Maine Health Data Organization
Microspecifications Manual for Reporting Nurse Perceptions of the Culture of Safety: Hospital Survey on Patient Safety Quality Data Set

FINAL

July 2011

STATUTORY AUTHORITY: 22 M.R.S.A., §8708-A, Chapter 270

Nurse Perceptions of the Culture of Safety: Hospital Survey on Patient Safety Quality Dataset Data Collection and Reporting Instructions

Nurse Perceptions of the Culture of Safety: Hospital Survey on Patient Safety Health Care Quality Data Set Filing Description:

In accordance with the above statutory authority, the following instructions are applicable to all Maine acute care hospitals.

Hospitals shall assess nurse perceptions of the culture of patient safety in their health care organizations using the Agency for Healthcare Research and Quality's (AHRQ), *Hospital Survey on Patient Safety Culture* as found at the MHDO website at: http://mhdo.maine.gov/imhdo/qualitydata.aspx.

Hospitals shall survey annually by unit all nursing staff that are direct employees of the hospital (excluding agency and contract nursing staff), including all registered and licensed practical nurses (see "Definitions" for nurses to be included in survey). Each hospital or their agent shall report unit scores to the MHDO annually for the following:

A.   Seven unit-level aspects of safety culture:

      1.   Supervisor/Manager Expectations & Actions Promoting Safety (4 items)

      2.   Organizational Learning—Continuous Improvement (3 items)

      3.   Teamwork Within Units (4 items)

      4.   Communication Openness (3 items)

      5.   Feedback and Communication About Error (3 items)

      6.   Non-punitive Response to Error (3 items)

      7.   Staffing (4 items).

B.   Three hospital-level aspects of safety culture:

      1.   Hospital Management Support for Patient Safety (3 items)

2.   Teamwork Across Hospital Units (4 items)

3.   Hospital Handoffs and Transitions (4 items)

C.   Four outcome variables:

1.   Overall Perceptions of Safety (4 items)

2.   Frequency of Event Reporting (3 items)

3.   Patient Safety Grade (of the Hospital Unit) (1 item)

4.   Number of Events Reported (1 item)

Further details about survey administration may be found at:
http://www.ahrq.gov/qual/hospculture/usergd.htm

ADDITIONAL REGULATORY INFORMATION

Submission Requirements

1. The MHDO has identified the Centers for Medicare & Medicaid Services
Quality Improvement Organization (QIO) as a designee for data collection of the
survey. The QIO will act as a hospital agent to submit the nursing survey results
directly to the MHDO on behalf of Maine hospitals. No other mechanism for
collecting and submitting this data set currently exists.

2. Filing Periods: Data generated in accordance with the provisions of this
manual shall be submitted annually. All surveys must be completed and data
submitted to the QIO no later than September 30 of each year in order to ensure
data can be extracted, reformatted, and submitted to the MHDO by the end of the
calendar year.

Public Access
Information collected, processed, and/or analyzed under this rule shall be subject
to release to the public or retained as confidential information in accordance with
22 M.R.S.A. § 8707 and Code of Maine Rules 90-590, Chapter 120: Release of
Information to the Public, unless prohibited by state or federal law.

Waivers to Data Submission Requirements

If a hospital is temporarily unable to meet the terms and conditions of this Chapter, due to circumstances beyond its control, a written request must be made to the Executive Director of the MHDO as soon as it is practicable after the hospital has determined that an extension is required. The written request shall include:

       The specific requirement to be waived
       An explanation of the circumstance necessitating the request
       The methodology proposed to eliminate this circumstance in the future
       The time frame required to come into compliance

The Executive Director shall present the request to the MHDO Board for approval or denial at its next regularly scheduled meeting.

Compliance

The failure to file, report, or correct quality data in accordance with the provisions of this Chapter may be considered a violation under 22 MRSA Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: Enforcement Procedures. The MHDO has statutory and regulatory authority to impose progressive fines against providers which fail to submit health care quality data sets in accordance with the MHDO Uniform Reporting System for Quality Data Sets Rules, 10-144 C.M.R. Ch. 270. Specifically, 22 M.R.S.A. §(2004) and 90-590 C.M.R. Ch. 100, § 3 (B) authorizes the imposition of fines upon payers which fail to appropriately file health care quality data sets in timely fashion in accordance with the following schedule:

       $100 per day for the first week of non-compliance
       $250 per day for the second week of non-compliance
       $500 per day for the third week of non-compliance
       $1,000 per day for the fourth week of non-compliance and each week thereafter, not to exceed $25,000 per any one occurrence.

Notes

Hospitals may choose to offer the survey to all their staff but the QIO will segment the data to submit only the mandated data to MHDO (results for RNs and LPNs only - advanced practice nurses are not specifically identified by the survey and should not be included). See Section H, Question 4, in attached survey for how "staff position" is identified.

