

# Nursing Home Survey on Patient Safety

Participation in this survey is completely ***voluntary***.  
 Your responses are ***anonymous*** and will remain ***confidential***.

- In this survey, “**resident safety**” means preventing resident injuries, incidents, and harm to residents in the nursing home.

This survey asks for your opinions about resident safety issues in your nursing home. It will take about 15 minutes to complete.

To mark your answer, just put an X or a √ in the box:  or .

If a question does not apply to your job or you do not know the answer, please mark the box in the last column. If you do not wish to answer a question, you may leave your answer blank.

## **SECTION A: Working in This Nursing Home**

How much do you agree or disagree with the following statements?	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. Staff in this nursing home treat each other with respect.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
2. Staff support one another in this nursing home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
3. We have enough staff to handle the workload .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
4. Staff follow standard procedures to care for residents .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
5. Staff feel like they are part of a team.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
6. Staff use shortcuts to get their work done faster.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
7. Staff get the training they need in this nursing home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
8. Staff have to hurry because they have too much work to do.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
9. When someone gets really busy in this nursing home, other staff help out.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
10. Staff are blamed when a resident is harmed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION A: Working in This Nursing Home (continued)**

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
11. Staff have enough training on how to handle difficult residents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
12. Staff are afraid to report their mistakes .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
13. Staff understand the training they get in this nursing home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
14. To make work easier, staff often ignore procedures.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
15. Staff are treated fairly when they make mistakes.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
16. Residents' needs are met during shift changes .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
17. It is hard to keep residents safe here because so many staff quit their jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
18. Staff feel safe reporting their mistakes .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION B: Communications**

**How often** do the following things happen in your nursing home?

	Never ▼	Rarely ▼	Sometimes ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
1. Staff are told what they need to know before taking care of a resident for the first time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
2. Staff are told right away when there is a change in a resident's care plan.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
3. We have all the information we need when residents are transferred from the hospital.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
4. When staff report something that could harm a resident, someone takes care of it.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
5. In this nursing home, we talk about ways to keep incidents from happening again.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION B: Communications (continued)**

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
6. Staff tell someone if they see something that might harm a resident.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
7. Staff ideas and suggestions are valued in this nursing home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
8. In this nursing home, we discuss ways to keep residents safe from harm.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
9. Staff opinions are ignored in this nursing home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
10. Staff are given all the information they need to care for residents .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
11. It is easy for staff to speak up about problems in this nursing home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION C: Your Supervisor**

How much do you agree or disagree with the following statements?	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. My supervisor listens to staff ideas and suggestions about resident safety .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
2. My supervisor says a good word to staff who follow the right procedures .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
3. My supervisor pays attention to resident safety problems in this nursing home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

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**SECTION D: Your Nursing Home**

How much do you agree or disagree with the following statements?	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. Residents are well cared for in this nursing home.....	<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. Management asks staff how the nursing home can improve resident 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. This nursing home lets the same mistakes happen again and 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

**SECTION D: Your Nursing Home (continued)**

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
4. It is easy to make changes to improve resident safety in this nursing home.....	<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 nursing home is always doing things to improve resident 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
6. This nursing home does a good job keeping residents safe .....	<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. Management listens to staff ideas and suggestions to improve resident 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
8. This nursing home is a safe place for residents .....	<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. Management often walks around the nursing home to check on resident 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
10. When this nursing home makes changes to improve resident safety, it checks to see if the changes 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

**SECTION E: Overall Ratings**

1. I would tell friends that this is a safe nursing home for their family.

- a. Yes
- b. Maybe
- c. No

2. Please give this nursing home an overall rating on resident safety.

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Poor<br>▼                  | Fair<br>▼                  | Good<br>▼                  | Very good<br>▼             | Excellent<br>▼             |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**SECTION F: Background Information**

1. What is your job in this nursing home? Check ONE box that best applies to your job. If more than one category applies, check the highest level job.

a. **Administrator/Manager**

Executive Director/Administrator  
Medical Director  
Director of Nursing/Nursing Supervisor  
Department Head  
Unit Manager/Charge Nurse  
Assistant Director/Assistant Manager  
Minimum Data Set (MDS) Coordinator/  
Resident Nurse Assessment  
Coordinator (RNAC)

f. **Direct Care Staff**

Activities Staff Member  
Dietitian/Nutritionist  
Medication Technician  
Pastoral Care/Chaplain  
Pharmacist  
Physical/Occupational/Speech/  
Respiratory Therapist  
Podiatrist  
Social Worker

b. **Physician (MD, DO)**

g. **Administrative Support Staff**

Administrative Assistant  
Admissions  
Billing/Insurance  
Secretary  
Human Resources  
Medical Records

c. **Other Provider Nurse**

Practitioner Clinical  
Nurse Specialist  
Physician Assistant

d. **Licensed Nurse**

Registered Nurse (RN)  
Licensed Practical Nurse (LPN)  
Wound Care Nurse

h. **Support Staff**

Drivers  
Food Service/Dietary  
Housekeeping  
Laundry Service  
Maintenance  
Security

e. **Nursing Assistant/Aide**

Certified Nursing Assistant (CNA)  
Geriatric Nursing Assistant (GNA)  
Nursing Aide/Nursing Assistant

i. **Other** (Please write the title of your job):

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2. How long have you worked in this nursing home?

a. Less than 2 months

d. 3 to 5 years

b. 2 to 11 months

e. 6 to 10 years

c. 1 to 2 years

f. 11 years or more

3. How many hours per week do you usually work in this nursing home?

a. 15 or fewer hours per week

b. 16 to 24 hours per week

c. 25 to 40 hours per week

d. More than 40 hours per week

**SECTION F: Background Information (continued)**

4. When do you work most often? Check ONE answer.
- a. Days
  - b. Evenings
  - c. Nights
5. Are you paid by a staffing agency when you work for this nursing home?
- a. Yes
  - b. No
6. In your job in this nursing home, do you work directly with residents most of the time?  
Check ONE answer.
- a. YES, I work directly with residents most of the time.
  - b. NO, I do NOT work directly with residents most of the time.
7. In this nursing home, where do you spend most of your time working? Check ONE answer.
- a. Many different areas or units in this nursing home / No specific area or unit
  - b. Alzheimer's / Dementia unit
  - c. Rehab unit
  - d. Skilled nursing unit
  - e. Other area or unit (Please specify): \_\_\_\_\_

**SECTION G: Your Comments**

Please feel free to write any comments about resident care and safety in this nursing home.

***THANK YOU FOR COMPLETING THIS SURVEY.***