



**MHA Keystone Center[®]
for Patient Safety
& Quality**

www.MHAKeystoneCenter.org

Copyright MHA Keystone Center for Patient Safety & Quality, 2009.
Do not distribute without citation.

HSOPS Survey Process

- Overview of the registration process
- Who should take the survey? Defining your target respondents
- Staff notification and reminder e-mails
- Feedback reports
- Timeline



Registration E-mail Example

Dear John Doe,

To participate in the Hospital Survey on Patient Safety (HSOPS), beginning on Monday, January 3, 2011, please complete the HSOPS registration for your unit by clicking on the link below. The HSOPS Registration is due by Friday, December 31, 2010.

Test Hospital – Unit 1 Registration: [Test Hospital- Unit 1 Registration Link](#) 

Registration Instructions:

1) Confirm that you are the Survey Coordinator for this unit:

If you are the correct contact, please confirm by clicking "Confirm Contact Information". If the contact needs to be changed, please click "Change Contact Information" and enter the correct contact. This information will be updated within 24 hours, Monday-Friday.

2) Enter the number of EXPECTED responses by job category:

Enter the number of expected responses for each staff position by clicking "Enter Registration Information". When you have completed entering expected staff responses, you must select "Response Status Complete" at the bottom of the screen. This completes your HSOPS Registration.

The deadline for registration completion is Friday, December 31, 2010.

No longer participating? Importing? PLEASE let us know if you are no longer participating in the project or are planning in importing your survey so that we can remove you from this list.

We look forward to working with you to measure the culture of safety in your unit. If you encounter difficulties during the testing process please send an email directly to CultureSurvey@mha.org.

Please note: A test link has been provided below for units that are interested in testing their computers with varying internet connections, browsers, and display settings to avoid any live survey link complications. If you would like to test your computers, please send the test link to a handful of people that will be taking the survey and ask them to test. Remember! This is not the live survey link and can only be used as a test link.

Test Link: [Test Link](#)

Raw Test Link: http://www.CareCountsSurveyManager.org/HSOPS_ICUForm.aspx?&SurveyKey=Test 

Registration Process

- ✓ Verify Contact Information
- ✓ Enter staff numbers by job type
 - Must click on “Response Status Complete” to finalize numbers

Verify Contact Information

Hospital Survey on Patient Safety

TEST - Baseline

Survey Registration

This survey is for the following Unit.

Hospital: Test Hospital
Unit: Test Hospital Unit 1

Contact Information

John Doe
nsmith@mha.org

CONFIRM



Confirm Contact Information

[Change Contact Information](#)

Enter Registration Information

Cancel



CHANGE



Change Contact Information

TEST - Baseline

Test Hospital

Test Hospital Unit 1

Current Contact:

Current Email:

Change to

New Contact:

New Email:

Copyright © 2007-2009 Michigan Health & Hospital Association. All Rights Reserved.

Enter Staff Numbers by Job Category

Hospital Survey on Patient Safety

TEST - Baseline

Survey Registration

This survey is for the following Unit.

Hospital: Test Hospital
Unit: Test Hospital Unit 1

Contact Information

John Doe
nsmith@mha.org

Confirm Contact Information

[Change Contact Information](#)

Enter Registration Information

Cancel



Enter Staff Numbers by Job Category

Completion of this form is due by April 8, 2011.

Survey Expected Responses

Unit Bed Count:

Enter the number of responses that are expected for each staff position.

