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# **Measuring Patient Safety Culture: Technical specifications for the Australian HSOPS 2.0**

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# 1. Introduction

Healthcare organisations are becoming increasingly aware of the importance of transforming organisational culture to improve patient safety. Surveys of patient safety culture provide a mechanism to ask staff about their perspectives on the culture at their hospitals and identify opportunities for improvement.

The Australian Commission on Safety and Quality in Health Care developed the Australian Hospital Survey on Patient Safety Culture 2.0 (A-HSOPS 2.0) based on advice from clinicians and experts. The survey was modified from the U.S. Agency for Healthcare Research and Quality [Surveys on Patient Safety Culture™ \(SOPS®\) Hospital Survey 2.0](#). Cognitive and pilot testing was undertaken to ensure the survey was appropriate for the Australian context.

The first HSOPS was developed in 2004 by the Agency for Health Care Research and Quality in the United States and has since been widely used internationally. The HSOPS has often been recommended as a patient safety tool as it has undergone extensive development and testing. Version 2 of the survey was released in 2019.

The A-HSOPS 2.0 offers a survey that has been:

- Assessed as a suitable validated survey for use in Australian hospitals
- Modified for the Australian setting
- Shortened to be user-friendly to promote uptake while keeping sufficient detail to be actionable
- Piloted in Australian hospitals and found to be valid and reliable.

This document provides guidance for survey administrators in Australian hospitals on best practice implementation of the A-HSOPS 2.0.

## 1.1 A-HSOPS 2.0 overview

The A-HSOPS 2.0 aims to capture the patient safety issues and perspectives from all hospital staff, both clinical and non-clinical. The A-HSOPS 2.0 includes 35 items:

- 26 items across nine composites:
  1. Supervisor, manager, or clinical leader support for patient safety (3 items)
  2. Teamwork (3 items)
  3. Communication/openness (3 items)
  4. Reporting patient safety events (2 items)
  5. Organisational learning- continuous improvement (3 items)
  6. Communication about error (3 items)
  7. Hospital management support for patient safety (3 items)
  8. Response to error (3 items)
  9. Handovers and information exchange (3 items)
- Two overall items
- One open-ended item
- Six demographic items.

The survey items mapped to each of the nine composites is provided at [Appendix A](#) and the [survey form can be downloaded from the Commission's website](#).

## 1.2 Attribution

The Commission acknowledges the work of the Agency for Healthcare Research and Quality in developing the HSOPS and granting permission to use the survey as a basis for the Australian modification.

When using the A-HSOPS 2.0, include the following text alongside the survey:

The A-HSOPS 2.0 was modified by the Australian Commission on Safety and Quality in Health Care from the U.S. Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (SOPS®) Hospital Survey 2.0 (<https://www.ahrq.gov/sops/surveys/hospital/index.html>). This survey form has been reprinted with permission from the AHRQ (an Agency of the United States Department of Health and Human Services); Rockville, Maryland USA.

## 1.3 About this document

This document is aimed at Australian organisations planning on implementing the A-HSOPS 2.0. This document includes the:

- **Technical specifications** which contain detailed requirements for data fields and recommendations for use of the A-HSOPS 2.0. Hospitals should complete these data fields to enhance data integrity, allowing for meaningful comparison overtime or between peers.
- **User manual** which provides further detail for implementation of A-HSOPS 2.0 in Australian hospitals.

The technical specifications and user manual are structured in four parts:

Part 1: Preparing the survey

Part 2: Choosing the sample

Part 3: Administering the survey

Part 4: Data integrity

This document was prepared with support from Dr Yvonne Tran, Dr Louise A. Ellis, and Ms Chiara Pomare from the Australian Institute of Health Innovation, Macquarie University,

## 2 Technical specifications

These specifications are intended for use by hospitals implementing the A-HSOPS 2.0. The specifications are designed to enable hospitals to compare survey data overtime or across hospitals, wards, and units. The recommendations and specifications in this document are designed to increase response rates and minimise invalid or biased responses.

The technical specifications include two major sections:

- **Hospital Response Section:** covers the data populated at a hospital-level
- **Individual Survey Response Section:** covers the data at an individual response level including the content of the A-HSOPS 2.0.

The technical specifications provide detail under ten column headings:

- **'Topic'** refers to the relevant survey implementation area
- **'Field name'** refers to the meta-data field name that should be used consistently throughout data collection and reporting processes
- **'Value'** refers to the numerical values used to represent the response options
- **'Data type'** refers to the data structure e.g. string, numerical, date
- **'Representation type'** refers to the way data elements are grouped or classified
- **'Format'** refers to how the response will appear as data e.g. DD/MM/YYYY as the format for dates
- **'Max. length'** refers to the maximum character length of the data cell
- **'Description'** refers to a description of the data
- **'Recommendations'** refers to the recommendations based on the pilot survey evaluation, early adoption, or evidence-based research
- **'See further user guide'** points to the sections within the accompanying user manual that provides further detail on options for implementing the A-HSOPS 2.0.

Note: 'Field name', 'Value', 'Data type', 'Representation type', 'Format' and 'Max. length' are part of meta-data, that is, the characteristics of data to be collected.

