This evidenced-based tool is being developed by the National Content Developer (NCD) as a resource for the Hospital Engagement Networks (HENs) and their partner hospitals to achieve the goals of the Partnership for Patients and support efforts to expand the use of models shown to improve care. The first section includes questions to gather data on hospital location and other hospital-level characteristics. Subsequent section are organized by ten areas of focus - safety culture, leadership, measurement, medication, purchasing practice, procedural, risk management, nursing practice, communication, and infection control. Completion of OAT should be led by the hospital’s patient safety officer, quality improvement director, or equivalent. It is expected that this individual will contact appropriate staff to complete the OAT. Only a single OAT should be completed for a hospital.

1. DEMOGRAPHICS

1. Hospital name
   _______________________________________________________

2. State
   _______________________________________________________

3. Zip code
   _______________________________________________________

4. Region
   ☐ Rural ☐ Urban

5. Hospital type (Check all that apply)
   ☐ General ☐ For-profit
   ☐ Specialized ☐ Safety net
   ☐ Teaching ☐ Critical access
   ☐ Academic ☐ Community
   ☐ Non teaching ☐ Not-for-profit
   ☐ Other

   Please specify
   _______________________________________________________
6. What service does your hospital provide to the MAJORITY of its patients?

- General medical and surgical
- Surgical
- Psychiatric
- Tuberculosis and other respiratory diseases
- Cancer
- Other

Please specify


7. Hospital Identifier

AHA ID

National Provider Identifier (NPI)

Other Identifier

8. Title/Role of person completing the OAT


9. Total number of licensed beds in the hospital


10. Average daily census in the hospital


11. Annual rate of hospital admissions


12. Which Hospital Engagement Network (HEN) is your hospital associated with?
13. Does your hospital use an Electronic Health Record (EHR) system?
   - Yes
   - No

14. If "yes", Who is your hospital's main Electronic Health Records (EHR) vendor?
    __________________________________________

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

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
   - No, but we plan to evaluate our EHR

2. 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
   - Neither
   - Strongly Disagree
   - Agree
   - Disagree

18. Which of the following is true about your hospital regarding adverse events? (Check all that apply)
   - 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 seeks feedback from staff on reported events and on how to reduce adverse events in the future
19. How are results from your hospital’s survey of patient safety culture used? (Check all that apply)
   - 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

__________________________________________________________________________

20. What percent of hospital staff respond to the safety culture survey?
   - More than 90%
   - 75% - 90%
   - Less than 75%

21. What percent of physicians respond to the safety culture survey?
   - More than 90%
   - 75% - 90%
   - Less than 75%

22. Does your hospital have a system to report high severity risk events?
   - Yes
   - No

23. If “yes”, Are all high severity risk events reported in the system within 24 hours of occurrence?
   - Yes, every event in the past two years is reported
   - No, but incident is logged and filled out later
   - No, not always
24. Which of the following is true about patients in your hospital and their families? (Check all that apply)

- 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

25. If five front-line staff were asked at random, how many would be able to describe a reported incident, good catch, near miss, and/or close call that led to a change (improvements in safety)?

- 0
- 1
- 2
- 3
- 4
- 5

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?

- Yes
- 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?

- 0
- 1
- 2
- 3
- 4
- 5
- No leadership rounds

28. Does your hospital have policies against disruptive and inappropriate behavior by staff?

- Yes
- No

29. If "yes", Front line staff would agree with the following statement "If any leader or physician violated the policy against disruptive and inappropriate behavior, they would be removed from the hospital".

- Strongly Agree
- Neither
- Strongly Disagree
- Agree
- Disagree
4. 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 and 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

31. Is it possible to identify patients with each of the AHRQ Patient Safety Indicators (PSI)?
   - Yes, within 24 hours but with 6 week lag due to billing
   - Yes, but it would take a couple of weeks to obtain
   - No feasible way to find this data

32. Would it be possible to identify patients with an International Normalized Ratio greater than 5 (INR>5)?
   - Yes, this can be done electronically within minutes by the lab
   - Yes, this can be done electronically with a 1-2 week delay
   - Yes, this can be obtained with chart review
   - No feasible way to find this data

33. Would it be possible to identify patients who received the drug Agatroban from the list of patients with INR>5?
   - Yes, this can be done electronically within minutes
   - Yes, this can be done electronically with a 1-2 week delay
   - Yes, this can be done with INR>5, but would require chart review to remove Agatroban patients
   - No feasible way to find this data
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?
   - 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