	Expected	Submitted
Registered Nurse:	<input type="text" value="0"/>	<input type="text" value="0"/>
Physician Assistant/Nurse Practitioner:	<input type="text" value="0"/>	<input type="text" value="0"/>
LVN/LPN:	<input type="text" value="0"/>	<input type="text" value="0"/>
Patient Care Asst./Hospital Aide/Care Partner:	<input type="text" value="0"/>	<input type="text" value="0"/>
Attending Staff Physician:	<input type="text" value="0"/>	<input type="text" value="0"/>
Resident Physician/Physician in Training:	<input type="text" value="0"/>	<input type="text" value="0"/>
Pharmacist:	<input type="text" value="0"/>	<input type="text" value="0"/>
Dietician:	<input type="text" value="0"/>	<input type="text" value="0"/>
Unit Assistant/Clerk/Secretary:	<input type="text" value="0"/>	<input type="text" value="0"/>
Respiratory Therapist:	<input type="text" value="0"/>	<input type="text" value="0"/>
Physical, Occupational, or Speech Therapist:	<input type="text" value="0"/>	<input type="text" value="0"/>
Technician (e.g., EKG, Lab, Radiology):	<input type="text" value="0"/>	<input type="text" value="0"/>
Administration/Management:	<input type="text" value="0"/>	<input type="text" value="0"/>
Other:	<input type="text" value="0"/>	<input type="text" value="0"/>
Not Answered:		<input type="text" value="0"/>
Total Responses:	<input type="text" value="0"/>	<input type="text" value="0"/>

Response Rate: 0.00

Response Status Complete

Target Respondents

- All types of staff who work in the unit
- Staff that have worked in the clinical area for at least 4 weeks and approximately 20 hours per week for that clinical area
- Physicians who admit 2 or more patients per month
- Response rate greater than or equal to 60 percent provides data that is representative and difficult to ignore



Registration Complete

Survey Message

Thank you for completing your survey for the Hospital Survey on Patient Safety.



Pre-Notification E-mail

- Pre-Notification E-mail (4/4/2011)
 - Describes the purpose of the survey
 - Who to contact for questions
 - Anonymity
- Live Survey Link (4/11/2011)

Survey Link

- Survey Link is sent to Survey Coordinator via e-mail
- Survey Coordinator may distribute the Survey Link to the rest of staff via e-mail or as a shortcut created on a shared computer within your unit



Survey Link E-mail Example

HSOPS LIVE Survey Link

Dear John Doe,

Your unit, Test Hospital – Unit 1, is scheduled to start the AHRQ Hospital Survey on Patient Safety on Monday, January 3, 2011. The survey will be open for a total of four weeks and will close on Friday, January 28, 2011. In preparation, please send out this notice to your staff alerting them of the beginning of the survey period.

Please use this Live Survey Link to access the Hospital Survey on Patient Safety for your unit that is participating in the On the CUSP Stop BSI project for all staff members;

[Test Hospital- Unit 1 Survey Link](#)



Items in [RED BRACKETS] need to be customized for each HOSPITAL unit. Text can be cut and pasted from this document into the body of the emails to be sent to staff.

TO: [HOSPITAL NAME] [UNIT UNIQUE NAME] STAFF
SUBJECT: AHRQ HOSPITAL SURVEY ON PATIENT SAFETY CULTURE
FROM: [NAME OF CONTACT PERSON], [TITLE]

Dear Colleague,

You are receiving this email as a request to complete the Hospital Survey on Patient Safety Culture for our hospital as part of the *On the CUSP Stop BSI Project*.

Each staff member is being asked to provide his or her perspective about the patient safety culture in our unit. We plan to use this feedback to improve teamwork and communication, culture, reliability and organizational learning to reduce Central line-associated bloodstream infections at [ENTER HOSPITAL NAME] [ENTER UNIT NAME].

It is important that everyone participates in this survey and provides your most honest input. The results of the survey will be shared with you 6-8 weeks after the survey ends.

The survey will be live on the web from January 3, 2011 to January 28, 2011.

To take the web survey, you must use a computer with internet access. If your computer does not have internet access, you may use computers located [INDICATE LOCATION].

Please take a few minutes to complete the web survey using the following link:

http://www.CareCountsSurveyManager.org/HSOPSIKU_Welcome.aspx?&SurveyKey=eMvmfv6TmVq%3d



The Survey has a time limit of 25 minutes but we estimate that it will take about 10-15 minutes to complete. This survey is completely confidential. If you have questions about the survey or the process, please contact [NAME OF SURVEY CONTACT PERSON], [TITLE] at [PHONE NUMBER].



