

SOPS[®] Hospital Survey Version 2.0 with Value and Efficiency 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 Value and Efficiency 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
 - Value and Efficiency Supplemental Items for Hospitals: G1 to L4
 - 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 L, before the Background Questions in Section M.

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 Value and Efficiency Supplemental Items

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.

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:

SECTION A: Your Unit/Work Area

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

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. Think about your unit/work area: 1. In this unit, we work together as an effective team.....	<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. In this unit, 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	<input type="checkbox"/> 9
3. 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	<input type="checkbox"/> 9
4. This unit regularly reviews work processes to determine if changes are needed 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
5. This unit relies too much on temporary, float, or PRN staff.....	<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. In this unit, 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	<input type="checkbox"/> 9
7. When an event is reported in this unit, 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	<input type="checkbox"/> 9
8. During busy times, staff in this unit help each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
9. There is a problem with disrespectful behavior by those working in this unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
10. When staff make errors, this unit focuses on learning rather than blaming individuals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
11. The work pace in this unit is so rushed that it negatively affects 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
12. In this unit, changes to improve patient safety are evaluated to see how well they worked	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
13. In this unit, there is a lack of support for staff involved in patient safety errors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
14. This unit lets the same patient safety problems keep happening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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	<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. My supervisor, manager, or clinical leader wants us to work faster during busy times, 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	<input type="checkbox"/> 9
3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION C: Communication

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

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
Think about your unit/work area:						
1. 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	<input type="checkbox"/> 9
2. When errors happen in this unit, we discuss ways to prevent them from happening again...	<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. In this unit, we are informed about changes that are made based on event reports.....	<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. In this unit, staff 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	<input type="checkbox"/> 9
5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.....	<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. When staff in this unit speak up, those with more authority are open to their patient safety concerns.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
7. In this unit, 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	<input type="checkbox"/> 9

SECTION D: Reporting Patient Safety Events

	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?	<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?

	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

Value and Efficiency in Your Hospital

Think about the way things are done in your hospital and provide your opinions on the value and efficiency with which care is delivered.

For the purposes of this section, the following terms apply:

- ▶ **Waste** in health care is anything that does not add value or is unnecessary for patients, clinicians, or staff—such as wasted time; wasted materials; extra steps in a process; rework; and unnecessary tests, procedures, treatments, or services, etc.
- ▶ **Efficiency** in health care refers to care delivery systems and work processes that are as streamlined and simplified as possible.
- ▶ **Value** refers to high-quality care at a reasonable cost and positive patient experiences with care. Efficiency and removing waste are necessary to achieve value.

SECTION G: Empowerment To Improve Efficiency

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

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does Not Apply or Don't Know ▼
1. We are encouraged to come up with ideas for more efficient ways to do our work	<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. We are involved in making decisions about changes to our work processes	<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. We are given opportunities to try out solutions to workflow problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

SECTION H: Efficiency and Waste Reduction

How often do the following statements apply to your unit/work area?

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
1. We try to find ways to reduce waste (such as wasted time, materials, steps, etc.) in how we do our work	<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. In our unit, we are working to improve patient flow	<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. We focus on eliminating unnecessary tests and procedures for patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

SECTION I: Patient Centeredness and Efficiency

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

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does Not Apply or Don't Know ▼
1. In our unit, we take steps to reduce patient wait time.....	<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. We ask for patient or family member input on ways to make patient visits more efficient.....	<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. Patient and family member preferences have led to changes in our workflow.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION J: Supervisor, Manager, or Clinical Leader Support for Improving Efficiency and Reducing Waste

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

	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does Not Apply or Don't Know ▼
1. Recognizes us for our ideas to improve efficiency	<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. Provides us with reports on our unit performance	<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. Takes action to address workflow problems that are brought to his or her attention	<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. Places a high priority on doing work efficiently without compromising patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

SECTION K: Experience With Activities To Improve Efficiency

In the past 12 MONTHS, have you done the following activities to improve efficiency, add value, or reduce waste in your hospital?

	Yes ▼	No ▼
1. I received training on how to identify waste and inefficiencies in my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I helped to map a workflow process to identify wasted time, materials, steps in a process, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I shadowed/followed patients in this hospital to identify ways to improve their care experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I looked at visual displays or graphs to see how well my unit was performing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I made a suggestion to management about improving an inefficient work process	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I made a suggestion to management about improving patients' care experiences.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I served on a team or committee to make a work process more efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I monitored data to figure out how well an activity to improve efficiency was working	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION L: Overall Ratings

Overall, how would you rate your unit/work area on each of the following areas?

	Poor ▼	Fair ▼	Good ▼	Very good ▼	Excellent ▼
1. Patient centered Is responsive to individual patient preferences, needs, and values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Effective Provides services based on scientific knowledge to all who could benefit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Timely Minimizes waits and potentially harmful delays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Efficient Ensures cost-effective care (avoids waste, overuse, and misuse of services)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION M: 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 N: 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.