

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
DEMOGRAPHICS			
13	Does your hospital have an Electronic Health Records (EHR)?	- Yes - No	5 if Yes 0 if No
14	If "yes", Who is your hospital's main Electronic Health Records (EHR) vendor?	Text	None
15	If "yes", Which of the following do you have in your hospital? (Check all that apply)	- Computerized provider order entry (CPOE) - Automated checks for allergies and drug-drug interactions - Patient- and disease-specific reminders - Electronic nursing documentation	1 for each checked item
16	If "yes", Have you evaluated whether and how an EHR is making a difference in your facility (e.g. on areas of patient care, business practices, provider productivity, risk management, medical errors, and patient education)?	- Yes - No, but we plan to evaluate our HER - No	5 if Yes 3 if plans to evaluate 0 if No
SAFETY CULTURE			
17	Front line staff perceive that hospital leadership is committed to delivering necessary resources (e.g. qualified staff, appropriate medical equipment, information technology infrastructure, educational materials, laboratory) to achieve national benchmark standard.	- Strongly Agree - Agree - Neither - Disagree - Strongly Disagree	5 if Strongly Agree 4 if Agree 0 if Neither, Disagree, or Strongly Disagree

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18	Which of the following is true about your hospital regarding adverse events? (Check all that apply)	<ul style="list-style-type: none"> - There is a structure to triage and analyze adverse events - There is frequent (monthly or more frequent) communication of adverse events to staff (e.g. through newsletter articles, meetings presentations) - Leadership routinely seek feedback from staff on reported events and on how to reduce adverse events in the future 	1 for each checked item
19	How are results from your hospital's survey of patient safety culture used? (Check all that apply)	<ul style="list-style-type: none"> -Develop quality improvement interventions -Tied to unit score cards -Tied to the hospital's score card -Compared to national norms -To examine the effect of safety programs -Tracked over time to monitor hospital safety culture - Other(Please specify) 	1 for each checked item
20	What percent of hospital staff responds to the safety culture survey?	<ul style="list-style-type: none"> - More than 90% - 75% - 90% - Less than 75% 	5 if >90% 3 if 75%-90% 0 if <75%
21	What percent of physicians responds to the safety culture survey?	<ul style="list-style-type: none"> - More than 90% - 75% - 90% - Less than 75% 	5 if >90% 3 if 75%-90% 0 if <75%
22	Does your hospital have a system to report high severity risk events?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
23	If "yes", Are all high severity risk events reported in the system within 24 hours of occurrence?	<ul style="list-style-type: none"> - Yes, every event in the past two years is reported - No, but incident is logged and filled out later - No, not always 	5 if Yes 3 if No, but incident is logged 0 if No, not always

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24	Which of the following is true about patients in your hospital and their families? (Check all that apply)	<ul style="list-style-type: none"> -They take part in multidisciplinary rounds -They are partners in monitoring for compliance with safety practices -They actively participate on patient safety committees -They participate in root cause analysis -They sit on the board -They do not sit on the board -They do not sit on the board but we are planning to add them Please specify year and month you plan to do so _____	1 for each of the first five (checked) responses 0 if they do not sit on the board
25	If five front-line staff were asked at random, how many would likely be able to describe a reported incident that led to a change (improvements in safety)?	<ul style="list-style-type: none"> - 0 - 1 - 2 - 3 - 4 - 5 	0 if 0 1 if 1 2 if 2 3 if 3 4 if 4 5 if 5
LEADERSHIP			
26	Does hospital leadership use a checklist to assess the priority of safety on strategic agendas of senior leadership team, high-level operational meetings, and board meetings?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
27	If five front-line staff were asked at random to describe how patient safety leadership rounds have led to changes that improved safety, how many could give a description?	<ul style="list-style-type: none"> - 0 - 1 - 2 - 3 - 4 - 5 - No leadership rounds 	0 if 0 OR no leadership 1 if 1 2 if 2 3 if 3 4 if 4 5 if 5

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28	Does your hospital have policies against disruptive and inappropriate behavior by staff?	- Yes - No	5 if Yes 0 if No
29	If "yes", Front line staff would agree with the following statement "If any leader or physician violated the policy for disruptive and inappropriate behavior, they would be removed from the hospital."	- Strongly Agree - Agree - Neither - Disagree - Strongly Disagree	5 if Strongly Agree 4 if Agree 0 if Neither, Disagree, or Strongly Disagree
MEASUREMENT			
30	How does your hospital measure improvements in health-care workers' hand-hygiene adherence? (Check all that apply)	- Periodically monitor and record adherence (as the number of hand-hygiene episodes performed by personnel/number of hand-hygiene opportunities) by ward or by service <i>and</i> provide feedback to personnel regarding their performance - Monitor the volume of alcohol-based hand rub (or detergent used for hand washing or hand antisepsis) used per 1,000 patient-days - Monitor adherence to policies dealing with wearing of artificial nails -When outbreaks of infection occur, assess the adequacy of health-care worker hand hygiene	1 for each item checked
31	Is it possible to identify patients with each of the AHRQ Patient Safety Indicators (PSI)?	- Yes, within 24 hour but with 6 week lag due to billing - Yes, but it would take a couple weeks to obtain - No feasible way to find this data	5 if Yes, within 24 hours 3 if Yes but takes a couple of weeks 0 if No