Begin Survey

Hospital Survey on Patient Safety

TEST - Baseline

Responses to the survey will be strictly confidential. Individual survey results will not be made available to either states or hospitals. Moreover, results will not be provided in ways that will enable responses to be associated with individuals.

This survey is for the following Unit.

Hospital: Test Hospital
Unit: Test Hospital Unit 1

It should represent the unit where you spend most of your work time or provide most of your clinical services.

If this is not the Unit that you spend most of your work time, please press Cancel and contact your Hospital or Unit Coordinator to get the correct link.



Begin Survey

Cancel

HSOPS Survey

Hospital Survey on Patient Safety

Hawaii - Baseline

This survey is for the following Unit.

Hospital: Kapiolani Medical Center for Women and Children

Unit: Neonatal Intensive Care Unit

Instructions

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

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

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

SECTION A: Your Work Area/Unit

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

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

Think about your hospital work area/unit...	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another in this unit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. We have enough staff to handle the workload.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When a lot of work needs to be done quickly, we work together as a team to get the work done.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. In this unit, people treat each other with respect.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Staff in this unit work longer hours than is best for patient care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. We are actively doing things to improve patient safety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Response Rate Updates

Survey Expected Responses

Unit Bed Count:

Enter the number of responses that are expected for each staff position.

	Expected	Submitted
Registered Nurse:	<input type="text" value="15"/>	<input type="text" value="13"/>
Physician Assistant/Nurse Practitioner:	<input type="text" value="0"/>	<input type="text" value="0"/>
LVN/LPN:	<input type="text" value="0"/>	<input type="text" value="0"/>
Patient Care Asst./Hospital Aide/Care Partner:	<input type="text" value="0"/>	<input type="text" value="0"/>
Attending Staff Physician:	<input type="text" value="0"/>	<input type="text" value="0"/>
Resident Physician/Physician in Training:	<input type="text" value="0"/>	<input type="text" value="0"/>
Pharmacist:	<input type="text" value="1"/>	<input type="text" value="1"/>
Dietician:	<input type="text" value="0"/>	<input type="text" value="0"/>
Unit Assistant/Clerk/Secretary:	<input type="text" value="0"/>	<input type="text" value="0"/>
Respiratory Therapist:	<input type="text" value="3"/>	<input type="text" value="1"/>
Physical, Occupational, or Speech Therapist:	<input type="text" value="1"/>	<input type="text" value="0"/>
Technician (e.g., EKG, Lab, Radiology):	<input type="text" value="0"/>	<input type="text" value="0"/>
Administration/Management:	<input type="text" value="3"/>	<input type="text" value="1"/>
Other:	<input type="text" value="0"/>	<input type="text" value="0"/>
Not Answered:		<input type="text" value="2"/>
Total Responses:	<input type="text" value="23"/>	<input type="text" value="18"/>

Response Status Complete

Response Rate: 78.26

- Sent once a week
- Will include responses by job category
- Automatically updates

Use of Previous Survey Results

- Importing Requirements
 - Unit is identified
 - Within last six months
 - Multidisciplinary
 - Response Rate close to 60%
 - Survey level data (not summary data) in required format for import process
 - Format requirements provided upon request

Feedback Reports

- State and unit level reports will be provided 6 weeks after the close of survey

Timeline

Dates	Activity
April 4 – April 8	Survey coordinator completes registration material including administration target numbers
April 4 – April 8	Pre-notification emails are sent to staff to tell about upcoming survey
April 11 – April 15	Live survey links are sent to hospitals and distributed to staff
April 11 – May 6	Survey completion (4 weeks)
April 18	First reminder notice sent at week one to survey coordinators with response rate
April 25	Second reminder notice sent at week two with updated RR
June 17	Reports distributed

Questions?

- Chris George, Project Coordinator
 - cgeorge@mha.org
 - 517-886-8404
- Nicole Smith, Project Specialist
 - nsmith@mha.org
 - 517-886-8437
- MHA Culture Survey
 - CultureSurvey@mha.org