

Process Measure Survey Questions

Leadership

1. Your organization communicates "lessons learned" about patient safety events to Administration, the Governing Board, and healthcare workers.
2. Your organization has established a regularly scheduled (open and nonthreatening) forum that allows the Administration and/or Governing Board to interact with frontline healthcare workers about your organization's patient safety needs.
3. Within the past two years, your organization's Governing Board has participated in formal quality and patient safety education.
4. Your organization includes patient and family representation on your Governing Board.
5. Your organization provides education to healthcare workers on ways to build effective partnerships with patients and family advisors.
6. Your organization has developed a formal plan to support transparency of patient safety events between healthcare workers and patients (including disclosure of medical errors).
7. Your organization has a clear and consistently applied model of accountability—one that addresses the need for individual accountability while not holding individuals responsible for system failures beyond their control.
8. Your organization has developed a formal plan to support transparency of patient safety events between leadership and healthcare workers.
9. Your organization has developed a formal plan to support transparency of patient safety events between your organization and other healthcare organizations.

Infection Prevention and Control

1. Your organization provides to surgical patients education about preventing surgical site infections.
2. Your organization provides to patients with indwelling devices (e.g., urinary catheters, central lines) education about preventing device-associated infections.
3. Your organization provides patient education related to hand hygiene.
4. Your organization employs only certified surgical technicians to reprocess surgical/endoscopic instrumentation and devices.
5. Your organization notifies key stakeholders (e.g., Administration/Facility/Engineering, Safety/Infection Prevention) immediately when monitored air exchanges, temperature, or humidity of surgical suites are out of range, so that appropriate investigation and mitigation can be conducted.
6. Your organization monitors and measures patient hand hygiene compliance and reports findings to the Patient Safety and/or Infection Prevention Committee.
7. Your organization's infection prevention program provides feedback to frontline healthcare workers related to identified healthcare-associated infection rates and associated prevention measures.
8. Your organization has processes in place to recognize early signs of sepsis and a method to evaluate the effectiveness of those processes.

Behavioral Health

1. Your organization screens all patients (including all patients without an identified behavioral health concern) for suicide risk.

2. Your organization uses a valid, evidence-based tool to assess suicide risk for behavioral health patients and patients with a positive suicide risk screen.
3. Your organization trains healthcare workers in using evidence-based de-escalation strategies and noncoercive management techniques for treating agitated patients.

Improving Diagnosis

1. Your organization has disease- or department-specific measures related to improving diagnosis.
2. Your organization has a project or projects designed to improve the diagnosis of *cancer*.
3. Your organization has a project or projects designed to improve the diagnosis of *vascular events*.
4. Your organization has a project or projects designed to improve the diagnosis of *infections*.
5. Your organization is collecting and tracking events related to the diagnostic process in your internal event reporting system.

Falls

1. Your organization performs post-fall huddles or analysis after each fall event.
2. Your organization has implemented a fall prevention mobility program.
3. Your organization develops individualized fall prevention care plans based on the patient's assessment.
4. Your organization's fall review team includes a patient or community member.

Health Information Technology

1. In the past two years, your organization's electronic health record (EHR) has been evaluated for its ability to intercept potentially fatal errors (e.g., allergy/drug contraindication, 1,000 x overdose).
2. Your organization analyzes the role of health information technology (IT) in safety events for learning and improvement opportunities.
3. Your organization analyzes data related to clinical-alert overrides to reduce unnecessary alerts.
4. Your organization analyzes data related to clinical-alert overrides to identify opportunities for safety interventions.

Medication Safety

1. Your organization has a process in place to weigh each patient in metric units as soon as possible on admission.
2. Your organization has established an opioid stewardship program.
3. Your organization uses individualized patient insulin regimens rather than sliding scale insulin alone to manage blood glucose levels (e.g., basal, nutritional, and correctional components).
4. Your organization dispenses medication for pediatric patients in a patient-specific, ready-to-administer form.
5. Your organization conducts a formal risk assessment (e.g., failure modes and effects analysis) when introducing a new drug to the formulary.

Transition of Care

1. Your organization uses a standard format for handoffs during transitions of care.
2. Your organization evaluates safety events (including readmissions) for communication failures during transitions of care to identify opportunities for improvement.
3. Your organization involves the patient or family member in handoff discussions during transitions of care.

Safe Surgery

1. Your organization has an established process for checking all product labels for latex content before beginning a procedure for any patient with a latex sensitivity.
2. If your organization's preoperative briefing or time-out includes identification of procedures with increased risk for surgical fires, it also includes a discussion of procedure-specific mitigation strategies when appropriate.
3. Your organization requires a standard mark for nerve blocks distinct from the surgical mark and requires a separate time-out from the surgical procedure.

Obstetrics

1. Your organization's healthcare workers have immediate access to hemorrhage prevention medications and supplies in areas where obstetric patients are treated.
2. Your organization has established and uses a standard, objective (not estimated) measure of postpartum blood loss.
3. Your organization uses a standard protocol for early recognition and treatment of maternal sepsis.
4. Your organization uses a standard protocol that addresses identification and management of elevated maternal blood pressure.