

Culture of Patient Safety Survey – Readiness for Change Assessment Alignment and Integration Tool

Rate the extent to which the Readiness Assessment Practices (bullets) that support the Culture of Safety Dimensions (shaded) are in place within your work areas. Use the following scale:
(0 = Not in place 1 = ineffective 2 = moderately effective 3 = very effective)

The use of this tool is voluntary and NYSPFP will not be collecting resulting data or documents. This is provided as a tool for hospital use in assessing opportunities for improvement, related to the AHRQ Hospital Culture of Patient Safety Survey and the AHRQ Readiness for Change Assessment Tool.
It is intended to guide internal analyses.

Overall Perception of Safety	Work Areas		
	Area 1	Area 2	Area 3
<ul style="list-style-type: none"> We have a shared sense of purpose that quality and safety are our highest priorities. 			
<ul style="list-style-type: none"> Quality and patient safety are included in our hospital's main goals or pillars of performance. 			
<ul style="list-style-type: none"> The governing board is actively involved reviewing our hospital's performance on quality and patient safety measures. 			
<ul style="list-style-type: none"> We have open communication among physicians, staff, and patients about quality and patient safety. 			
<ul style="list-style-type: none"> Patients sit on our governing board, safety committees, participate in multidisciplinary rounds 			
<ul style="list-style-type: none"> Patients are partners in monitoring for compliance with safety practices 			
Teamwork Within and Across units / Hand-offs & Transitions			
<ul style="list-style-type: none"> The relationships between administration, physicians, nurses, and other staff are typically collaborative in our hospital. 			
<ul style="list-style-type: none"> We provide frequent recognition of employee contributions at every level. 			
<ul style="list-style-type: none"> Employees value each other's critical knowledge when problem solving. 			
<ul style="list-style-type: none"> We have a sense that teamwork among staff is encouraged. 			
<ul style="list-style-type: none"> TeamSTEPPS implementation <ul style="list-style-type: none"> Huddles, Briefs, Debriefs, Cross Monitoring, STEP, CUS, DESC, SBAR etc 			
Organizational Learning – Continuous improvement			
<ul style="list-style-type: none"> We provide ongoing training for staff that helps them build skills to improve quality and patient safety. 			
<ul style="list-style-type: none"> We continuously strive to improve and we benchmark our performance against external standards as a measure of success. 			
<ul style="list-style-type: none"> In decisionmaking, we focus on the likely results to guide our choice of performance improvement approach, rather than always following a particular approach (such as Six Sigma). 			
<ul style="list-style-type: none"> We emphasize human behavior and work redesign as the keys to improvement. 			
<ul style="list-style-type: none"> We use technology as an accelerator and not as a substitute for work redesign. 			
<ul style="list-style-type: none"> A dashboard of key results is shared at all levels of the hospital from the board to the front line staff 			
<ul style="list-style-type: none"> The data are always presented in a manner that shows the trend over time 			
<ul style="list-style-type: none"> The data comprehensively cover all settings and include more than mandated core measures 			

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Feedback and Communication About Error	Work Areas		
	Area 1	Area 2	Area 3
<ul style="list-style-type: none"> Our management processes emphasize meeting quality performance standards and provide the resources we need for supporting quality improvement. 			
<ul style="list-style-type: none"> Our leadership responds actively when patient safety issues are identified. 			
<ul style="list-style-type: none"> We document patient safety standards in protocols and guidelines that are clear and easy to understand. 			
<ul style="list-style-type: none"> We disseminate the protocols and guidelines widely within the hospital. 			
<ul style="list-style-type: none"> There is frequent (monthly or more frequent) communication of adverse events to staff (e.g. through newsletter articles, meetings presentations) 			
<ul style="list-style-type: none"> Leadership routinely seeks feedback from staff on reported events and on how to reduce adverse events in the future 			
Management/Supervisor Actions Promoting Safety			
<ul style="list-style-type: none"> Everyday events are connected to our larger purpose through stories and rituals. 			
<ul style="list-style-type: none"> Our governance structures and practices minimize conflict between our hospital's multiple missions and priorities. 			
<ul style="list-style-type: none"> Our hospital is led as an alliance between the executive leadership team and the clinical department chairs. 			
<ul style="list-style-type: none"> Our hospital provides incentives or rewards (financial or nonfinancial) for high levels of patient safety. 			
<ul style="list-style-type: none"> Our medical leaders (such as department chairs or medical directors) accepts responsibility for quality and safety within their departments. 			
<ul style="list-style-type: none"> We have accountability, innovation, and redundant processes to ensure quality at the unit level. 			
<ul style="list-style-type: none"> Our hospital has a policy of transparency, and information is shared at all levels (from top to bottom and vice versa) 			
Communication Openness/Event reporting/Non-Punitive Response			
<ul style="list-style-type: none"> Our leadership responds actively when patient safety issues are identified. 			
<ul style="list-style-type: none"> The performance of leadership is tied to key safety and quality measures 			
<ul style="list-style-type: none"> There is a structure to triage and analyze adverse events 			
<ul style="list-style-type: none"> We have an anonymous, non-punitive way of reporting events and errors. 			
<ul style="list-style-type: none"> A significant subset of the results are shared with the public; data includes both positive and negative results 			
Additional Practices not listed above			