## 2.1 Technical specifications – Hospital response section

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
<b>Part 1: Preparing the survey</b>									
<b>Site identifier</b>	site_id		String	Identifier	Up to 28 characters with letters, numbers and symbols	28	The unique identification number/code to identify each individual hospital if multiple hospitals are surveyed	Where multiple hospitals are surveyed, include the hospital identifier on the print or web-based surveys	<a href="#">3.1.1</a> <a href="#">3.1.2</a>
<b>Number of Additional items</b>	num_add_items	Number between 0 to 20	String	Number	N[N]	2	The number of additional items that were administered along with the A-HSOPS 2.0	Total survey requires no more than 15 minutes to complete Additional items should be added after the A-HSOPS 2.0 rating items	<a href="#">3.1.9</a>
<b>Collection method</b>	collection_method	a: Online only b: Paper only c: Online and paper	String	Code	N(1)	1	Collection method – The data collection for the survey at a hospital level		<a href="#">3.3.2</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
<b>Part 2: Choosing the sample</b>									
<b>Sampling method</b>	sampling	a: Census b: Representative sample c: Targeted sample	String	Code	N(1)	1	Sampling method-How the hospital was sampled		<a href="#">3.2.2</a>
	sample_scope	a: All staff/representative sample of all staff b: Selected departments/units only (please specify) c: Selected staff positions only (please specify) d: Selected departments/units and selected staff positions (please specify)	String	Code	N(1)	1	Who the survey was administered to		<a href="#">3.2.2</a>
	sample_scope_detail		String	Text	Up to 500 characters with letters, numbers, and symbols	500	If sample_scope = a, c, or d, free text to specify who the survey was administered to		n/a
<b>Sample population</b>	total_num_staff	Number between 0 to 99,999	String	Number	N[N]	5	The total number of staff currently working at the hospital, both clinical and non-clinical staff		<a href="#">3.2.3</a>



Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
	sample_size	Number between 0 to 99,999	String	Number	N(1)	5	Number of staff in the sample		<a href="#">3.2.3</a>
<b>Part 3: Administering the survey</b>									
<b>Frequency of administration</b>	cycle_start		Date	Date	DDMMYYYY	8	The first date of the survey collection period	Set data collection period for 4 weeks	<a href="#">3.3.3</a>
	cycle_end		Date	Date	DDMMYYYY	8	The last date of the survey collection period		<a href="#">3.3.3</a>
	times_surveyed	Number between 1 to 99	String	Number	N[N]	2	Including this administration, total number of times A-HSOPS 2.0 has been administered in the hospital		<a href="#">3.3.4</a>

## 2.2 Technical specifications – Individual survey response section

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
<b>Part 3: Administering the survey continued</b>									
<b>Individual identifier</b>	unique_id		String	Identifier	Up to 28 characters with letters, numbers and symbols	28	The unique identification number/code to identify each individual survey. The unique ID can be any arbitrary number of your choice and should be different for each respondent.	The unique identifier should only be used for the purpose of survey administration, never to identify survey respondents  If an anonymous survey is conducted, the unique identifier should be applied in a way that cannot be linked to survey respondents' personal information	<a href="#">3.1.1</a> <a href="#">3.1.2</a>
<b>Individual collection method</b>	collection_ind	a: Online b: Paper	String	Code	N(1)	1	Collection method – how the individual respondent completed the survey		<a href="#">3.3.2</a>
<b>Timing of administration</b>	date_received		Date	Date	DDMMYY YY	8	The date the respondent's survey was received by the organisation administering the survey		<a href="#">3.3.3</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
<b>Part 4: Data integrity - Survey data fields</b>									
<b>Unit/Work Area item</b>	staff_unit	1: Patient care unit/ward 2: Diagnostic and clinical services 3: Support services 4: Corporate services and hospital management 5: Multiple units, no specific area 6: Other, please specify	String	Code	N(1)	1	The highest level of grouping of the staff member's response to:  'What is your primary unit or work area in this hospital?'	This item can be automatically pre-populated	<a href="#">3.1.5</a> <a href="#">3.1.6</a>
	staff_unit_detail	1a: Cancer services 1b: Cardiac services 1c: Day procedures 1d: Emergency department 1e: General medical 1f: General surgical 1g: Geriatric or aged care 1h: High dependency 1i: Intensive care 1j: Maternity or women's health	String	Code	N(1)	1	The detailed staff member's response to:  'What is your primary unit or work area in this hospital?'	This item can be automatically pre-populated  <b>Support services (3a - 3z):</b> Hospitals should define the detailed options for support services unit/work areas based on local structure and terminology. These should provide sufficient detail so that staff can recognise their own area when completing the survey and be large enough so that staff are not identifiable	<a href="#">3.1.5</a> <a href="#">3.1.6</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		1k: Mental health or AOD 1l: Neonatal 1m: Paediatric 1n: Rehabilitation 1o: Renal or dialysis 1p: Oral health 1q: Outpatients 1r: Orthopaedic 1s: Perioperative/ theatre 1t: Other-medical 1u: Other-surgical 2a: Medical imaging 2b: Pathology lab 2c: Pharmacy 2d: Other- allied health 2e: Other- diagnostic/ clinical 3a: Hospital defined support services 3b: Hospital defined support services 3c: Hospital defined support services 3d: Hospital defined support services						<p><b>Research and public health (5a-5z):</b> Hospitals may define detailed response options for their research and public health or remove this option if it is not applicable</p> <p>For all other groupings the response options can be updated to align with the hospital's structure, terminology and data analysis plans. This should be done in a way that can be mapped back to the response options provided here. Where options cannot be mapped to the specified areas they should be mapped to the 'other' response options provided under each group</p> <p>This item can be set up in a dropdown format for the online version of the survey</p>	