Only hospital-based direct care nurses should be included since the survey is oriented towards the inpatient hospital culture. There is separate outpatient culture survey from AHRQ that can be used for surveying nurses working in

outpatient departments and in provider practices that are owned by the hospital. The MHDO does not collect survey results from these staff.

Sampling is not permitted and all employed LPNs and RNs should be offered the survey. However because AHRQ excludes contract or agency nurses from the survey requirement, do not offer the survey to these staff because there is no way to delete their responses from the hospital data set.

Survey respondents must record their work location "unit." The ARHQ survey asks nurses what department (unit) they work in, but does not offer a "mixed medical-surgical" unit as a possible category (see Section A in attached survey). Therefore, nurses who work in combined medical/surgical units or Critical Access Hospitals with a single mixed unit need to mark "Other" AND specify "Med/Surg" or "CAH Mixed Acuity" in the available open text field.

Definitions

"Safety Culture"
> A recent statement on the AHRQ site defines an organization's safety culture as the product of individual and group values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment and proficiency of an organization's health and safety management. Achieving a culture of safety requires an understanding of the values and beliefs about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate.

"Patient safety"
> Patient safety is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of healthcare delivery.

"Event"
> An event is defined as any type of error, incident, accident, or deviation regardless of whether or not it results in patient harm.

"Unit"
> The unit is defined as the work areas, department, or clinical areas of the hospital where the nurse spends most of her/his work time or provides most of her/his clinical services. (See Appendix A for definitions of each unit type).

"Nurse"

Nurse is defined as all Registered and Licensed Practical/Vocational nursing staff that are employed directly by the facility and are on the payroll for the purpose of providing nursing care including a hospital's own internal "registry" or "per diem" registered and licensed practical nurses but excluding nurse practitioners, certified registered nurse anesthetists, mid-wives and any other advanced practice nurse functioning in a non-staff nurse role. Exclude contracted or agency staff not employed by the facility but hired on a contractual basis to fill staffing needs for a designated shift or for a short-term contracted basis, registry staff from outside the facility, and traveling nurse staff.

Background of the Nurse Perceptions of Culture of Safety: Hospital Survey on Patient Safety Data Set

The issue of patient safety has become one of the most significant challenges facing the American health care system. Developing ways to identify and evaluate effective patient safety practices that eliminate medical errors and system-related risks and hazards that could compromise patient safety is key to reducing those risks.   According to the Institute of Medicine, the biggest challenge to moving toward a safer health system is in changing the culture from one of blaming individuals for errors to one in which errors are treated as opportunities to improve the system and prevent harm. A valid and reliable self-reported assessment of the safety culture that is consistent with the concept of creating a culture of improvement and safety in the health care system and providing evidence-based tools and resources is an important step in achieving that goal.

Overview

Safety culture surveys are useful for measuring organizational conditions that can lead to adverse events and patient harm in healthcare organizations. Survey results can be used to assess safety culture, track changes in patient safety over time and to evaluate the impact of patient safety interventions. Recognizing the need for a measurement tool to assess the culture of patient safety in health care organizations, the Medical Errors Workgroup of the [Quality Interagency Coordination Task Force](#) (QuIC) sponsored the development of a hospital survey focusing on patient safety culture. Funded by the Agency for Healthcare Research and Quality (AHRQ), the *Hospital Survey on Patient Safety Culture* was developed by a private research organization under contract with AHRQ.

Measure Specifications

The Safety Culture Survey has seven unit-level aspects of patient safety, three hospital-level aspects of patient safety, and four outcome variables. According to AHRQ, researchers developing the survey conducted a review of the literature pertaining to safety, accidents, medical error, error reporting, safety climate and culture, and organizational climate and culture. In addition, the researchers reviewed existing published and unpublished safety culture surveys and conducted in-person and telephone interviews with hospital staff. The survey was pre-tested with hospital staff to ensure the items were easily understood and relevant to patient safety in a hospital setting. Finally, the survey was pilot tested with more than 1,400 hospital employees from 21 hospitals across the United States. The pilot data were analyzed, examining item statistics and the reliability and validity of the safety culture scales, as well as the factor structure of the survey through exploratory and confirmatory factor analyses. Based on the analysis of the pilot data, the survey was revised by retaining only the best items and scales. The resulting *Hospital Survey on Patient Safety Culture* has sound psychometric properties for the included items and scales.

