

## Supplementary Material Legend

Evaluation instrument used to observe and score patient safety measures described in ICU hospital protocols. Positive or negative answers to questions used in the scale were accounted by direct video observation and scored by external evaluators previously trained in the use of the instrument.

Protocol: Placement of central catheters

No	Question	Answer
1	The personnel involved in the procedure washed their hands with soap and water (chlorhexidine) previously?	Yes
		No
2	Asepsis and antisepsis of the area of the procedure was performed before to the insertion?	Yes
		No
3	A sterile field was used to covers the entire insertion area?	Yes
		No
4	The personnel involved in the insertion procedure used sterile gloves?	Yes
		No
5	The personnel involved in the procedure use sterile gown, facemask, surgical cap and lenses?	Yes
		No
6	It was maintained the sterility of the field during the entire procedure?	Yes
		No

Protocol: Procedures of mobilization.

No	Question	Answer
1	Does the patient have electrocardiographic monitoring during transportation?	Yes
		No
2	Does the patient have pulse oximetry monitoring during the transfer?	Yes
		No
3	Does the patient have non-invasive monitoring of blood pressure during the transfer?	Yes
		No
4	There is a specific person in charge of the airway and/or manual or mechanical ventilation or during the transfer?	Yes
		No
5	Are the movements of transfer from bed to stretcher or stretcher to bed soft and coordinated?	Yes
		No
6	The patient moves with all the infusions of drugs and/or intravenous fluids established prior to the transfer?	Yes
		No

Protocol: Other invasive procedures.

No	Question	Answer
1	The personnel involved in the procedure washed their hands with soap and water (chlorhexidine) previously?	Yes
		No
2	Asepsis and antisepsis of the area of the procedure was performed before to the puncture or incision?	Yes
		No

3	A sterile field was used to covers the entire puncture or incision area?	Yes
		No
4	The personnel involved in the puncture and/or incision procedure used sterile gloves?	Yes
		No
5	The personnel involved in the procedure use sterile gown, facemask, surgical cap and lenses?	Yes
		No
6	It was maintained the sterility of the field during the entire procedure?	Yes
		No

Protocol: Control infection

No	Question	Answer
1	The personnel assigned to isolation cubicles maintain the recommendations for washing hands when entering and during the exit of the cubicle?	Yes
		No
2	Do the personnel in the cubicle of the infected patient use sterile robe, gloves and facial mask?	Yes
		No
3	When leaving the cubicle of the infected patient, the personnel removed the gown, gloves and face mask?	Yes
		No
4	Does the personnel in charge of the infected patient manipulate the written records (history, vitals table) within the cubicle?	Yes
		No
5	The on-site monitoring equipment of vital signs is handled with gloves inside the cubicle of the infected patient?	Yes
		No
6	Is entering in the cubicle of the infected patient, additional personnel other than the responsible for the management of the patient, with the biohazard measures?	Yes
		No

Protocol: Endotracheal intubation.

No	Question	Answer
1	The personnel involved in the process of endotracheal intubation wear gown, gloves, surgical cap, glasses and facemasks?	Yes
		No
2	All the equipment of intubation (air-mask-bag unit, tube and guide) is manipulated with sterile gloves?	Yes
		No
3	There is suction equipment available to the personnel that perform the process?	Yes
		No
4	Is the previous ventilation performed with air-mask-bag unit at least for 1 minute before inserting the tube?	Yes
		No
5	Is the patient monitored with hearth rate and rhythm, oximetry and non-invasive arterial blood pressure during the entire procedure?	Yes
		No
6	Once the patient has been intubated, all involved members of the team wash their hands with soap and water (chlorhexidine)?	Yes
		No