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3e: Hospital defined support services 3z: Other- support services 4a: Clinical governance 4b: Teaching and training 4c: Health information services 4d: Hospital management 4e: Human resources 4f: Finance 4g: Risk management 4h: Other- corporate services 5a: Hospital defined research and public health 5b: Hospital defined research and public health 5c: Hospital defined research and public health 5z: Other- research and public health 6a: Multiple units or no specific unit							

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		9: Other, please specify							
	staff_unit_other		String	Text	Up to 50 characters with letters, numbers, and symbols	50	Text response to “Other-please specify” for:  ‘What is your primary unit or work area in this hospital?’		<a href="#">3.1.5</a> <a href="#">3.1.6</a>
<b>Patient contact</b>	staff_pt_contact	a: YES, I typically have direct interaction or contact with patients  b: NO, I typically do NOT direct interaction or contact with patients  Blank: Missing	String	Code	N(1)	1	The staff member’s response to:  ‘In your position, do you typically have direct interaction or contact with patients?’	This item can be automatically pre-populated  If the response is ‘NO’ – program logic to skip items Hand_F4, Hand_F5 and Hand_F6	<a href="#">3.1.7</a>
<b>Section A: Your Unit/ Work Area</b>	Team_A1	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don’t know  Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section A:  ‘In this unit, we work together as an effective team’  Teamwork composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered ‘Strongly Agree’ and ‘Agree’	<a href="#">3.1.8</a>
	Learn_A2	1: Strongly disagree 2: Disagree	String	Code	N(1)	1	The response to Item 2 from Section A:  ‘This unit regularly reviews work processes	This is a positively worded item. Percent positive scores are the	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing					to determine if changes are needed to improve patient safety' Organisational learning composite	combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	
	ErrResp_A3	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 3 from Section A: 'In this unit, staff feel like their mistakes are held against them' Response to error composite	This is a <b>negatively worded item</b> . Percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	<a href="#">3.1.8</a>
	ErrResp_A4	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 4 from Section A: 'When a patient safety incident is reported in this unit, it feels like the person is being reported, not the problem' Response to error composite	This is a <b>negatively worded item</b> . Percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	<a href="#">3.1.8</a>
	Team_A5	1: Strongly disagree 2: Disagree	String	Code	N(1)	1	The response to Item 5 from Section A:	This is a positively worded item. Percent positive scores are the combined	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing					'During busy times, staff in this unit help each other' Teamwork composite	percentage of respondents who answered 'Strongly Agree' and 'Agree'	
	Team_A6	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 6 from Section A: 'There is a problem with disrespectful behavior between staff working in this unit' Teamwork composite	This is a <b>negatively worded item</b> . Percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	<a href="#">3.1.8</a>
	ErrResp_A7	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 7 from Section A: 'When staff make errors, this unit focuses on learning rather than blaming individuals' Response to error composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
	Learn_A8	1: Strongly disagree 2: Disagree	String	Code	N(1)	1	The response to Item 8 from Section A: 'In this unit, changes to improve patient safety'	This is a positively worded item. For scoring, percent positive scores are the combined	<a href="#">3.1.8</a>



Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing					are evaluated to see how well they worked' Organisational learning composite	percentage of respondents who answered 'Strongly Agree' and 'Agree'	
	Learn_A9	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 9 from Section A: 'This unit lets the same patient safety problems keep happening' Organisational learning composite	This is a <b>negatively worded item</b> . Percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	<a href="#">3.1.8</a>
<b>Section B: Your Supervisor/ Manager</b>	Mgt_B1	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section B: 'My supervisor / manager seriously considers staff suggestions for improving patient safety' Supervisor support for patient safety composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
	Mgt_B2	1: Strongly agree 2: Agree	String	Code	N(1)	1	The response to Item 2 from Section B: 'My supervisor / manager wants us to work faster	This is a <b>negatively worded item</b> . Percent positive scores are the combined	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing					during busy times, even if it means taking shortcuts'  Supervisor support for patient safety composite	percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	
	Mgt_B3	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 3 from Section B:  'My supervisor / manager takes action to address patient safety concerns that are brought to their attention'  Supervisor support for patient safety composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
<b>Section C: Communication</b>	ErrComm_C1	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section C:  'We are informed about errors that happen in this unit'  Communication about errors composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>
	ErrComm_C2	1: Never 2: Rarely 3: Sometime	String	Code	N(1)	1	The response to Item 2 from Section C:  'When errors happen in this unit, we discuss	This is a positively worded item. Percent positive scores are the combined percentage of	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing					ways to prevent them from happening again'  Communication about errors composite	respondents who answered 'Always' and 'Most of the time'	
	ErrComm_C3	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 3 from Section C:  'In this unit, we are informed about changes that are made based on incident reports'  Communication about errors composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>
	Comm_C4	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 4 from Section C:  'In this unit, staff speak up if they see something that may negatively affect patient care'  Communication openness composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>
	Comm_C5	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always	String	Code	N(1)	1	The response to Item 5 from Section C:  'When staff in this unit see someone with more authority doing something unsafe for patients, they speak up'	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always'	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		9: Does not apply or don't know Blank: Missing					Communication openness composite	and 'Most of the time'	
	Comm_C6	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 6 from Section C: 'When staff in this unit speak up, those with more authority are open to their patient safety concerns' Communication openness composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>
<b>Section D: Reporting Patient Safety</b>	Report_D1	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section D: 'When a mistake is <u>identified and corrected before reaching the patient</u> , how often is this reported?' Reporting patient safety events composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>
	Report_D2	1: Never 2: Rarely 3: Sometime 4: Most of the time 5: Always 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 2 from Section D: 'When a mistake reaches the patient and <u>could have harmed the patient, but did not</u> , how often is this reported?' Reporting patient safety events composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Always' and 'Most of the time'	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
<b>Section E: Patient Safety Rating</b>	Rate_E1	1: Poor 2: Fair 3: Good 4: Very good 5: Excellent Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section E:  'How would you rate your unit / work area on patient safety?'  Overall item – not in a composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
<b>Section F: Your Hospital</b>	MgtHosp_F1	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section F:  'The actions of hospital management show that patient safety is a top priority'  Hospital management support for patient safety composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
	MgtHosp_F2	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 2 from Section F:  'Hospital management provides adequate resources to improve patient safety'  Hospital management support for patient safety composite	This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.8</a>
	MgtHosp_F3	1: Strongly agree 2: Agree	String	Code	N(1)	1	The response to Item 3 from Section F:	This is a negatively worded item. Percent positive	<a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing					'Hospital management seems interested in patient safety only after an adverse event happens'  Hospital management support for patient safety composite	scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	
	Hand_F4	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 4 from Section F:  'When transferring patients from one unit to another, important information is often left out'  Handovers and information exchange composite	Skip this item for staff that select 'NO' for staff_pt_contact  This is a negatively worded item. For scoring, percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' or 'Disagree'	<a href="#">3.1.7</a> <a href="#">3.1.8</a>
	Hand_F5	1: Strongly agree 2: Agree 3: Neither agree nor disagree 4: Disagree 5: Strongly disagree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 5 from Section F:  'During shift changes, important patient care information is often left out'  Handovers and information exchange composite	Skip this item for staff that select 'NO' for staff_pt_contact  This is a <b>negatively worded item</b> . Percent positive scores are the combined percentage of respondents who answered 'Strongly Disagree' and 'Disagree'	<a href="#">3.1.7</a> <a href="#">3.1.8</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
	Hand_F6	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or don't know Blank: Missing	String	Code	N(1)	1	The response to Item 6 from Section F: 'During shift changes, there is adequate time to exchange all key patient care information'  Handovers and information exchange composite	Skip this item for staff that select 'NO' for staff_pt_contact  This is a positively worded item. Percent positive scores are the combined percentage of respondents who answered 'Strongly Agree' and 'Agree'	<a href="#">3.1.7</a> <a href="#">3.1.8</a>
<b>Section G: Recommendation</b>	Rec_G1	1: Strongly disagree 2: Disagree 3: Neither agree nor disagree 4: Agree 5: Strongly agree 9: Does not apply or Don't know Blank: Missing	String	Code	N(1)	1	The response to Item 1 from Section G: 'I would recommend a friend or relative to be treated in this unit / work area?'	Overall item – not in a composite	<a href="#">3.1.8</a>
<b>Section H: Background items</b>	staff_los	a: Less than 6 months b: 6 to 11 months c: 1 to 5 years d: 6 to 10 years e: 11 years or more Blank: Missing	String	Code	N(1)	1	The response to: 'How long have you worked in this <u>hospital</u> ?'	This item can be automatically pre-populated	<a href="#">3.1.5</a> <a href="#">3.1.10</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
	staff_los_unit	a: Less than 6 months b: 6 to 11 months c: 1 to 5 years d: 6 to 10 years e: 11 years or more Blank: Missing	String	Code	N(1)	1	The response to: 'How long have you worked in your current <u>unit / work area</u> '?	This item can be automatically pre-populated	<a href="#">3.1.5</a> <a href="#">3.1.10</a>
	staff_hrs	a: Less than 20 hours per week b: 21 to 30 hours per week c: 30 to 40 hours per week d: More than 40 hours per week Blank: Missing	String	Code	N(1)	1	The response to: 'Typically, how many hours per week do you work in this <u>hospital</u> '?	This item can be automatically pre-populated	<a href="#">3.1.5</a> <a href="#">3.1.10</a>
	staff_position	1: Nursing/ Midwifery 2: Medical 3: Allied Health 4: Safety and quality 5: Researcher/ Scientist 6: Management 7. Administration 8: Support services 9: Other, please specify	String	Code	N(1)	1	The highest level of grouping of the response to: 'What is your position in this hospital?'	This item can be automatically pre-populated	<a href="#">3.1.5</a> <a href="#">3.1.6</a> <a href="#">3.1.10</a>



Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		Blank: Missing							
	staff_position_detail	1a: Assistant in Nursing/ Midwifery 1b: Enrolled Nurse 1c: Midwife or CMS 1d: Nurse Manager or Nurse Unit Manager 1e: Nurse Practitioner, CNC, CMC, CME or CNE 1f: Registered nurse or CNS 2a: Registrar or Fellow 2b: Resident or Intern 2c: Senior Medical Officer or Consultant 3a: Allied Health Assistant 3b: Aboriginal and Torres Strait Islander Health Practitioner 3c: Dietician 3d: Occupational Therapist 3e: Pharmacist 3f: Physiotherapist	String	Code	N(1)	1	The detailed staff member's response to: 'What is your position in this hospital?'	This item can be automatically pre-populated.  The detailed response options can be updated to align with the hospital's structure, terminology and data analysis plans, this should be done in a way that can be mapped back to the response options provided here. Where options cannot be mapped to the specified positions they should be mapped to the 'other' response option  This item can be set up in a dropdown format for the online version of the survey	<a href="#">3.1.5</a> <a href="#">3.1.6</a> <a href="#">3.1.10</a>

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		3g: Psychologist 3h: Radiographer 3i: Social Worker 3j: Speech Pathologist 3k: Other- Allied Health Professional 4a: Patient Safety and Quality Co-Ordinator 5a: Researcher or Scientist 5b: Research Assistant/ support 6a: Aboriginal Liaison Officer 6b: Clinical Assistant 6c: Cleaner 6d: Food Services or Catering 6e: Patient Service Assistant 6f: Porter 6g: Receptionist 6h: Security Services 6i: Transport 6j: Wards clerk 7a: Clinical coding							

Topic	Field name	Value	Data type	Representation class	Format	Max. length	Description	Recommendations	See user guide
		7b: Financial services 7c: Human Resource or Training 7d: Information Technology, Health Information Management or Clinical Informatics 7e: Project Officer 8a: Senior leader or executive 8b: Supervisor, manager, department manager or clinical lead 9: Other, please specify Blank: Missing							
	staff_position_of her		String	Text	Up to 28 characters with letters, numbers, and symbols	28	Text response to "Other-please specify" for: 'What is your primary unit or work area in this hospital?'		<a href="#">3.1.5</a> <a href="#">3.1.6</a> <a href="#">3.1.10</a>
<b>Section I: Your Comments</b>	open_text		String	Text	Up to 2000 characters with letters, numbers, and symbols	2000	The staff member's response to the open-ended item		<a href="#">3.1.11</a>

### 3 User manual

The user manual for the A-HSOPS 2.0 is intended for use by hospitals applying the survey at the local level. The user manual provides recommendations and implementation methods for both the suggested approach and other options.

The user manual is structured in four parts:

Part 1: Preparing the survey

Part 2: Choosing the sample

Part 3: Administering the survey

Part 4: Data integrity

The tables in this user manual provide detail under three column headings:

- **'Sub-field'** refers to the name of the subtopics under each of the broader parts
- **'Specification'** refers to the recommendations to preparing the survey
- **'Relevant data field'** refers to the relevant data field (i.e. the column in the final data file) that relates to the sub-field.

## 3.1 Preparing the survey

The purpose of the 'Preparing the survey' specification is to ensure that a consistent approach is taken to maintain the integrity of the A-HSOPS 2.0 questions and results. Hospitals must preserve ethics, confidentiality and privacy principles when preparing the survey.

Sub-field	Specification	Relevant data field
<b>3.1.1 Confidentiality and privacy</b>	<p>All responses to the survey must be either confidential or anonymous.</p> <p>A confidential survey is one where the survey administrators can link survey responses to respondents, but processes are in place to ensure this information is not used to identify respondents.</p> <p>An anonymous survey is one where there are no identifiers linked to individuals and their responses.</p> <p>Hospitals must comply with relevant Australian health privacy principles and legislation.</p> <p>Reported aggregated responses should have a minimum of five responses to protect the anonymity of survey respondents, although hospitals may choose higher minimums to align with local requirements.</p> <p>Reporting of written responses should be de-identified and not be attributed or linked to any individual.</p> <p>Care should be taken when providing verbatim responses to the open-ended item to the respondent's direct manager, especially in small teams. Respondents' may be identifiable by their writing style or the information provided. Thematic coding can be used to feedback this information whilst maintaining confidentiality.</p>	All
<b>3.1.2 Identifiers</b>	<p>If there are multiple hospitals, then each site should have a unique Site ID. If you have data for only one hospital, then the Site ID can be 1. The Site ID can be any arbitrary number of your choice.</p> <p>Each individual record in the dataset should have a unique ID. The unique ID can be any arbitrary number of your choice and should be different for each respondent.</p> <p>Identifiers are either confidential (have the potential to be linked to individuals) or anonymous (not linked to individuals). See <a href="#">3.1.1</a>.</p>	site_id unique_id
<b>3.1.3 Introduction to the survey</b>	<p>An introduction page should be included at the beginning of the survey with an overview of the project.</p> <p>Keep the introduction page brief – additional detail can be provided through a link.</p> <p>The page should state or provide a link to information on:</p> <ul style="list-style-type: none"> <li>• Who should complete the survey</li> <li>• Why the survey is being conducted</li> </ul>	n/a