35. Is it possible to identify a particular group of patients (e.g. all patients with glucose below 50 ml/dL) based on lab work being done within 12 hours of admission or the location of the patient?
   - 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

36. Which of the following practices is part of the hospital’s quality practices around measurement? (Check all that apply)
   - A dashboard of key results is shared at all levels of the hospital from the board to the front line 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

37. Does your hospital have a linked perinatal database (that connects preconception information, maternal medical conditions and pediatric outcomes)?
   - Yes
   - No

38. Is it possible to electronically obtain the timeliness of administration for specific drugs?
   - 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
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)?
- Yes
- Yes, but only for PU practices
- No
- Not applicable

40. What does your hospital do to identify and minimize the risk of unexpected Emergency Department (ED) return visits? (Check all that apply)
- 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

41. Which of the following is applicable to your hospital? (Check all that apply)
- 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

42. Does your hospital participate in the National Database for Nursing Quality Indicators (NDNQI)?
- Yes
- 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)
- Patient falls / Injury falls
- Pressure ulcers - unit acquired
- Pressure ulcers - hospital acquired
- CLABSI
- CAUTI
- VAP

44. If "yes", How does your hospital use data from NDNQI reports? (Check all that apply)
- For quality improvement
- To compare unit performance with similar units in peer hospitals
- Currently a member but does not report data
- For reporting (e.g. Joint Commission or CMS)
5. MEDICATION

45. Has your hospital completed the ISMP Medication Safety Self-Assessment for Hospitals?
   - Yes, the 2011 self-assessment
   - Yes, in the last 1-5 years
   - Yes, but more than 5 years ago
   - Never

46. What techniques does your hospital have to prevent harm from high-alert medications? (Check all that apply)
   - 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)

47. What error-reduction strategies are in place for administration of insulin products? (Check all that apply)
   - 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

48. For diabetic patients is there a regular monitoring for signs and symptoms of hypoglycemia?
   - Yes, at least four times a day
   - Yes, 1-3 times per day
   - Yes, but less than once per day
   - No

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
50. Are smart pump drug libraries developed by a multi-disciplinary team of clinicians (doctors, nurses, pharmacists)?
   - Yes
   - Yes, but not by multi-disciplinary team
   - Not applicable

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

52. If "yes" OR "yes, but only for patients in a pain management program", Does this protocol include specifications for patient monitoring?
   - Yes
   - 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
   - Other
   - IV mixture competency of nursing staff
   - Narcotic wasting compliance
   - SCIP core measure compliance
   - Overtime and medication error rate
   - After hour medication use
   Please specify

6. PURCHASING PRACTICE

54. Is there a process for identifying the 3,000+ recalls a year and assigning responsibility for addressing when appropriate?
   - Yes, there is a formal process to review every recall
   - Yes, but only to evaluate high-risk recalls
   - No, there is not
55. Is there a procedure for notification of the patient when a product is recalled?
   - Yes
   - No

56. Is there a process for tracking supply shortages affecting care and an active program to reduce these shortages?
   - Yes, and results are shared with nursing units and management regularly
   - Yes
   - No

57. Which aspects of your hospital's evaluation of the safety of a device are you aware of? (Check all that apply)
   - 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

58. Does your hospital regularly evaluate already-purchased devices for safety and effectiveness (e.g. for ease of installation and user friendliness) and provide feedback to purchasing department?
   - Yes, and it has impacted procurement decisions
   - Yes, but it has not impacted procurement decisions
   - No

59. Which of the following does your hospital have to ensure safe and reliable purchases of medications? (Check all that apply)
   - Engagement by legal and risk management departments to better comprehend the differences between a legal and an illegal operation
   - Development and communication of a 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 suppliers
   - 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
60. Does your hospital regularly evaluate the performance of purchasing managers and contractors?
   - Yes, through 360 evaluations including front line managers
   - Yes, but only by top-level managers
   - No
   - Not applicable

61. Patient safety considerations are incorporated into your hospital’s purchasing decision of medical and nonmedical devices.
   - Strongly Agree
   - Agree
   - Neither
   - Disagree
   - Strongly Disagree
   - Not applicable

62. Is your hospital’s purchasing department routinely updated about inpatient falls due to accidental/environmental reasons?
   - Yes
   - No
   - Not applicable

63. Is there a formal process for patient safety and risk involvement in equipment analysis and due diligence, selection, and purchasing?
   - Yes
   - No