1. pre-study survey, SECTION E: Patient Safety Grade

# Hospital Survey on Patient Safety

## 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 your “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.

What is your primary work area or unit in this hospital? Select ONE answer.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> a. Many different hospital units/No specific unit | <input type="checkbox"/> h. Psychiatry/mental health | <input type="checkbox"/> n. Other, please specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> b. Medicine (non-surgical)                        | <input type="checkbox"/> i. Rehabilitation           |   |
| <input type="checkbox"/> c. Surgery  | <input type="checkbox"/> j. Pharmacy                 |   |
| <input type="checkbox"/> d. Obstetrics                                     | <input type="checkbox"/> k. Laboratory               |   |
| <input type="checkbox"/> e. Pediatrics                                     | <input type="checkbox"/> l. Radiology                |   |
| <input type="checkbox"/> f. Emergency department                           | <input type="checkbox"/> m. Anesthesiology           |   |
| <input type="checkbox"/> g. Intensive care unit (any type)                 |  |   |

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

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Think about your hospital work area/unit...	▼	▼	▼	▼	▼
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..... <sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>

**SECTION A: Your Work Area/Unit (continued)**

<b>Think about your hospital work area/unit...</b>	<b>Strongly Disagree</b> ▼	<b>Disagree</b> ▼	<b>Neither</b> ▼	<b>Agree</b> ▼	<b>Strongly Agree</b> ▼
6. We are actively doing things to improve patient safety.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
7. We use more agency/temporary staff than is best for patient care .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
8. Staff feel like their mistakes are held against them .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
9. Mistakes have led to positive changes here .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
10. It is just by chance that more serious mistakes don't happen around here.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
11. When one area in this unit gets really busy, others help out..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
12. When an event is reported, it feels like the person is being written up, not the problem.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
13. After we make changes to improve patient safety, we evaluate their effectiveness.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
14. We work in "crisis mode" trying to do too much, too quickly .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
15. Patient safety is never sacrificed to get more work done.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
16. Staff worry that mistakes they make are kept in their personnel file .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
17. We have patient safety problems in this unit .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
18. Our procedures and systems are good at preventing errors from happening.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION B: Your Supervisor/Manager**

**Please indicate your agreement or disagreement with the following statements about your immediate supervisor/manager or person to whom you directly report.**

	<b>Strongly Disagree</b> ▼	<b>Disagree</b> ▼	<b>Neither</b> ▼	<b>Agree</b> ▼	<b>Strongly Agree</b> ▼
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. My supervisor/manager seriously considers staff suggestions for improving patient safety .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts..... <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>
4. My supervisor/manager overlooks patient safety problems that happen over and over..... <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

**SECTION C: Communications**

How often do the following things happen in your work area/unit?

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼
<b>Think about your hospital work area/unit...</b>					
1. We are given feedback about changes put into place based on event reports .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. Staff will freely speak up if they see something that may negatively affect patient care .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. We are informed about errors that happen in this unit.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4. Staff feel free to question the decisions or actions of those with more authority .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5. In this unit, we discuss ways to prevent errors from happening again .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6. Staff are afraid to ask questions when something does not seem right .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION D: Frequency of Events Reported**

In your hospital work area/unit, when the following mistakes happen, how often are they reported?

	Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼
1. When a mistake is made, but is <u>caught and corrected before affecting the patient</u> , how often is this reported? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is this reported? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION E: Patient Safety Grade**

Please give your work area/unit in this hospital an overall grade on patient safety.

- A**                              **B**                              **C**                              **D**                              **E**  
 Excellent                      Very Good                      Acceptable                      Poor                              Failing

**SECTION F: Your Hospital**

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

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
<b>Think about your hospital...</b>					

- |   |                                       |                                       |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Hospital management provides a work climate that promotes patient safety .....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 2. Hospital units do not coordinate well with each other ....                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 3. Things “fall between the cracks” when transferring patients from one unit to another ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 4. There is good cooperation among hospital units that need to work together .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**SECTION F: Your Hospital (continued)**