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32	Would it be possible to identify patients with an International Normalized Ratio greater than 5 (INR>5)?	<ul style="list-style-type: none"> - Yes, can be pulled electronically within minutes of the lab - Yes, this can pull them electronically with a 1-2 week delay - Yes, this can be obtained with chart review - No feasible way to find this data 	5 if Yes, it can be done within minutes 3 if Yes otherwise 0 if No
33	Would it be possible to identify patients who received the drug Agatrobaban from the list of patients with INR>5?	<ul style="list-style-type: none"> - Yes, can be pulled electronically within minutes - Yes, can be pulled electronically with a 1-2 week delay - Yes, can be pulled with INR>5, but would require chart review to remove Agatrobaban patients - No feasible way to find this data 	5 if Yes, it can be done within minutes 2 if Yes otherwise 0 if No
34	Is it possible in the hospital's current system to page or e-mail a care-giver when a patient has a lactate > 4 and is likely a septic shock patient?	<ul style="list-style-type: none"> - Yes, this practice, or something similar, is used now - Yes, but it is only used to identify research study patients - Yes, the system allows for it but is not currently in place - No feasible way to do this 	5 if Yes, this practice is used now 3 if Yes otherwise 0 if No
35	Is it possible to identify a particular group of patients (e.g. all the patients with glucose below 50 ml/dL) based on lab work being done within 12 hours of admission or the location of the patient?	<ul style="list-style-type: none"> - Yes, the hospital is able to identify patients' location and length of time in a setting and integrate that information with other data - Yes, the hospital is able to find admission time but not location information - No, this data cannot be integrated into the current system - Other (Please specify) 	5 if Yes to time and location 3 if Yes to just time 0 if No

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36	Which of the following practices is part of the hospital's quality practices around measurement? (Check all that apply)	<ul style="list-style-type: none"> - Dashboard of key results are shared at all levels of the hospital from the board to the frontline staff - The data are always presented in a manner that shows the trend over time - The data comprehensively cover all settings and include more than mandated core measures - The performance of leadership is tied to key safety and quality measures - A significant subset of the results are shared with the public, data includes both positive and negative results 	1 for each item checked
37	Does your hospital have a linked perinatal database (that connects preconception information, maternal medical conditions and pediatric outcomes)?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
38	Is it possible to electronically obtain the timeliness of administration for specific drugs?	<ul style="list-style-type: none"> - Yes, it is possible to pull the time of any drug administration in any setting - Yes, this can be pulled in some settings (e.g. ER) or for some special medications - Yes, but information is used only by pharmacy and not by leadership - No, can only be obtained with chart review 	5 if Yes in any setting 3 if Yes in some settings OR not used by leadership 0 if No
39	Does your hospital conduct checklist-assisted data collection on pressure ulcer (PU) rates (e.g. % of at-risk patients receiving full PU preventive care) and practices (e.g. frequent monitoring of PU incidence and prevalence, comprehensive skin assessment within 24 hours of admission)?	<ul style="list-style-type: none"> - Yes - Yes, but only for PU rates - Yes, but only for PU practices - No - Not applicable 	5 if Yes 3 if Yes, but with condition 0 if No

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40	What does your hospital do to identify and minimize the risk of unexpected Emergency Department (ED) return visits? (Check all that apply)	<ul style="list-style-type: none"> - Review patients who returned unexpectedly to ED within 48 hours of discharge - Immediate initiation of serious safety event investigations to prevent repeat occurrence (minimally within 24 hours of occurrence) - Collect and evaluate process measures routinely - Use evaluation results to introduce QI initiatives - Unexpected ED return visits are reviewed by leadership outside ED - Unexpected ED return visits are not monitored 	1 for each of the first five (checked) items 0 if unexpected ED return visits are not monitored
41	Which of the following is applicable to your hospital? (Check all that apply)	<ul style="list-style-type: none"> - Every unscheduled return to the OR is reviewed for quality of care issues - Every unplanned transfer to a higher level of care (ICU, NICU, level 3 nursery, tertiary care hospital) is reviewed for quality of care issues - Review of unplanned transfer for quality of care issues have led to improvements in the last year 	1 for each checked item
42	Does your hospital participate in the National Database for Nursing Quality Indicators (NDNQI)?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
43	If "yes", Which hospital acquired condition does your hospital report to the National Database for Nursing Quality Indicators (NDNQI)? (Check all that apply)	<ul style="list-style-type: none"> - Patient falls / Injury falls - Pressure ulcers - hospital acquired - Pressure ulcers - unit acquired - CAUTI - CLABSI - VAP 	1 for each checked item
44	If "yes", How does your hospital use data from NDNQI reports? (Check all that apply)	<ul style="list-style-type: none"> - For quality improvement - To compare unit performance with similar units in peer hospitals - For reporting (e.g., Joint Commission or CMS) - Currently a member but do not report data 	1 for each of the first three (checked) items 0 if a member but do not report data