Survey Instrument

The survey instrument can be found in Appendix A. The survey measures A – G include:

    Seven unit-level aspects of safety culture:

    Supervisor/Manager Expectations and Actions Promoting Safety (4 items)
    Organizational Learning – Continuous Improvement (3 items)
    Teamwork within Units (4 items)
    Communication Openness (3 items)
    Feedback and Communication About Error (3 items)
    Nonpunitive Response to Error (3 items)
    Staffing (4 items)

    Three hospital-level aspects of safety culture:
    Hospital management Support for Patient Safety (3 items)
    Teamwork Across Hospital Units (4 items)
    Hospital Handoffs and Transitions (4 items)

    Four outcome variables:
    Overall Perceptions of Safety (4 items)
    Frequency of Event Reporting (3 items)
    Patient Safety Grade of Hospital Unit (1 item)
    Number of Events Reported (1 item)

Section A focuses on the unit/work area of the nurse completing the survey. There are multiple units/work areas from which to select the ONE area of the hospital in which the nurse spends most of her/his clinical service. Additional questions in Section A pertain to the nurse's assessment of that work area and scaled responses are available including: "Strongly Disagree"; "Disagree";" Neither"; "Agree"; "Strongly Agree".

Section B focuses on the nurse's immediate supervisor/manager or the person to whom the nurse directly reports. The same scaled responses are available as described in Section A.

Section C focuses on the communication on the nurse's unit. In this section, the scaled responses are: "Never"; "Rarely"; "Sometimes"; "Most of the time"; "Always".

Section D focuses on the frequency of event reporting and the scaled responses are the same as in Section C.

Section E focuses on the work unit's overall safety grade with scaled responses of: "Excellent"; "Very Good"; "Acceptable"; "Poor"; "Failing".

Section F focuses on the nurse's assessment of the hospital's patient safety goals, transitional care, and communication. Scaled responses are the same as in Section A.

Section G is of the number of events reported by the nurse in the past 12 months. The range of responses are: " No events reported"; "1-2 event reports"; "3-5 event reports"; "6-10 event report"; "11-20 event reports"; " 21 event reports or more".

Hospitals shall survey annually by unit all nursing staff that are direct employees of the hospital (excluding agency and contract nursing staff), including all registered and licensed practical nurses but excluding Nurse Practitioners, Certified Nurse Anesthetists, nurse mid-wives and any other advanced practice nurse functioning in a non-staff nurse role.

Data Source

The data source for the Nurse Perceptions of the Culture of Safety: Hospital survey on Patient Safety is the Hospital Survey form, available as a free, downloadable tool from the AHRQ site at: www.ahrq.gov/qual/hospculture**.**
 A tool kit for survey implementation is also available at that site.

References:

1.   Agency for Healthcare Research and Quality: Survey information and toolkit; **http://www.ahrq.gov/qual/hospculture/**. Last accessed: December 4, 2008.

2.   National Quality Forum: Safe Practices for Better Healthcare 2008: Update; **http://www.qualityforum.org/projects/ongoing/safe-practices/**. Last accessed: December 4, 2008.

3.   The Institute of Medicine, Crossing the Quality Chasm; **http://www.iom.edu/**. Last accessed: December 4, 2008.

4.   Maine Health Data Organization's (MHDO) 90-590 Chapter 270: Uniform Reporting System for Quality Data Sets; **http://mhdo.maine.gov/imhdo/rules.aspx**. Last accessed: December 4, 2008.

5.   Quality Interagency Coordination Task Force (QuIC); **http://www.quic.gov/**. Last accessed: December 4, 2008.

Appendix A

**Work Area/Unit Type Definitions
for AHRQ Hospital Survey on Culture of Safety
Question A.0.**

Work Area/Unit Type Definitions for AHRQ Hospital Survey on Culture of Safety Question A.0.

Select the work area/unit type that describes where you provide most of your clinical services.

Unit Type	Definition
Many different units/ no specific unit	Use only if none of the options below apply (example: IV team member covering entire hospital)
Medicine	All adult non-surgical, non-ICU medical and medical subspecialty units, including medical step-down units. Excludes combined med/surg units – see "Other" below
Surgical	All adult non-ICU surgical and surgical subspecialty units plus Post Anesthesia Care Unit (PACU) and Same Day Surgery units. Includes surgical step-down units. Excludes combined med/surg units – see "Other" below
OB	Labor, delivery, post-partum
Pediatric	All non-ICU, non-psychiatric pediatric units including well-baby nursery
Emergency Department (ED)	ED and hospital-based urgent care
Intensive care unit (ICU)	All ICUs, including Pediatric ICUs (PICU)/ Neonatal ICUs (NICU)
Psychiatry/Behavioral Health	All adult and child/adolescent psychiatric units
Rehabilitation	All adult and pediatric rehab units
Pharmacy	All hospital-based pharmacy departments
Laboratory	All hospital –based laboratory departments

Unit Type	Definition
Radiology	All hospital-based radiology departments
Anesthesiology	All hospital–based anesthesiology departments excluding PACU (see "Surgery" above)
Other	Combined medical/surgical units (including those in Critical Access Hospitals with a single mixed population and patient acuity unit) and any unit not listed above. **PLEASE NOTE: SPECIFY UNIT IN BOX PROVIDED, for example, "Med/Surg" or "CAH Mixed Acuity"**