Sub-field	Specification	Relevant data field
	<ul style="list-style-type: none"> <li>• How the results will be used and fed back to staff</li> <li>• An estimate of how long it will take to complete the survey</li> <li>• Information on privacy</li> <li>• Contact details for further information.</li> </ul>	
<b>3.1.4 Instruction page</b>	<p>The instructions page included in the <a href="#">A-HSOPS 2.0 survey form</a> should be presented prior to the survey items. This page includes:</p> <ul style="list-style-type: none"> <li>• Instructions for the use of the ‘Do not apply / Do not know’ response option</li> <li>• Definitions for the terms ‘patient safety’, ‘patient safety incident’ and ‘adverse event’.</li> </ul>	n/a
<b>3.1.5 Pre-populating background items</b>	<p><b>Overview</b></p> <p>The survey includes a number of background items which have the potential to be automatically collected from staff members’ HR record. Automatic collection and pre-population of the data decreases the burden of data collection for respondents and can streamline the process for hospitals.</p> <p>The items that have the potential to be automatically collected ask about:</p> <ul style="list-style-type: none"> <li>• Unit/ work area where the staff member spends most of their time</li> <li>• Position of the staff member</li> <li>• Length of time working in the hospital</li> <li>• Length of time working within the unit/work area</li> <li>• Hours of work in a typical week.</li> </ul> <p>Hospitals may collect all, or some, of these items automatically. It should be collected in a way that can be mapped to the response options provided in this technical specification.</p> <p><b>Unit / work area item</b></p> <p>If the unit / work area item is prepopulated the unit/work area should be displayed to provide clarity about what unit, work area or department respondents should be thinking about when answering the survey. The following text should be used:</p> <p>‘For this survey, please answer items that ask about your unit / work area thinking about your experiences in the [unit/work area]’.</p> <p><b>When to use this approach</b></p> <p>Using data from the HR record creates the potential for the data to be re-identified and the decision to use these systems should be considered carefully. There should be clear and documented information on how confidentiality will be maintained. Hospitals should consider if their staff</p>	staff_unit staff_unit_detail staff_position staff_position_detail staff_los staff_los_unit staff_hrs

Sub-field	Specification	Relevant data field
	<p>are ready for the use of this approach. Staff need to have trust that confidentiality will be maintained. A proven track record of judicious use of staff survey data is essential to this trust. Using an outside vendor to manage the data may also be appropriate.</p> <p>This approach is not recommended for first time implementation of the survey or in a hospital where there is known to be low trust.</p>	
<p><b>3.1.6 Allowable modifications</b></p>	<p>The Commission recommends that the A-HSOPS 2.0 is administered in its entirety without significant modifications or deletions. This includes:</p> <ul style="list-style-type: none"> <li>• No changes to any of the survey item text and response options apart from unit/work area or staff position items</li> <li>• No reordering of survey items</li> <li>• Items added only at the end of the survey after Section G, before the background items.</li> </ul> <p>Changes may impact the validity and reliability of the survey and will make comparison between hospitals challenging.</p> <p><b>Unit/work area and staff position questions</b></p> <p>Modifications to the response options for the unit/work area or staff position items are allowed. This is to account for the variation in the structure and staff characteristics across Australian hospitals. The aim is to make it easy for staff to select the appropriate response from the available options.</p> <p>Hospitals are encouraged to review the response options to ensure they meet their local needs. The responses can be updated to match the hospital’s structure, the terminology used or the data analysis needs. Options can be deleted or added. The language can be updated.</p> <p>Particular care should be taken to update the unit/work area response options as the structure and terminology can vary substantially between hospitals across Australia.</p> <p>Modifications should be made in a way that can be mapped back to the response options provided in staff_unit_detail and staff_position_detail. Where mapping is not possible, the new options can be mapped to the ‘other’ response options.</p> <p>Consider the real and perceived potential for data to be identifiable when updating these response options, in particular, where there are small numbers of staff who would select the option.</p> <p>Response options should be tested with staff prior to survey implementation.</p>	<p>staff_unit</p> <p>staff_unit_detail</p> <p>staff_position</p> <p>staff_position_detail</p>