- | <b>Think about your hospital...</b>  | <b>Strongly Disagree</b><br>▼         | <b>Disagree</b><br>▼                  | <b>Neither</b><br>▼                   | <b>Agree</b><br>▼                     | <b>Strongly Agree</b><br>▼            |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 5. Important patient care information is often lost during shift changes .....                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 6. It is often unpleasant to work with staff from other hospital units.....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 7. Problems often occur in the exchange of information across hospital units.....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 8. The actions of hospital management show that patient safety is a top priority .....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 9. Hospital management seems interested in patient safety only after an adverse event happens..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 10. Hospital units work well together to provide the best care for patients .....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 11. Shift changes are problematic for patients in this hospital .....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**SECTION G: Number of Events Reported**

**In the past 12 months, how many event reports have you filled out and submitted?**

- |  |  |
|--|--|
| <input type="checkbox"/> a. No event reports     | <input type="checkbox"/> d. 6 to 10 event reports    |
| <input type="checkbox"/> b. 1 to 2 event reports | <input type="checkbox"/> e. 11 to 20 event reports   |
| <input type="checkbox"/> c. 3 to 5 event reports | <input type="checkbox"/> f. 21 event reports or more |

**SECTION H: Background Information**

**This information will help in the analysis of the survey results.**

**1. How long have you worked in this hospital?**

- |  |  |
|--|--|
| <input type="checkbox"/> a. Less than 1 year | <input type="checkbox"/> d. 11 to 15 years   |
| <input type="checkbox"/> b. 1 to 5 years     | <input type="checkbox"/> e. 16 to 20 years   |
| <input type="checkbox"/> c. 6 to 10 years    | <input type="checkbox"/> f. 21 years or more |

**2. How long have you worked in your current hospital work area/unit?**

- |  |  |
|--|--|
| <input type="checkbox"/> a. Less than 1 year | <input type="checkbox"/> d. 11 to 15 years |
| <input type="checkbox"/> b. 1 to 5 years     | <input type="checkbox"/> e. 16 to 20 years |

- c. 6 to 10 years                       f. 21 years or more

**3. Typically, how many hours per week do you work in this hospital?**

- a. Less than 20 hours per week       d. 60 to 79 hours per week  
 b. 20 to 39 hours per week           e. 80 to 99 hours per week  
 c. 40 to 59 hours per week           f. 100 hours per week or more

**SECTION H: Background Information (continued)**

**4. What is your staff position in this hospital? Select ONE answer that best describes your staff position.**

- |  |   |
|--|---|
| <input type="checkbox"/> a. Registered Nurse                             | <input type="checkbox"/> j. Respiratory Therapist                       |
| <input type="checkbox"/> b. Physician Assistant/Nurse Practitioner       | <input type="checkbox"/> k. Physical, Occupational, or Speech Therapist |
| <input type="checkbox"/> c. LVN/LPN                                      | <input type="checkbox"/> l. Technician (e.g., EKG, Lab, Radiology)      |
| <input type="checkbox"/> d. Patient Care Asst/Hospital Aide/Care Partner | <input type="checkbox"/> m. Administration/Management                   |
| <input type="checkbox"/> e. Attending/Staff Physician                    | <input type="checkbox"/> n. Other, please specify:                      |
| <input type="checkbox"/> f. Resident Physician/Physician in Training     | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| <input type="checkbox"/> g. Pharmacist                                   |   |
| <input type="checkbox"/> h. Dietician                                    |   |
| <input type="checkbox"/> i. Unit Assistant/Clerk/Secretary               |   |

**5. In your staff position, do you typically have direct interaction or contact with patients?**

- a. YES, I typically have direct interaction or contact with patients.  
 b. NO, I typically do NOT have direct interaction or contact with patients.

**6. How long have you worked in your current specialty or profession?**

- a. Less than 1 year                       d. 11 to 15 years  
 b. 1 to 5 years                               e. 16 to 20 years  
 c. 6 to 10 years                               f. 21 years or more

**SECTION I: Your Comments**

**Please feel free to write any comments about patient safety, error, or event reporting in your hospital.**

***THANK YOU FOR COMPLETING THIS SURVEY.***