

SOPS™ Hospital Survey

Version: 1.0

Language: English

Note

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a Web-based survey, and preparing and analyzing data, and producing reports, please read the [Survey User's Guide](#).
- For the survey items grouped according to the safety culture composites they are intended to measure, please read the [Items and Composites](#) document.
- To participate in the AHRQ Hospital Survey on Patient Safety Culture Comparative Database, the survey must have been administered in its entirety without significant modifications or deletions:
 - No changes to any of the survey item text and response options.
 - No reordering of survey items.
 - Questions added only at the end of the survey after Section G, before the demographic questions in Section H.



Hospital Survey on Patient Safety

Instructions

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

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- An **“event”** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- **“Patient safety”** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

SECTION A: Your Work Area/Unit

In this survey, think of your “unit” as the work area, department, or clinical area of the hospital where you spend most of your work time or provide most of your clinical services.

What is your primary work area or unit in this hospital? Select ONE answer.

- ☐ a. Clinical Services
- ☐ b. Support Services
- ☐ c. Administration

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
1. People support one another in this unit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. 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
3. When a lot of work needs to be done quickly, we work together as a team to get the work done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. In this unit, people treat each other with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. 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

SECTION A: Your Work Area/Unit (continued)

Think about your hospital work area/unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
6. We are actively doing things to improve patient safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. We use more agency/temporary staff 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
8. 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
9. Mistakes have led to positive changes here	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. It is just by chance that more serious mistakes don't happen around here	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. When one area in this unit gets really busy, others help out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. When an event is reported, 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
13. After we make changes to improve patient safety, we evaluate their effectiveness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. We work in "crisis mode" trying to do too much, too quickly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. Patient safety is never sacrificed to get more work done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. Staff worry that mistakes they make are kept in their personnel file	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. We have patient safety problems in this unit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. Our procedures and systems are good at preventing errors from happening	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION B: Your Supervisor/Manager

Please indicate your agreement or disagreement with the following statements about your immediate supervisor/manager or person to whom you directly report.

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. My supervisor/manager 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
3. Whenever pressure builds up, my supervisor/manager wants us to work faster, 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
4. My supervisor/manager overlooks patient safety problems that happen over and over	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION C: Communications

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

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼
Think about your hospital work area/unit...					
1. We are given feedback about changes put into place based on event reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Staff will freely 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
3. 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
4. Staff feel free to question the decisions or actions of those with more authority	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. In this unit, we discuss ways to prevent errors from happening again	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. 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

SECTION D: Frequency of Events Reported

In your hospital work area/unit, when the following mistakes happen, how often are they reported?

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼
1. When a mistake is made, but is <u>caught and corrected before affecting 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
2. When a mistake is made, but has <u>no potential to harm 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
3. When a mistake is made that <u>could harm the patient</u> , but does not, 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

SECTION E: Patient Safety Grade

Please give your work area/unit in this hospital an overall grade on patient safety.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E
Excellent	Very Good	Acceptable	Poor	Failing

SECTION F: Your Hospital

Please indicate your agreement or disagreement with the following statements about your hospital.

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
Think about your hospital...					
1. Hospital management provides a work climate that promotes patient safety.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Hospital units do not coordinate well with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Things “fall between the cracks” when transferring patients from one unit to another	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. There is good cooperation among hospital units that need to work together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION F: Your Hospital (continued)

Think about your hospital...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
5. Important patient care information is often lost during shift changes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. It is often unpleasant to work with staff from other hospital units	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Problems often occur in the exchange of information across hospital units.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. 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
9. 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
10. Hospital units work well together to provide the best care for patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. Shift changes are problematic for patients in this hospital.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION G: Number of Events Reported

In the past 12 months, how many event reports have you filled out and submitted?

- | | |
|--|--|
| <input type="checkbox"/> a. No event reports | <input type="checkbox"/> d. 6 to 10 event reports |
| <input type="checkbox"/> b. 1 to 2 event reports | <input type="checkbox"/> e. 11 to 20 event reports |
| <input type="checkbox"/> c. 3 to 5 event reports | <input type="checkbox"/> f. 21 event reports or more |

SECTION H: Background Information

This information will help in the analysis of the survey results.

1. Typically, how many hours per week do you work in this hospital?

- | | |
|---|--|
| <input type="checkbox"/> a. Less than 20 hours per week | <input type="checkbox"/> d. 60 to 79 hours per week |
| <input type="checkbox"/> b. 20 to 39 hours per week | <input type="checkbox"/> e. 80 to 99 hours per week |
| <input type="checkbox"/> c. 40 to 59 hours per week | <input type="checkbox"/> f. 100 hours per week or more |

SECTION H: Background Information (continued)

2. 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.

3. How long have you worked in your current specialty or profession?

- | | |
|--|--|
| <input type="checkbox"/> a. Less than 1 year | <input type="checkbox"/> d. 11 to 15 years |
| <input type="checkbox"/> b. 1 to 5 years | <input type="checkbox"/> e. 16 to 20 years |
| <input type="checkbox"/> c. 6 to 10 years | <input type="checkbox"/> f. 21 years or more |

SECTION I: Your Comments

Please feel free to write any comments about patient safety, error, or event reporting in your hospital.

THANK YOU FOR COMPLETING THIS SURVEY.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-xxxx. The time required to complete this information collection is estimated to average 10-15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Services, OMS/DRPC, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, Attention: Information Collections Clearance Officer.