7. 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
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)
- Protocols for appropriate hand hygiene
- Guidelines for measurement and reporting of adherence to hand hygiene protocols

66. Does your hospital have a system (e.g. checklist, physician reminders, and automatic stop orders) in place to ensure proper documentation of indication, catheter insertion, maintenance, and timely removal of urinary catheters?
- Yes, in all applicable locations
- Yes, but in Emergency Department only
- Yes, but for Inpatient Department only
- No
- Not applicable

67. Do you have a multidisciplinary team or steering committee focused on reaching VTE prophylaxis targets and reporting to key medical staff committees in both medicine and surgery?
- Yes
- Yes, but only to key medical staff committees
- Yes, but only in medicine
- Yes, but only in surgery
- No
- Not applicable

68. Does your hospital have a hospital-wide written thromboprophylaxis policy?
- 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
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)
   - 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

70. Is the process of medication administration and reconciliation tracked by management outside of pharmacy?
   - Yes
   - No

71. Do you use radio opaque sponges and have clear rules for when an x-ray is required before closing a surgical site?
   - Yes
   - No
   - Yes, but compliance is not audited

72. Which of the following is true regarding practices in your hospital to ensure pressure ulcer assessment of all admitted patients? (Check all that apply)
   - 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 to indicate 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

73. Does the OB/GYN unit use 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?
   - Yes, always
   - Yes, most of the time
   - No
   - Not applicable
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

75. Does your hospital allow scheduling an elective delivery or c-section prior to 39 weeks?

- No
- Yes
- No, and we check gestational age
- Not applicable

76. Does your hospital have an active program to track and reduce elective deliveries prior to 39 weeks?

- Yes
- No
- Not applicable

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

78. Are patients who have fallen in your facility offered facilitated environmental home assessments upon discharge?

- Yes
- Yes, but only to older patients
- No

79. Is there an automatic alarm reset when a critical alarm is turned off or silenced (e.g. telemetry)?

- Yes
- No
- Not applicable
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)

- Risk management is included in the peer review process of unexpected outcomes and issues relating to deviations from accepted standards 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

81. What does your hospital do to prevent recurrence of serious safety events? (Check all that apply)

- 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

_____________________________________________

82. Which of the following is true regarding your hospital’s patient safety practices to reduce OB adverse events? (Check all that apply)

- Perinatal bundles are 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

_____________________________________________
83. Which of the following is true regarding perioperative safety risk in your hospital? (Check all that apply)

- 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.

84. Are closing items in risk trend tied to leaders' performance evaluations?

- Yes
- 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
- No
- Yes, but only to senior management and Board of Directors

86. Are evaluations of awareness of hospital quality improvement and patient safety initiatives included in staff performance reviews?

- Yes
- 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

88. Are the board and governing body actively involved in risk management and patient safety decision making?

- Yes
- 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

90. Do nursing shifts overlap at least 30 minutes to allow adequate time for patient hand off?
   - Yes
   - 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

92. How often are nurses shadowed by an infection preventionist to ensure compliance with infection prevention protocols?
   - Weekly
   - Quarterly
   - Monthly
   - Annually

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

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

95. Do nursing protocols allow for removal of urinary catheters without physician order if criteria for necessity are not met?
   - Yes
   - No
   - Not applicable

96. Does the hospital have a nurse driven protocol for removing unnecessary urinary catheters?
   - Yes
   - No
   - Not applicable
97. Does the hospital have guidelines for nurse directed use of intermittent catheterization and use of bladder ultrasound scanners?
   - Yes
   - No
   - Not applicable

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

99. How often would physicians be stopped if they failed to comply with any portion of the central line checklist?
   - Always
   - About half the time
   - Seldom
   - Never
   - Not applicable

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 an evolving stroke
    - Yes, but only for sepsis
    - No
    - Not applicable

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

10. 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 the last 2 years
    - Yes, but not sure how many
    - Yes, we know how many cases we had
    Please specify the number of 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

104. Do staff follow a standardized and effective method of sharing information when handing off patients?
   - Strongly Agree
   - Neither
   - Strongly Disagree
   - Agree
   - Disagree

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)
   - 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

106. Which of the following is true regarding your hospital's hand off protocol during surgery? (Check all that apply)
   - Limited interruptions during hand off
   - Up-to-date information is communicated regarding patient identification, patients 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