Sub-field	Specification	Relevant data field
<b>3.1.7 Skip logic</b>	<p>The handovers and information exchange composite includes three questions:</p> <ul style="list-style-type: none"> <li>• When transferring patients from one unit to another, important information is often left out (Hand_F4)</li> <li>• During shift changes, important patient care information is often left out (Hand_F5)</li> <li>• During shift changes, there is adequate time to exchange all key patient care information (Hand_F6).</li> </ul> <p>Handover is a key aspect of patient safety, however, not all hospital staff are involved in this process. Where possible, program the survey to skip these items for staff who respond 'No' to 'In your position, do you typically have direct interaction or contact with patients?' (staff_pt_contact).</p> <p>This skip logic is recommended as the pilot testing found that the majority of staff who did not have contact or interaction with patients responded 'Does not apply or don't know' to these questions. Skipping these questions shortened the survey and improved the validity and reliability.</p>	staff_pt_contact  Hand_F4  Hand_F5  Hand_F6
<b>3.1.8 A-HSOPS 2.0 survey items</b>	<p><b>Modifications</b></p> <p>Hospitals should administer all sections of the A-HSOPS 2.0 rating items in their entirety without modifying or deleting items (A1 to F6).</p> <p>Hospitals should retain the order in which items are presented.</p> <p>Changes or modifications to rating items may affect the validity and reliability of the survey.</p> <p><b>Definitions</b></p> <p>Prior to the items in Section B: Your Supervisor/Manager being shown, a definition for 'Supervisor/ Manager' should be provided.</p> <p><b>Online formatting</b></p> <p>Online survey platforms will have different functionality and display options. It is important to make sure the formatting is clear on both a desktop computer as well as tablets and mobile phones. Test the format before distributing the survey.</p> <p>Online surveys should:</p> <ul style="list-style-type: none"> <li>• Not force responses to any of the items</li> <li>• Use formatting to differentiate the 'does not apply or don't know' option from the Likert scales</li> <li>• Include an option to go back</li> </ul>	A1-A9  B1-B3  C1-C6  D1-D2  E1-E2  F1-F6



Sub-field	Specification	Relevant data field
	<ul style="list-style-type: none"> <li>• Include a percentage complete indicator where possible.</li> </ul> <p>With the use of smaller screens, such as phones and tablets, the grid format of the items will not display well. Most survey platforms will automatically change the grid view to buttons for their mobile format. If not, there might be a need to use the button format for both the online and mobile versions.</p> <p>If using the grid format, try to keep items of the same sections together on the same page. Where buttons are used, these sections may need to be broken up to avoid the participant needing to scroll too much.</p>	
<b>3.1.9 Additional items</b>	<p>Additional items of specific interest to the hospital can be added to the survey.</p> <p>Additional items should be added after the rating items (Section G) and before the background questions (Section H).</p> <p>Hospitals should be wary of the time needed to complete the survey and ensure that the total survey requires no more than 15 minutes to complete.</p>	num_add_items
<b>3.1.10 Background items</b>	<p>Background items should be placed after the end of the rating items and any additional items.</p> <p>It may not be necessary to include the background items if the information can be automatically populated at your hospital – <a href="#">see 3.1.5</a>.</p> <p>Additional background items can be added to support specific data analysis requirements of the hospital. These items should be kept to a minimum and the average time to complete the survey should be kept under 15 minutes.</p>	staff_position staff_los staff_los_unit staff_hrs
<b>3.1.11 Survey open-ended comments</b>	<p>Provide a comments section where staff members can provide open-ended comments in response to the prompt 'Please feel free to provide any comments about how things are done or could be done in your hospital that might affect patient safety'.</p> <p>A character length of 2000 characters, which equates to about 300 words, is recommended to allow for a sufficient response.</p>	open_text

## 3.2 Choosing the sample

The purpose of the 'Choosing the sample' specifications is to ensure hospitals apply a valid approach to selecting the survey sample.

Sub-field	Specification	Relevant data field
<b>3.2.1 Hospital staff populations</b>	The survey can be completed by all hospital staff, including both clinical and non-clinical positions (e.g. support services, nurses and hospital administrators).	n/a
<b>3.2.2 Sampling method</b>	<p>The survey can be administered using a:</p> <ul style="list-style-type: none"> <li>• <b>Census approach:</b> where all staff are surveyed</li> <li>• <b>Representative sample:</b> where a proportion of all staff are surveyed</li> <li>• <b>Targeted sample:</b> where all staff from specific groups within the hospital are surveyed.</li> </ul> <p>Document the sampling approach, sample scope, number of hospital staff and sample size in the data file to support ongoing use of the data.</p> <p>Sampling should never involve purposeful selection or exclusion of individuals.</p> <p><b>Census approach</b></p> <p>Surveying all staff through a census approach has a number of advantages and is the most common way surveys of patient safety culture are implemented.</p> <p><b>Representative sample</b></p> <p>A representative sample is one that accurately reflects the characteristics of the population – in this case the hospital staff. Simple random sampling or systematic sampling are appropriate methods to create a representative sample.</p> <p><b>Targeted sample</b></p> <p>A targeted sample can focus on:</p> <ul style="list-style-type: none"> <li>• All staff from a number of units/work areas/ departments</li> <li>• All staff within specific positions or levels of experience</li> <li>• A combination of the above.</li> </ul> <p>See the <a href="#">Patient Safety Culture Measurement Toolkit</a> for further advice and information on sampling including sample size calculations.</p>	<p>sampling</p> <p>sample_scope</p> <p>sample_scope_detail</p> <p>num_of_staff</p> <p>sampling_size</p>

## 3.3 Administering the survey

The purpose of the 'Administering the sample' specifications is to provide information for hospitals to apply a consistent approach to data collection so that survey results can be comparable across time, units and hospitals.