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MEDICATION			
45	Has your hospital completed the ISMP Medication Safety Self-Assessment for Hospitals?	<ul style="list-style-type: none"> - Yes, the 2011 self-assessment - Yes, in the last 1-5 years - Yes, but more than 5 years ago - Never 	5 if in 2011 3 if in the last 1-5 years 2 if >5 years old 0 if Never
46	What techniques does your hospital have to prevent harm from high-alert medications? (Check all that apply)	<ul style="list-style-type: none"> - Standardized approach to treat patients with similar problems using order sets, preprinted order forms, and clinical protocols -Standardizing concentrations and dose strengths to the minimal few needed - Centralized pharmacist- or nurse-run anticoagulation services -Use of reminders and information about appropriate monitoring parameters in the order sets, protocols, and flow sheets - Protocols for vulnerable populations (e.g. the elderly & pediatric) 	1 for each checked item
47	What error-reduction strategies are in place for administration of insulin products?	<ul style="list-style-type: none"> -Limiting the variety of insulin products on the formulary -Use of standardized protocols and formats for prescribing insulin -Avoiding the use of abbreviations - U500 insulin doses are prepared only in the pharmacy and are patient specific - Other(Please specify) 	1 for each checked item
48	For diabetic patients is there a regular monitoring for signs and symptoms of hypoglycemia?	<ul style="list-style-type: none"> - Yes, at least four times a day - Yes, 1-3 times per day - Yes, but less than once per day - No 	5 if at least 4 times a day 4 if 1-3 times a day 2 if less than once a day 0 if No

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49	Does your hospital have checklist-driven protocols for the safe administration and monitoring of oxytocin for induction and augmentation of labor (e.g. Hospital Corporation of America's Pre-Oxytocin checklist)?	-Yes -Yes, but checklists are used infrequently -No - Not applicable	5 if Yes 3 if Yes, but checklists used infrequently 0 if No
50	Are smart pump drug libraries developed by a multi-disciplinary team of clinicians (e.g. doctors, nurses, pharmacists)?	- Yes - Yes, but not by multi-disciplinary team - Not applicable	5 if Yes 3 if Yes, but not by multi-disciplinary team
51	Does your hospital have a protocol to address narcotic oversedation?	- Yes - Yes, but only for patients in a pain management program - No - Not applicable	5 if Yes 3 if yes, but only for patients in pain management 0 if No
52	If "yes", OR "yes, but only patients in a pain management program," Does this protocol include specifications for patient monitoring?	- Yes - No	5 if Yes 0 if No
53	What measures does your hospital include in its dashboard to track pharmacy performance? (Check all that apply)	- Adverse drug reactions - Adverse drug events - Automated dispensing system discrepancies - Bar code scanning compliance - After hour medication use - IV mixture competency of nursing staff - Narcotic wasting compliance - SCIP core measure compliance - Overtime and medication error rate - Other(Please specify)	1 for each checked item

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PURCHASING PRACTICE			
54	Is there a process for identifying the 3,000+ recalls a year and assigning responsibility for addressing when appropriate?	<ul style="list-style-type: none"> - Yes, there is a formal process to review every recall - Yes, but only to evaluate high-risk recalls - No, there is not 	5 if Yes 3 if Yes, but only for high-risk recalls 0 if No
55	Is there a procedure for notification of the patient when a product is recalled?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
56	Is there a process for tracking supply shortages affecting care and an active program to reduce these shortages?	<ul style="list-style-type: none"> - Yes, and results are shared with nursing units and management regularly - Yes - No 	5 if Yes, and results are shared 3 if Yes 0 if No
57	Which aspects of your hospital's evaluation of the safety of a device are you well aware of? (Check all that apply)	<ul style="list-style-type: none"> - Different aspects of the evaluation process (e.g. device failure, user errors, interface design flaws, environmental factors, social factors) - Staff responsible for safety evaluation - Techniques used to evaluate safety - Channels used to communicate evaluation results to management and different units (e.g. purchasing department) - Actions taken (e.g. by purchasing department) based on results from safety evaluation of devices 	1 for each checked item
58	Does your hospital regularly evaluate already-purchased devices (e.g. for ease of installation and user friendliness) and provides feedback to purchasing department?	<ul style="list-style-type: none"> - Yes, and it has impacted procurement decisions - Yes, but it has not impacted procurement decisions - No 	5 if Yes, and it impacted procurement 3 if yes, but has not impacted procurement 0 if No

