to the administration of the Health IT Patient Safety Supplemental Items included in this version of the survey.

- The SOPS Hospital Survey Version 2.0 groups some survey items into composite measures, which are groups of items that assess the same area of patient safety culture (refer to the **Hospital Survey Version 2.0 Items and Composite Measures** document).

- To submit data to the AHRQ SOPS Hospital Database, the survey must have been administered in its entirety without significant modifications or deletions:
  - No changes can be made to any of the core survey item text and response options.
  - Changes can only be made to the units/work areas, staff positions, and background questions at the end of the survey. If units/work areas, staff positions, and/or background questions are modified, they need to be crosswalked back to the original survey categories before submitting data to the SOPS Hospital Database.
  - Do not reorder core survey items. Do not omit or delete core survey items. Core survey items include:
    - Hospital Survey 2.0: Items A1 to F6
  - Health IT Patient Safety Supplemental Items for Hospitals: G1 to K1
    - Modifications to Supplemental Items**:** If you choose to administer only a subset of the supplemental items, include all items within the composite measures you want to assess; do not reorder items. For composite measures you do not want to assess, delete all items in those composite measures.
  - Additional or custom questions may be added only at the end of the survey after Section K, before the Background Questions in Section L.

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

# Hospital Survey on Patient Safety: Version 2.0
## with Health Information Technology Patient Safety Items

## Instructions

**This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 15 to 20 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.*

## Your Staff Position

1. **What is your position in this hospital?**

   **Select ONE answer.**

   **Nursing**
   - ☐1 Advanced Practice Nurse (NP, CRNA, CNS, CNM)
   - ☐2 Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)
   - ☐3 Patient Care Aide, Hospital Aide, Nursing Assistant
   - ☐4 Registered Nurse (RN)

   **Medical**
   - ☐5 Physician Assistant
   - ☐6 Resident, Intern
   - ☐7 Physician, Attending, Hospitalist

   **Other Clinical Position**
   - ☐8 Dietitian
   - ☐9 Pharmacist, Pharmacy Technician
   - ☐10 Physical, Occupational, or Speech Therapist
   - ☐11 Psychologist
   - ☐12 Respiratory Therapist
   - ☐13 Social Worker
   - ☐14 Technologist, Technician (e.g., EKG, Lab, Radiology)

   **Supervisor, Manager, Clinical Leader, Senior Leader**
   - ☐15 Supervisor, Manager, Department Manager, Clinical Leader, Administrator, Director
   - ☐16 Senior Leader, Executive, C-Suite

   **Support**
   - ☐17 Facilities
   - ☐18 Food Services
   - ☐19 Housekeeping, Environmental Services
   - ☐20 Information Technology, Health Information Services, Clinical Informatics
   - ☐21 Security
   - ☐22 Transporter
   - ☐23 Unit Clerk, Secretary, Receptionist, Office Staff

   **Other**
   - ☐24 Other, please specify:

## Your Unit/Work Area

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.**

   **Multiple Units, No specific unit**
   ☐1 Many different hospital units, No specific unit

   **Medical/Surgical Units**
   ☐2 Combined Medical/Surgical Unit
   ☐3 Medical Unit (Non-Surgical)
   ☐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

   **Surgical Services**
   ☐16 Anesthesiology
   ☐17 Endoscopy, Colonoscopy
   ☐18 Pre Op, Operating Room/Suite, PACU/Post Op, Peri Op

   **Clinical Services**
   ☐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

   **Support Services**
   ☐29 Admitting/Registration
   ☐30 Food Services, Dietary
   ☐31 Housekeeping, Environmental Services, Facilities
   ☐32 Security Services
   ☐33 Transport

