



Hospital Patient Safety Culture Survey

This survey asks for your opinions about patient safety issues, medical errors, and event reporting in your hospital. and will take about 10-15 minutes to complete.

- ▶ **“Patient safety** the prevention of harm resulting from the processes of health care delivery. Such prevention includes reducing mistakes, errors, incidents, events, or problems that lead to patient harm or could negatively affect patients.
- ▶ 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.

If a question does not apply to you or you don't know the answer, please answer “Does not apply or Don't know

Your Staff Position

What is your staff 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 (Please Specify)

- 24 _____

Your Unit/Work Area

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 Pediatric Cardiology Surgical Services Unit

- 5 Surgical Unit

Patient Care Units

- 6 Cardiology

- 7 Emergency Department, Observation, Short Stay

- 8 Gastroenterology

- 9 ICU (all adult types)

- 10 Labor & Delivery, Obstetrics & Gynecology

- 11 Oncology, Hematology

- 12 Pediatrics (including NICU, PICU)

- 13 Pediatric Cardiology Patient Care Unit

- 14 Psychiatry, Behavioral Health

- 15 Pulmonology

- 16 Rehabilitation, Physical Medicine

- 17 Telemetry

Surgical Services

- 18 Anesthesiology

- 19 Endoscopy, Colonoscopy

- 20 Pre-Op, Operating Room/Suite, PACU/Post Op, Peri Op

Clinical Services

- 21 Pathology, Lab

- 22 Pharmacy

- 23 Radiology, Imaging

- 24 Respiratory Therapy

- 25 Social Services, Case Management, Discharge Planning

Administration/Management

- 26 Administration, Management

- 27 Financial Services, Billing

- 28 Human Resources, Training

- 29 Information Technology, Health Information Management, Clinical Informatics

- 30 Quality, Risk Management, Patient Safety

Support Services

- 31 Admitting/Registration

- 32 Food Services, Dietary

- 33 Housekeeping, Environmental Services, Facilities

- 34 Security Services

- 35 Transport

Other (Please Specify)

- 37 _____

SECTION A: Your Unit/Work Area

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

Think about your unit/work area:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply or do not know
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 following statements about your immediate supervisor, manager, or clinical leader?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply or do not 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	Sometimes	Most of the time	Always	Does not apply or do not 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	Sometimes	Most of the time	Always	Does not apply or do not know
Think about your unit/work area:						
1. When a mistake is <u>caught and corrected</u> before reaching the patient, 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 you 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

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 do not know
Think about your hospital:						
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

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 H: CARE

In general, what is the likelihood that you would seek care for yourself or for your family at this hospital?

Very Unlikely

1

Unlikely

2

Somewhat Likely

3

Likely

4

Very Likely

5

What is the likelihood that you would seek care for yourself or for your family in your specific unit or work area?

Very Unlikely

1

Unlikely

2

Somewhat Likely

3

Likely

4

Very Likely

5

Your Comments

Please provide any comments or suggestions about how things are done or could be done in your hospital that affect patient safety.

Empty text box for comments.

Thank you for completing this survey.

DRAFT