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59	Which of the following does your hospital have to ensure safe and reliable purchases of medications? (Check all that apply)	<ul style="list-style-type: none"> - Engagement by legal and risk management departments to better comprehend the differences between a legal and an illegal operation - Development and communication of policy for purchasing decisions and documentation of exceptions to the policy - Confirmation of receipt of drug pedigree with all appropriate information - Confirmation of wholesaler, distributor and supplier licensure with authorities - Keeping records of suspect hospitals - Compare and scrutinize purchases and avoid using drug if there are concerns - Reporting of any suspect suppliers to all appropriate authorities/hospitals (e.g. State Board of Pharmacy and the FDA's MedWatch reporting site) - Not applicable 	1 for each checked item
60	Does your hospital regularly evaluate the performance of purchasing managers and contractors?	<ul style="list-style-type: none"> - Yes, through 360 evaluations including front line managers - Yes, but only by top-level managers - No - Not applicable 	5 if Yes, through 360 evaluation 3 if Yes, but only by top-level managers 0 if No
61	Patient safety considerations are incorporated into your hospital's purchasing decision of medical and nonmedical devices.	<ul style="list-style-type: none"> - Strongly Agree - Agree - Neither - Disagree - Strongly Disagree - Not applicable 	5 if Strongly Agree 4 if Agree 0 if Neither, Disagree, or Strongly Disagree

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62	Is your hospital's purchasing department routinely updated about inpatient falls due to accidental/environmental reasons?	- Yes - No - Not applicable	5 if Yes 0 if No
63	Is there a formal process for patient safety and risk involvement in equipment analysis and due diligence, selection, and purchasing?	- Yes - No	5 if Yes 0 if No
PROCEDURAL			
64	Does your hospital have a system in place to monitor "hunting and gathering" behaviors among clinicians in general and RNs in particular?	- Yes, and results are tracked by leadership - Yes, but results are not tracked by leadership - No	5 if Yes, and results are tracked 3 if Yes, but results not tracked 0 if No
65	What intervention strategies does your hospital have in place for hand hygiene initiatives? (Check all that apply)	- Routine staff education and training on specific indications for hand hygiene - Periodic performance measurement (audit) and comparative feedback on performance - Visual or auditory reminders - Use of multidisciplinary teams to analyze and improve hand hygiene processes - Systematic performance improvement methods (e.g. establish goals, measure performance, investigate causes and contributing factors) using standard models (e.g. The plan-do-study-act (PDSA) rapid cycle improvement) - Protocol for appropriate hand hygiene - Guidelines for measurement and reporting of adherence to hand hygiene protocols	1 for each checked item

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66	Does your hospital have a system (e.g. checklist, physician reminders, automatic stop orders) in place to ensure proper documentation of indication, catheter insertion, maintenance, and timely removal of urinary catheters?	<ul style="list-style-type: none"> - Yes, in all applicable locations - Yes, in Emergency Department (ED) only - Yes, but for Inpatient Department (IPD) only - No - Not applicable 	5 if Yes, in all applicable locations 3 if Yes, in ED only OR for IPD only 0 if No
67	Do you have a multidisciplinary team or steering committee focused on reaching VTE prophylaxis targets and reporting to staff committees in both medicine and surgery?	<ul style="list-style-type: none"> - Yes - Yes, but only to key medical staff committees - Yes, but only in medicine - Yes, but only in surgery - No - Not applicable 	5 if Yes 3 if Yes, but with condition 0 if No
68	Does your hospital have a hospital-wide written thromboprophylaxis policy?	<ul style="list-style-type: none"> - Yes, a fully-approved and implemented hospital-wide thromboprophylaxis policy - Yes, but there is a considerable variability across units - Yes, for specific patient groups, but not hospital wide - No - Not applicable 	5 if fully approved 3 if there is variation across units OR not hospital wide 0 if No
69	Which of the following do you have in your hospital to ensure placement of a mechanically ventilated patient's head between 30-45 degrees (unless medically contraindicated)? (Check all that apply)	<ul style="list-style-type: none"> - A mechanism to ensure head-of-the-bed elevation - A system for respiratory therapists to work collaboratively with nursing on positioning - Education to care givers and families about the importance of proper positioning and notify staff if supine positioning - Visual cues to identify when the bed is in the proper position - Include this intervention on order sets for initiation and weaning of mechanical ventilation, delivery of tube feedings, and provision of oral care - Not applicable 	1 for each checked item (except not applicable)