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?
   - Yes
   - No

108. Is there an electronic medical record for each patient that allows staff to track the progress of a patient's care and share health information among providers from different service areas within the hospitals?
   - Yes
   - 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?
   - Yes
   - No

110. Prior to discharging a patient at moderate risk of readmission is a follow-up phone call scheduled within 48 hours of discharge?
   - Yes
   - No

111. How would your staff rate the support your hospital provides to a family/care taker of a patient in crisis?
   - Excellent
   - Good
   - Fair
   - Poor

112. Which of the following is true regarding your hospital? (Check all that apply)
   - 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

113. Are front-line workers trained in communication techniques to promote assertiveness?
   - Yes
   - No

114. Are patient rounds undertaken by interdisciplinary teams (e.g. physicians, nurses, pharmacist, patient advocates) to promote cross-communication under all settings?
   - Yes
   - No

115. Are failures to meet antibiotic timing, selection, or discontinuation communicated to the staff physician?
   - Yes, within 24 hours of occurrence
   - Yes, but not within 24 hours
   - No, they are not communicated

116. If you asked five front line staff on a unit about current blood stream infection rates, how many would know?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - Not applicable
117. Does your hospital provide information about the risk of VTE and its prevention to patients?
   - Yes, 80% or more of all patients
   - 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

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)?
   - Yes
   - 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)
   - 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

120. Which of the following is true about communication of critical values in your hospital? (Check all that apply)
   - 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
## 11. 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)?
- Yes
- No
- Not applicable

122. What is your hospital doing to ensure compliance with patient care practices to reduce the incidence of VAP? (Check all that apply)
- 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

123. Does your hospital have a PICC team for PICC line placement and maintenance?
- Yes
- No
- Yes, outside contractual services
- Not applicable

124. Are PICC line dressings routinely changed by a PICC team member?
- Yes
- No
- Not applicable

125. How often does your ICU/Clinical Care Area currently use a positive displacement needle-less connector valve for central venous catheters?
- Always
- About half the time
- Seldom
- Never
- Not applicable

126. How often does your ICU/Clinical Care Area currently bathe patients in this clinical care area with chlorhexidine?
- Always
- About half the time
- Seldom
- Never
- Not applicable
127. Do you routinely use ultrasound to place central venous catheters? (Check all that apply)
   - For subclavian lines
   - For internal jugular lines
   - Do not routinely use

128. Do you document the removal of urinary catheters post-operatively within 24-48 hours unless there are appropriate indications for continued use?
   - Always
   - About half the time
   - Seldom
   - Never
   - Frequently
   - Seldom
   - Not applicable

129. Is the use of proper aseptic technique and sterile equipment for urinary catheter insertion audited?
   - Yes, in all applicable units and frequently
   - Never
   - Yes, in all applicable units but not frequently
   - Not applicable

130. Is systemic anti-microbial prophylaxis for urinary catheters used?
   - Always
   - About half the time
   - Seldom
   - Never
   - Frequently
   - Seldom
   - Not applicable

131. Does the hospital require a documented rationale for Foley catheter in all settings?
   - Yes
   - No
   - Not applicable

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)?
   - Always
   - About half the time
   - Seldom
   - Never
   - Frequently
   - Seldom
   - Not applicable
133. Who inserts urinary catheters at your facility? (Check all that apply)
- RNs
- LPNs
- Nurse aides
- Physicians
- Medical Students
- Not applicable
- Other
Please specify

134. Are urinary catheter days tracked?
- Yes, electronically
- Yes, manually
- No
- Not applicable

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?
- Yes
- Yes, but it is not comprehensive or linked to senior leadership
- No
- Not applicable

136. Do standard supply kits exist that include catheter and all necessary items? (Check all that apply)
- Yes, for Indwelling (Foley) catheters
- Yes, for central line catheters
- No
- Not applicable
137. Does the hospital utilize a surgical safety checklist (e.g. the World Health Organization Surgical Safety Checklist or an adaptation) prior to surgical procedures to verify (at a minimum) patient identity, allergies, and preoperative antibiotics (when required)?

- Yes, fully implemented throughout hospital
- Yes, fully implemented in some areas
- Yes, partially implemented in some or all areas
- No, no plan to use surgical safety checklist
- No, but is planning to use one

Please specify year and month you plan to start using surgical safety checklist

_________________________________________________________________

138. What does your hospital have in place to ensure proper endoscope processing/disinfecting? (Check all that apply)

- 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

Thank you for taking your time to complete this assessment tool!