**SOPS® Hospital Survey**

## Version: 2.0Language: English

* 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 [**Hospital** **Survey Version 2.0 User’s Guide**](https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/hospitalsurvey2-users-guide.pdf)**.**
* For the survey items grouped according to the safety culture composite measures they are intended to assess, please refer to the [**Hospital Survey Version 2.0 Items and Composite Measures**](https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/hospitalsurvey2-items.pdf) document.
* To participate in the AHRQ Hospital Survey on Patient Safety Culture Database, you must have administered the survey in its entirety without 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 F, before the Background Questions section.

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



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| **Hospital Survey on Patient Safety (Version 2.0)** |
| **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.”**

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| * ***“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.*
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| **Your Staff Position** |

1. What is your position in this hospital?

 Select ONE answer.

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| **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: |
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| **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.

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| 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: |

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| **SECTION A: Your Unit/Work Area** |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Think about your unit/work area:** | **StronglyDisagree**⯆ | **Disagree**⯆ | **Neither****Agree nor Disagree⯆** | **Agree**⯆ | **StronglyAgree**⯆ | **Does Not Apply or Don’t Know**⯆ |
| 1. In this unit, we work together as an effective team
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. In this unit, we have enough staff to handle the workload
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. Staff in this unit work longer hours than is best for patient care
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. This unit regularly reviews work processes to determine if changes are needed to improve patient safety
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. This unit relies too much on temporary, float, or PRN staff
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. In this unit, staff feel like their mistakes are held against them
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. 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 |
| 1. During busy times, staff in this unit help each other
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. There is a problem with disrespectful behavior by those working in this unit
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. When staff make errors, this unit focuses on learning rather than blaming individuals
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. The work pace in this unit is so rushed that it negatively affects patient safety
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. In this unit, changes to improve patient safety are evaluated to see how well they worked
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. In this unit, there is a lack of support for staff involved in patient safety errors
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. This unit lets the same patient safety problems keep happening
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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| **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?**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **StronglyDisagree**⯆ | **Disagree**⯆ | **Neither****Agree nor Disagree⯆** | **Agree**⯆ | **StronglyAgree**⯆ | **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 |
| 1. 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 |
| 1. 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 |

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

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| **SECTION D: Reporting Patient Safety Events**  |
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| **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 caught and corrected before reaching the patient, how often is this reported?
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. When a mistake reaches the patient and could have harmed the patient, but did not, how often is this reported?
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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1. In the past 12 months, how many patient safety events have you reported?

🞎a. None

🞎b. 1 to 2

🞎c. 3 to 5

🞎d. 6 to 10

🞎e. 11 or more

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| **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 |

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| **SECTION F: Your Hospital** |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Think aboutyour hospital:** | **StronglyDisagree**⯆ | **Disagree**⯆ | **Neither****Agree nor Disagree⯆** | **Agree**⯆ | **StronglyAgree**⯆ | **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 |
| 1. Hospital management provides adequate resources to improve patient safety
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. Hospital management seems interested in patient safety only after an adverse event happens
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. When transferring patients from one unit to another, important information is often left out
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. During shift changes, important patient care information is often left out
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |
| 1. During shift changes, there is adequate time to exchange all key patient care information
 | 🞎1 | 🞎2 | 🞎3 | 🞎4 | 🞎5 | 🞎9 |

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| **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

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| **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.**

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**Thank you for completing this survey.**