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70	Is the process of medication administration and reconciliation tracked by management outside of pharmacy?	<ul style="list-style-type: none"> - Yes - No 	<p>5 if Yes 0 if No</p>
71	Do you use radio opaque sponges and have clear rules for when a x-ray is required before closing surgical site?	<ul style="list-style-type: none"> - Yes - Yes, but compliance is not audited - No 	<p>5 if Yes 3 if Yes, but not audited 0 if No</p>
72	Which of the following is true regarding practices in hospital to ensure pressure ulcer assessment of all admitted patients? (Check all that apply)	<ul style="list-style-type: none"> - A system (e.g. checklists) to ensure that pressure ulcer risk assessment is conducted within 4 hours of admission for all patients - Use of a visual cue on each admission documentation record for completion of a total risk assessment and reassessment - A standard risk assessment tool (e.g. Braden scale) - Methods to visually cue staff about at-risk patients (e.g. stickers on the patient chart or door) - Sharing of pressure ulcer outcome measures with staff - Not applicable 	<p>1 for each checked item (except not applicable)</p>
73	Does the OB/GYN unit uses a checklist (e.g. ACOG Patient Safety Checklist) to identify items/tasks that should be confirmed before or during the scheduling and performance of a procedure (e.g. elective induction and labor augmentation) AND to facilitate documentation of what was accomplished or utilized during a procedure?	<ul style="list-style-type: none"> - Yes , always - Yes, most of the time - No - Not applicable 	<p>5 if Yes, always 3 if Yes, most of the time 0 if No</p>

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74	Your hospital has a protocol governing the timing and conditions governing elective delivery, adherence is monitored regularly, and compliance is part of re-granting privileges for physicians.	-Yes -Yes, but adherence is monitored infrequently -Yes, but compliance is not part of re-granting privileges for physicians -No -Not applicable	5 if Yes 3 if Yes, but with condition 0 if No
75	Does your hospital allow scheduling an elective delivery or c-section prior to 39 weeks?	- No, and we check gestational age - No - Yes - Not applicable	5 if No, and we check gestational age 3 if No 0 if Yes
76	Does your hospital have an active program to track and reduce elective deliveries prior to 39 weeks?	- Yes - No - Not applicable	5 if Yes 0 if No
77	Which of the following is available in your hospital to ensure a uniform team management of shoulder dystocia? (Check all that apply)	- Drills - Continuing medical education - Interactive online courses and protocols that clarify the duties of each team member - A system (e.g. checklist) to ensure appropriate documentation of the maneuvers utilized and avoided in the management of shoulder dystocia - Not applicable	1 for each checked item (except not applicable)
78	Are patients who have fallen in your facility offered facilitated environmental home assessments upon discharge?	- Yes - Yes, but only to older patients - No	5 if Yes 3 if Yes, but only to older patients 0 if No
79	Is there an automatic alarm reset when a critical alarm is turned off or silenced (e.g. telemetry)?	- Yes - No - Not applicable	5 if Yes 0 if No

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80	Which of the following is true regarding the process and effect of credentialing, privileging and peer review in your hospital? (Check all that apply)	<ul style="list-style-type: none"> - Risk management is included in the peer review process of unexpected outcomes and issues relating to deviation from accepted standard of care and other risk exposures - There is a process in place to support an adequate and objective medical staff and a nursing peer review process that demonstrates effectiveness for improvement - Peer review has resulted in changes in protocol, purchasing, or practices 	1 for each checked item
81	What does your hospital do to prevent recurrence of serious safety events? (Check all that apply)	<ul style="list-style-type: none"> - Active involvement by the CEO in serious safety event prevention and apprised of effectiveness for prevention - Active involvement by senior leadership in serious safety event prevention and apprised of effectiveness for prevention - A measurement process that ensures RCA/FMEA actions are effective in preventing a repeat occurrence - A system to track implementation and effectiveness of programs to reduce serious safety events - Patient safety culture matrix - A user friendly and “safe” reporting tool for front line staff - Other(Please specify) 	1 for each checked item

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82	Which of the following is true regarding your hospital's patient safety practices to reduce OB adverse events? (Check all that apply)	<ul style="list-style-type: none"> - Perinatal bundles used for induction and vacuum extraction - VBAC requirements that the entire team be in house during labor to perform immediate C/S if needed - A structured process to manage shoulder dystocia should it occur - Staff are certified in the ability to interpret EFM strips and the team is using the NICHD nomenclature and identification of the three-tier approach to FHT monitoring - Regular simulation drills with the entire team regarding the high risk areas in OB (shoulder dystocia, timeliness of emergent C/S, post-partum hemorrhage etc.) - Staff training in advanced fetus monitoring - Not applicable - Other(Please specify) 	1 for each checked item (except not applicable)
RISK MANAGEMENT			
83	Which of the following is true regarding perioperative safety risk in your hospital? (Check all that apply)	<ul style="list-style-type: none"> - There is a surgical/procedural verification protocol for patient identification, marking the site, and time out -There is a count verification (i) before the procedure to establish a baseline, (ii) before the closure of a cavity within a cavity, (iii) before wound closure begins, at skin closure, at the time of permanent relief of either the scrub person or circulating nurse and wand technology -There is a regular auditing for compliance of existing protocol to prevent retained foreign objects -There have been no wrong site surgeries or RFBs in last 3 years -There is a fire prevention program for the surgical suite, including, specific time out for laser use on ENT cases -Not applicable 	1 unit for each item checked (except not applicable)

