



AHRQ Hospital Survey on Patient Safety Culture Tool

Patient safety is a critical area of focus for hospitals. Hospitals, along with the government, insurers, regulators and consumers, are holding themselves accountable to provide safe care and eliminate harm to patients. Healthcare organizations must develop a culture of safety such that the organization's care processes and staff are focused on eliminating harm to patients and improving the safety of care for patients.

The Agency for Healthcare Research and Quality (AHRQ) has developed the Hospital Survey on Patient Safety Culture that helps hospitals and health care systems assess an organization's culture of patient safety. The survey tool can be used to assess the safety culture of a hospital as a whole, or for specific units within hospitals, as well as to track changes in patient safety culture over time and evaluate the impact of patient safety interventions.

The Tennessee Center for Patient Safety (TCPS) has a web-based version of the AHRQ survey that is both easy to setup and take.

The survey has the following features and capabilities:

- Offers a secure interface with its own login screen, administration page and survey page
- Survey takers maintain anonymity
- Summary tables and graphs that compare your hospital's aggregate item-level and composite results to a comparison group of your choice such as all Tennessee hospitals, bed-size peer groups, or the United States
- Quality data checks where applicable, such as out of range values
- Checks for completeness of survey to determine if survey form can be used in report
- Additional questions, such as background items to reflect respondent's unit, staff level, etc.

Frequently Asked Questions: Hospital Survey on Patient Safety Culture

These frequently asked questions address issues related to the Hospital Survey on Patient Safety Culture.

Question 1: Why should a hospital conduct a safety culture survey?

Answer: Safety culture surveys are useful for measuring organizational conditions that can lead to adverse events and patient harm in healthcare organizations. Organizations that want to assess their existing culture of patient safety should consider conducting a safety culture survey. Safety culture surveys can be used to:

- Raise awareness about patient safety issues.
- Fulfill directives or regulatory requirements.
- Diagnose the current status of safety culture.
- Evaluate specific patient safety interventions or programs.
- Conduct internal and external benchmarking.
- Track change over time.

Question 2: Does the AHRQ Hospital Survey on Patient Safety help us meet The Joint Commission Leadership Standards?

Answer: Yes. See information below as posted by The Joint Commission Standards Supporting the Provision of Culturally Competent Patient-Centered Care. Published by The Joint Commission, Version 2009-AHC.

Leadership (LD)

Overview

The safety and quality of care, treatment, or services depend on many factors including the following:

- A culture that fosters safety as a priority for everyone who works in the organization
- The planning and provision of services that meet the needs of patients
- The availability of resources—human, financial, and physical—for providing care, treatment, or services
- The existence of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

Management of these important functions is the direct responsibility of leaders; they are, in effect, responsible for the care, treatment, or services that the organization provides to its patients. In organizations with a governing body, governance has ultimate responsibility for this oversight. In larger organizations, different individuals or groups may be assigned different responsibilities, and they bring with them different skills, experience, and perspectives. In these situations, the way the leaders interact with each other and manage their assigned accountabilities can affect overall organization performance. In smaller organizations, these

responsibilities may be handled by just one or two individuals. This chapter addresses the role of leaders in managing their diverse and, at times complex, responsibilities.

Leaders shape the organization's culture, and the culture, in turn, affects how the organization accomplishes its work. A healthy, thriving culture is built around the organization's mission and vision, which reflect the core values and principles that the organization finds important. Leaders must ask some basic questions in order to provide this focus: How does the organization plan to meet the needs of its populations? By what ethical standards will the organization operate? What does the organization want to accomplish through its work? Once leaders answer these questions, the culture of the organization will begin to take shape. Leaders also have an obligation to set an example of how to work together to fulfill the organization's mission. On a more practical level, leaders oversee operations and guide the organization on a day-to-day basis. They keep operations running smoothly so that the important work of the organization—serving its patients—can continue.

To meet their obligations effectively, leaders must collaborate, which means working together in a spirit of collegiality to achieve a common end. In smaller organizations, this may mean that a single leader or small group of leaders works closely with staff in order to meet the organization's managerial needs. In this case, key staff members share governance and decision-making with senior leadership in order to direct the day-to-day operations, assess needs, secure resources, and plan for the future. Senior managers direct the day-to-day operations of the organization; governance determines what resources the organization needs and then secures those resources.

Standard LD.02.01.01

The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

Rationale for LD.02.01.01

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, or services. The purpose of the organization's mission, vision, and goals is to define how the organization will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the organization is most likely achieved when it is understood by all who work in or are served by the organization.

EP 3. Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.

Standard LD.03.02.01

The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help organizations make the right decisions. When decisions are supported by data, organizations are more likely to move in directions that help them achieve their goals. Successful organizations measure and analyze their performance. When data are analyzed and turned into information, this process helps organizations see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, patient satisfaction, process variation, and staff perceptions.

EP 1. Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services.

EP 3. The organization uses processes to support systematic data and information use.

EP 4. Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.

EP 5. The organization uses data and information in decision-making that supports the safety and quality of care, treatment, and services.

EP 6. The organization uses data and information to identify and respond to internal and external changes in the environment.