   **Other**
   ☐34 Other, please specify:

**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 | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. In this unit, we have enough staff to handle the workload | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. Staff in this unit work longer hours than is best for patient care | □1 | □2 | □3 | □4 | □5 | □9 |
| 4. This unit regularly reviews work processes to determine if changes are needed to improve patient safety | □1 | □2 | □3 | □4 | □5 | □9 |
| 5. This unit relies too much on temporary, float, or PRN staff | □1 | □2 | □3 | □4 | □5 | □9 |
| 6. In this unit, staff feel like their mistakes are held against them | □1 | □2 | □3 | □4 | □5 | □9 |
| 7. When an event is reported in this unit, it feels like the person is being written up, not the problem | □1 | □2 | □3 | □4 | □5 | □9 |
| 8. During busy times, staff in this unit help each other | □1 | □2 | □3 | □4 | □5 | □9 |
| 9. There is a problem with disrespectful behavior by those working in this unit | □1 | □2 | □3 | □4 | □5 | □9 |
| 10. When staff make errors, this unit focuses on learning rather than blaming individuals | □1 | □2 | □3 | □4 | □5 | □9 |
| 11. The work pace in this unit is so rushed that it negatively affects patient safety | □1 | □2 | □3 | □4 | □5 | □9 |
| 12. In this unit, changes to improve patient safety are evaluated to see how well they worked | □1 | □2 | □3 | □4 | □5 | □9 |
| 13. In this unit, there is a lack of support for staff involved in patient safety errors | □1 | □2 | □3 | □4 | □5 | □9 |
| 14. This unit lets the same patient safety problems keep happening | □1 | □2 | □3 | □4 | □5 | □9 |

## 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 ................................. | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. My supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts .................... | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention .... | □1 | □2 | □3 | □4 | □5 | □9 |

## 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 ............................................... | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. When errors happen in this unit, we discuss ways to prevent them from happening again .. | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. In this unit, we are informed about changes that are made based on event reports ........... | □1 | □2 | □3 | □4 | □5 | □9 |
| 4. In this unit, staff speak up if they see something that may negatively affect patient care ................................................................. | □1 | □2 | □3 | □4 | □5 | □9 |
| 5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up ................................. | □1 | □2 | □3 | □4 | □5 | □9 |
| 6. When staff in this unit speak up, those with more authority are open to their patient safety concerns ........................................................ | □1 | □2 | □3 | □4 | □5 | □9 |
| 7. In this unit, staff are afraid to ask questions when something does not seem right ............. | □1 | □2 | □3 | □4 | □5 | □9 |

## SECTION D: Reporting Patient Safety Events

| Think about your unit/work area: | Never ▼ | Rarely ▼ | Some-times ▼ | 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? ............................... | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 2. When a mistake reaches the patient and <u>could have harmed the patient, but did not</u>, how often is this reported? ................................. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |

3. <u>In the past 12 months</u>, how many patient safety events have <u>you</u> reported?

- ☐a. None
- ☐b. 1 to 2
- ☐c. 3 to 5
- ☐d. 6 to 10
- ☐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 ▼ |
|---|---|---|---|---|
| ☐1 | ☐2 | ☐3 | ☐4 | ☐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 ................... | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 2. Hospital management provides adequate resources to improve patient safety ................. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 3. Hospital management seems interested in patient safety only after an adverse event happens.............................................................. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 4. When transferring patients from one unit to another, important information is often left out | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 5. During shift changes, important patient care information is often left out ............................ | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 6. During shift changes, there is adequate time to exchange all key patient care information ... | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |

## 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 SECTION L: BACKGROUND QUESTIONS]

## SECTION G: 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 |
| 2. Information was not accurate ................... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₆ | ☐₉ |
| 3. Important information was hard to find .... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₆ | ☐₉ |
| 4. Information was entered into the wrong patient health record...................................... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₆ | ☐₉ |
| 5. Incorrect information was copied and pasted..... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₆ | ☐₉ |

## SECTION H: 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 |
| 2. Training on our EHR system is customized for our work area .......................................... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₉ |
| 3. We are adequately trained on what to do when our EHR system is down ......................... | ☐₁ | ☐₂ | ☐₃ | ☐₄ | ☐₅ | ☐₉ |

## SECTION I: 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 |
| 2. Our EHR system requires that we enter the same information in too many places............ | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 3. There are too many alerts or flags in our EHR system ....................................................... | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |

## SECTION J: 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 |
| 2. We are asked for input on ways to improve our EHR system................................................... | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |
| 3. We are made aware of issues with our EHR system that could lead to errors ........................ | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐9 |

## SECTION K: 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 |

## SECTION L: 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

## SECTION M: 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.**