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84	Are closing items in risk trend tied to leaders' performance evaluations?	- Yes - No	5 if Yes 0 if No
85	Is there a patient safety incident dashboard for communicating risk management and 'lessons learned' information to senior management, the Board of Directors, and hospital staff?	- Yes - Yes, but only to senior management and Board of Directors - No	5 if Yes 3 if Yes, but with condition 0 if No
86	Are evaluations of awareness of hospital quality improvement and patient safety initiatives included in staff performance reviews?	- Yes - No	5 if Yes 0 if No
87	How often are risk managers included during re-designing or addition of a new service (e.g. ED re-design), prior to the initiation of any physical plant work, or implementation of new service to proactively assess patient safety?	- Always - About half the time - Never - Frequently - Seldom	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
88	Are the board and governing body actively involved in risk management and patient safety decision making?	- Yes - No	5 if Yes 0 if No
89	Does the board of your hospital actively participate in risk management, quality management, and patient safety?	- Yes, directly and routinely - Yes, but through a board risk management subcommittee - No	5 if Yes 3 if Yes, but through a subcommittee 0 if No
NURSING PRACTICE			
90	Do nursing shifts overlap at least 30 minutes to allow adequate time for patient hand off?	- Yes - No	5 if Yes 0 if No
91	Which of the following is true regarding patient hand offs in your hospital? (Check all that apply)	- They are done in front of the patient - They are done face-to-face between staff - They are done electronically	1 for each checked item

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92	How often are nurses shadowed by an infection preventionist to ensure compliance with infection prevention protocols?	- Weekly - Monthly - Quarterly - Annually - Never	5 if Weekly 4 if Monthly 3 if Quarterly 2 if Annually 0 if Never
93	Does your hospital provide nurses with specialized training on the appropriate placement and management of urinary catheters and keep records on those who have and have not received training?	- Yes - No - Not applicable	5 if Yes 0 if No
94	Reports about the necessity of urinary catheters are reviewed daily by nursing staff and trended data are reviewed by hospital management.	- Yes - No - Not applicable	5 if Yes 0 if No
95	Do nursing protocols allow for removal of urinary catheters without physician order if criteria for necessity are not met?	- Yes - No - Not applicable	5 if Yes 0 if No
96	Does the hospital have a nurse driven protocol for removing unnecessary urinary catheters?	- Yes - No - Not applicable	5 if Yes 0 if No
97	Does the hospital have guidelines for nurse directed use of intermittent catheterization and use of bladder ultrasound scanners?	- Yes - No - Not applicable	5 if Yes 0 if No
98	Are nurses authorized to enforce use of a central line checklist to be sure all processes related to central line placement, including hand hygiene, are executed for each line placement?	- Yes - No - Not applicable	5 if Yes 0 if No
99	How often would physicians be stopped if they failed to comply with any portion of the central line checklist?	- Always - Frequently - About half the time - Seldom - Never	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never

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100	Does your hospital have a process for evaluating staff competence in recognizing the signs and symptoms of sepsis and an evolving stroke?	-Yes -Yes, but only for sepsis -Yes, but only for an evolving stroke -No -Not applicable	5 if Yes 3 if Yes, but with condition 0 if No
101	Do staff regularly perform comfort rounds to assess and address patient needs for pain relief, toileting, and positioning?	- Yes, hourly - Yes, every two hours - Yes, during shift changes - Only when patients call for assistance	5 if hourly 4 if every 2 hours 3 if during shift changes 2 if when called for assistance
COMMUNICATION			
102	Did your hospital have an event requiring a root cause analysis in the last two years where the root cause was determined to be lack of proper and timely communication between staff?	- No serious event in last 2 years - Yes, but not sure how many - Yes, we know how many cases we had. Please specify the number of serious events ____	5 if No serious event 0 if there were serious events
103	If you asked five front line providers how many would respond "I can't remember the last time someone did not use repeat back?"	- 0 - 1 - 2 - 3 - 4 - 5	0 if 0 1 if 1 2 if 2 3 if 3 4 if 4 5 if 5
104	Do staff follow a standardized method of sharing information when handing off patients?	- Strongly Agree - Agree - Neither - Disagree - Strongly Disagree	5 if Strongly Agree 4 if Agree 0 if Neither, Disagree, or Strongly Disagree

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
105	Which of the following does your hospital do to ensure smooth and safe patient transition upon admission, during shift and unit changes, and/or at discharge? (Check all that apply)	<ul style="list-style-type: none"> - Provide patients information about their medical conditions and treatment care plan in a way that is understandable to them - Inform patients and family members of the next steps in their care - Inform patients who the responsible provider of care is during each shift and who to contact if they have a concern about the safety or quality of care - Create opportunities for patients and family members to address any medical care questions or concerns with their health-care providers - Involve patients and family members in decisions about their care at the level of involvement that they choose - Use a standard hand off communication system such as SBAR and a verification process to ensure that information is both received and understood - Effective communication of patient care to the next provider 	1 for each checked item