EP 7. Leaders evaluate how effectively data and information are used throughout the organization.

Standard LD.03.03.01

Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.03.03.01

Planning is essential to the following:

- The achievement of short- and long-term goals
- Meeting the challenge of external changes
- The design of services and work processes
- The creation of communication channels
- The improvement of performance
- The introduction of innovation

Planning includes contributions from the populations served, from those who work for the organization, and from other interested groups or individuals.

EP 6. Planning activities adapt to changes in the environment.

Standard LD.03.04.01

The organization communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.

Rationale for LD.03.04.01

Effective communication is essential among individuals and groups within the organization, and between the organization and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, or services. Effective communication is timely, accurate, and usable by the audience.

EP 1. Communication processes foster the safety of the patient and the quality of care.

EP 3. Communication is designed to meet the needs of internal and external users.

EP 5. Communication supports safety and quality throughout the organization.

EP 6. When changes in the environment occur, the organization communicates those changes effectively.

EP 7. Leaders evaluate the effectiveness of communication methods.

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the organization.

Rationale for LD.03.05.01

Change is inevitable, and agile organizations are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The organization integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

EP 6. The organization's internal structures can adapt to changes in the environment.

Standard LD.03.06.01

Those who work in the organization are focused on improving safety and quality.

Rationale for LD.03.06.01

The safety and quality of care, treatment, or services are highly dependent on the people who work in the organization. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful organization, work processes and the

environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the organization, including staff and licensed independent practitioners.

EP 3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, or services.

EP 4. Those who work in the organization are competent to complete their assigned responsibilities.

Question 3: There are other organizational culture and patient safety surveys; why should a hospital use the AHRQ Hospital Survey on Patient Safety?

Answer: There are several advantages of the survey. It is:

1. **Free.** The survey was developed by AHRQ and is available free of charge.
2. **A hospital-wide instrument.** The survey was designed to be administered to all types of hospital staff, including clinical and non-clinical. It can be used to assess individual hospital units or departments, or it can be administered hospital-wide.
3. **Reliable and valid.** The survey development process was careful and rigorous, based on a review of the existing research and other culture surveys. More importantly, the survey items have demonstrated reliability and validity.
4. **Comprehensive and specific.** The survey covers over a dozen areas of patient safety, providing a level of detail that helps hospitals identify specific areas of strength and areas for improvement at both the unit-level and hospital level.
5. **Easy to use.** The survey has an accompanying Toolkit which contains the following support tools:
 - o **A Survey User's Guide:** Gives step-by-step instructions on how to select a sample, administer the survey and obtain high response rates, and how to analyze and report results.
 - o **A template to display survey results:** A Powerpoint presentation template is included that can be customized to display survey results to administrators and staff throughout the hospital.

Question 4: What areas of patient safety do the survey questions cover?

Answer: The survey measures staff perceptions of patient safety in their work area/unit, as well as perceptions about patient safety in the hospital as a whole. The following 12 areas of patient safety are included, with each area measured by 3 or 4 survey questions:

Unit-level Safety Areas Covered

1. Overall perceptions of safety.
2. Frequency of events reported.
3. Supervisor/manager expectations & actions promoting patient safety.
4. Organizational learning-continuous improvement.
5. Teamwork within units.
6. Communication openness.
7. Feedback & communication about error.
8. Nonpunitive response to error.

9. Staffing.

Hospital-wide Safety Areas Covered

10. Hospital management support for patient safety.
11. Teamwork across hospital units.
12. Hospital handoffs & transitions.

There are also two other questions that ask about:

- The patient safety "grade" the respondent would assign their work area/unit.
- The number of events the respondent has reported in last 12 months.

Question 5: How long is the survey?

Answer: There are a total of 51 items in the survey and it takes approximately 10 minutes to complete. Most of the items use Agree/Disagree or Never/Always response categories so it is easy to answer. There is room for written comments at the end of the survey.

Question 6: Can hospital systems that include ambulatory/outpatient facilities also use this survey?

Answer: Yes. The areas of patient safety covered are relevant to both outpatient and inpatient facilities.

Question 7: Can I benchmark or compare my hospital's survey results against other hospitals?

Answer: Yes, your survey results will be benchmarked against National results as well as Tennessee hospitals.

Question 8: Can I modify the survey or do I need to use it as is?

Answer: No. To benchmark or compare your hospital's results against other hospitals, you should not modify the survey, because any changes may affect the reliability and overall validity of the survey, and may make comparisons with other hospitals difficult.

Question 9: How can I request to administer the survey at my hospital?

Answer: You can request to administer the survey from the TCPS website. The direct link to the request form is <http://secure.tha.com/surveys/culture-request.aspx>.

Or you can go to www.tnpatientsafety.com and scroll over the “Resources” tab and click on ‘AHRQ Survey’, then click on “click here to send a request to TCPS to administer the ARHQ survey at your facility.”

Question 10: Who can I contact if I have further questions?

Answer: You may send an e-mail or call Jennifer McIntosh – jmcintosh@tha.com – 615-401-7421.

For more details, refer to the survey Toolkit materials available on the AHRQ Web site at <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html>