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
106	Which of the following is true regarding your hospital's hand off protocol during surgery? (Check all that apply)	<ul style="list-style-type: none"> - Limited interruptions during hand off - Up-to-date information regarding the patient's condition, care, treatment, medications, services and any recent or anticipated changes - A method to verify the received information, including repeat-back or read-back techniques is used - There is an opportunity for the receiver of the hand-off information to review relevant patient historical data, which may include previous care, treatment or services - A system (e.g. an electronic medical record) to streamline the exchange of timely and accurate information is used -Not applicable 	1 for each checked item (except not applicable)
107	Upon admission, do the physician, nurse, and pharmacist assess the patient together and work collaboratively to develop a specific care plan for each patient?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
108	Is there an electronic medical record for each patient to track the progress of a patient's care and share health information among providers from different service areas within the hospitals?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
109	Prior to discharging a patient at high risk of readmission is a face-to-face follow-up visit scheduled within 48 hours of discharge?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
110	Prior to discharging a patient at moderate risk of readmission, is a follow-up phone call scheduled within 48 hours of discharge?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
111	How would your staff rate the support your hospital provides to a family/care taker of a patient in crisis?	<ul style="list-style-type: none"> - Excellent - Good - Fair - Poor 	5 if Excellent 4 if Good 2 if Fair 0 if Poor
112	Which of the following is true regarding your hospital? (Check all that apply)	<ul style="list-style-type: none"> - There is at least one patient and family advisory council (PFAC) - Patients and their family members serve on key service-based and hospital wide committees - The minutes of PFAC meetings and their accomplishments are provided to the hospital's governing body and its Board of Trustees - Patient and family care experiences are incorporated into hospital's planning and day-to-day operation 	1 for each checked item
113	Are front-line workers trained in communication techniques to promote assertiveness?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
114	Are patient rounds undertaken by interdisciplinary teams (e.g. physicians, nurses, pharmacist, patient advocates) to promote cross-communication under all settings?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
115	Are failures to meet antibiotic timing, selection, or discontinuation communicated to staff physician?	<ul style="list-style-type: none"> - Yes, within 24 hours of occurrence - Yes, but not within 24 hours - No, they are not communicated 	5 if Yes ,within 24 hours 3 if Yes, but not within 24 hours 0 if No
116	If you asked five front line staff on a unit about current blood stream infection rates, how many would know?	<ul style="list-style-type: none"> - 0 - 1 - 2 - 3 - 4 - 5 - Not applicable 	0 if 0 1 if 1 2 if 2 3 if 3 4 if 4 5 if 5

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
117	Does your hospital provide information about the risk of VTE and its prevention to patients?	<ul style="list-style-type: none"> - Yes, 80% or more of all patient - Yes, at least 50% of patients - Yes, at key patient encounter sites (e.g. admitting department, hospital lobbies, nursing units) - Not at all - Not applicable 	5 if >80% 4 if >50% 3 if at key sites 0 if Not at all
118	Are visual indicators used to quickly communicate with the care team about patients at risk of fall or injury (e.g. use of colorful socks, colored wrist bands and/or blankets, or signage outside and inside the room to indicate fall and/or injury risk)?	<ul style="list-style-type: none"> - Yes - No 	5 if Yes 0 if No
119	Are patients and family members educated about risk of injury from a fall on admission and during hospital stay, and about what they can do to help prevent a fall using one of the following proven patient educational methods? (Check all that apply)	<ul style="list-style-type: none"> - Teach back - Return demonstration or show back - "Ask Me 3" [Encourage patients to ask their providers three questions: What is my main problem? What do I need to do (for that problem)? Why is that important?] - Signed contract of expected behavior for families - There is no formal process for communicating with patients/their families - Other(Please specify) 	1 for each of the first four (checked) item 0 if there is no formal process
120	Which of the following is true about communication of critical values in your hospital? (Check all that apply)	<ul style="list-style-type: none"> -There are protocols in place to alert physicians of critical values (e.g. laboratory, radiology) -There is evidence of documentation of who was notified, by whom, time, response, and actions taken - Loop is closed on labs ordered before discharge but results are not available until after discharge 	1 for each checked item

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
INFECTION CONTROL			
121	Does your hospital use CDC national healthcare safety network (NHSN) definitions for central line-associated blood stream infection in all locations and for all types of central venous catheters (PICC)?	<ul style="list-style-type: none"> - Yes - No - Not applicable 	<p>5 if Yes 0 if No</p>
122	What is your hospital doing to ensure compliance with patient care practices to reduce the incidence of VAP? (Check all that apply)	<ul style="list-style-type: none"> - Institute written policies, protocols, or pathways that describe the recommended practices for prevention of VAP - Routinely collect data on process measures (e.g. hand hygiene compliance, sedation interruption, oral care, maintenance of 30-45 degrees positioning, and assessment of readiness to wean) related to VAP - Assess if results based on collected process measures demonstrate compliance to recommended practices - Report results from collected measures and assessment to senior leadership, nursing leadership, and care providers - Enforce QI initiatives targeted at addressing identified areas of improvement -Not applicable 	<p>1 for each checked item (except not applicable)</p>
123	Does your hospital have a PICC team for PICC line placement and maintenance?	<ul style="list-style-type: none"> - Yes - Yes, outside contractual services - No - Not applicable 	<p>5 if Yes 3 if Yes, outside contractual services 0 if No</p>
124	Are PICC line dressings routinely changed by a PICC team member?	<ul style="list-style-type: none"> - Yes - No - Not applicable 	<p>5 if Yes 0 if No</p>

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
125	How often does your ICU/Clinical Care Area currently use a positive displacement needle-less connector valve for central venous catheters?	<ul style="list-style-type: none"> - Always - Frequently - About half the time - Seldom - Never - Not applicable 	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
126	How often does your ICU/Clinical Care Area currently bathe patients in this clinical care area with chlorhexidine?	<ul style="list-style-type: none"> - Always - Frequently - About half the time - Seldom - Never - Not applicable 	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
127	Do you routinely use ultrasound to place central venous catheters? (Check all that apply)	<ul style="list-style-type: none"> - For subclavian lines - For internal jugular lines - Do not routinely use - Not applicable 	1 for each line type 0 if not used routinely
128	Do you document the removal of urinary catheters post-operatively within 24-48 hours unless there are appropriate indications for continued use?	<ul style="list-style-type: none"> - Always - Frequently - About half the time - Seldom - Never - Not applicable 	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
129	Is the use of proper aseptic technique and sterile equipment for urinary catheter insertion audited?	<ul style="list-style-type: none"> - Yes, in all applicable units and frequently - Yes, in all applicable units but not frequently - Never - Not applicable 	5 if Yes, in all applicable units 3 if Yes, but not frequently 0 if Never
130	Is systemic anti-microbial prophylaxis for urinary catheters used?	<ul style="list-style-type: none"> - Always - Frequently - About half the time - Seldom - Never - Not applicable 	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
131	Does the hospital require documented rationale for Foley catheter in all settings?	<ul style="list-style-type: none"> - Yes - No - Not applicable 	5 if Yes 0 if No

Scoring Key
Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
132	How often does your hospital conduct checklist-driven monitoring of guidelines for appropriate perioperative catheter management (e.g. procedure-specific guidelines for catheter placement and postoperative catheter removal and management of postoperative urinary retention)?	<ul style="list-style-type: none"> - Always - Frequently - About half the time - Seldom - Never - Not applicable 	5 if Always 4 if Frequently 3 if About half the time 2 if Seldom 0 if Never
133	Who inserts urinary catheters at your facility?	<ul style="list-style-type: none"> - RNs - LPNs - Nurse aides - Physicians - Medical Students - Not applicable - Other (Please specify) 	No units assigned.
134	Are urinary catheter days tracked?	<ul style="list-style-type: none"> - Yes, electronically - Yes, manually - No - Not applicable 	5 if Yes, either electronically or manually 0 if No
135	Does your hospital have a comprehensive program to reduce CAUTI including reducing catheter days, bladder bundle tracking, sterile technique placement and reason for catheter at time of placement that is reviewed by senior leadership?	<ul style="list-style-type: none"> - Yes - Yes, but it is not comprehensive or linked to senior leadership - No - Not applicable 	5 if Yes 3 if Yes, but with a condition 0 if No
136	Do standard supply kits exist that include catheter and all necessary items? (Check all that apply)	<ul style="list-style-type: none"> - Yes, for Indwelling (Foley) catheters - Yes, for central line catheters - No - Not applicable 	5 if <u>both</u> Foley and central line 3 if either Foley OR central line 0 if No
137	Does your hospital utilize a surgical safety checklist (e.g. the World Health Organization's Surgical Safety Checklist or an	<ul style="list-style-type: none"> - Yes, fully implemented throughout hospital - Yes, fully implemented in some areas - Yes, partially implemented in some 	5 if Yes, fully implemented throughout 4 if Yes, fully

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Organizational Assessment Tool (OAT)

Number in the OAT	Assessment Marker	Response Set	Assessment Unit
	adaptation) prior to surgical procedures to verify (at a minimum) patient identity, allergies, and preoperative antibiotics (when required)?	or all areas - No, no plan to use surgical safety checklist - No, but is planning to use one (Please specify year and month)_____	implemented in some areas 3 if Yes, partially implemented 0 if No (with or without plan to start using)
138	What does your hospital have in place to ensure proper endoscope processing/disinfection? (Check all that apply)	<ul style="list-style-type: none"> - A quality system program that covers all aspects of endoscopy procedure management - A written procedure for monitoring adherence to the program and a chain of accountability - A system to ensure that staff responsible for endoscope processing understand proper use and maintain proficiency in performing it - A routine monitoring to ensure compliance with recommended practices 	1 for each checked item