Sub-field	Specification	Relevant data field
<b>3.3.1 Administration options</b>	<p>Options for surveying include:</p> <ul style="list-style-type: none"> <li>Contracting a private survey vendor to administer the survey</li> <li>Administer the survey internally within the hospital</li> <li>Administer the survey centrally across multiple sites.</li> </ul>	n/a
<b>3.3.2 Collection method</b>	<p>Online data collection is recommended due to the savings in cost and time, including:</p> <ul style="list-style-type: none"> <li>No need to assemble survey packages</li> <li>No need for separate data entry</li> <li>Reduced time for data cleaning and validation as checks can be built into the online survey.</li> </ul> <p>The survey platform should be secure with data housed in Australia and optimised for mobile phones.</p> <p>Respondents should not be forced to respond to all items. Although forced response leads to less item-non-response (i.e. a complete data set), it has been shown to result in higher and earlier dropouts as well as a decrease in data quality.</p> <p>Online collection can be supplemented by pen and paper collection where required.</p> <p>The method used for data collection should be recorded.</p>	<p>collection_method</p> <p>collection_ind</p>
<b>3.3.3 Timing of administration</b>	<p>The recommended duration of the collection period is four weeks.</p> <p>The date the survey is received by the organisation administering the survey should be recorded.</p>	<p>cycle_start</p> <p>cycle_end</p> <p>date_received</p>
<b>3.3.4 Frequency of administration</b>	<p>It is recommended that hospitals administer the A-HSOPS 2.0 periodically every two to three years. This timeframe allows action to be taken and changes to become embedded in the hospital's culture before measurement is repeated.</p>	times_surveyed

Sub-field	Specification	Relevant data field
<b>3.3.5 Communication</b>	<p>Prior to, and during, the survey collection period, hospitals should publicise and promote the survey.</p> <p>Hospitals should send out pre-notification emails one week prior to the collection period.</p> <p>The survey invitation email should be sent on the first day of the data collection period.</p>	n/a

## 3.4 Data integrity

The purpose of the 'Data Integrity' specifications is to ensure that data is entered, stored and classified in a way that will enhance consistency and optimise the way in which data can be used and analysed.

Sub-field	Specification	Relevant data field
<b>3.4.1 Data format</b>	Data should be collated into a .csv file which can be imported and exported from most programs that store data in tables.	All
<b>3.4.2 Data cleaning</b>	<p>For surveys completed online, ensure response options are coded according to numeric values. Most responses will be coded from 1 to 5 ('Strongly disagree or Never': 1 to 'Strongly agree or always': 5) with a neutral option 'Does not apply/Don't know' coded as 9.</p> <p>Whether you conduct your survey online or using paper questionnaires, you should check that all responses are valid responses (i.e., most items should be coded between 1 to 5 or 9).</p> <p>Problematic responses may occur in paper surveys, such as responding between two responses (e.g. between Strongly agree and Agree). Hospitals should develop and document editing/cleaning rules that can address these potential problems and apply these consistently.</p> <p>Hospitals can choose to mark these types of problematic responses as missing.</p> <p>Data from pen and paper responses can then be entered directly into an electronic file and saved in a .csv format.</p> <p>Open-ended responses need to be de-identified before analysis.</p>	All
<b>3.4.3 Ineligible and incomplete surveys</b>	<p>Ineligible surveys should be removed from the data set before analysis. Ineligible surveys are those that are:</p> <ul style="list-style-type: none"> <li>• Completely blank</li> <li>• Contain 'Does not apply/Don't know' for all survey items</li> <li>• Contain the exact same answer to all the items in the survey</li> <li>• Contain responses to less than 6 of the 26 survey rating items (i.e. surveys less than 20% complete).</li> </ul> <p>Partial responses are included in analysis and reporting as they increase the statistical power of the data.</p>	All

## Appendix A: Survey composites and items

Composite	Items	Item framing
Hospital management support for patient safety	<p>F1. The actions of hospital management show that patient safety is a top priority.</p> <p>F2. Hospital management provides adequate resources to improve patient safety.</p> <p>F3. Hospital management seems interested in patient safety only after an adverse event happens.</p>	<p>F1. Positive</p> <p>F2. Positive</p> <p>F3. Negative</p>
Supervisor / manager support for patient safety	<p>B1. My supervisor / manager seriously considers staff suggestions for improving patient safety.</p> <p>B2. My supervisor / manager wants us to work faster during busy times, even if it means taking shortcuts</p> <p>B3. My supervisor / manager takes action to address patient safety concerns that are brought to their attention</p>	<p>B1. Positive</p> <p>B2. Negative</p> <p>B3. Negative</p>
Reporting patient safety events	<p>D1. When a mistake is identified and corrected before reaching the patient, how often is this reported?</p> <p>D2. When a mistake reaches the patient and could have harmed the patient, but did not, how often is this reported?</p>	<p>D1. Positive</p> <p>D2. Positive</p>
Communications about error	<p>C1. We are informed about errors that happen in this unit.</p> <p>C2. When errors happen in this unit, we discuss ways to prevent them from happening again.</p> <p>C3. In this unit, we are informed about changes that are made based on incident reports</p>	<p>C1. Positive</p> <p>C2. Positive</p> <p>C3. Positive</p>
Response to error	<p>A3. In this unit, staff feel like their mistakes are held against them.</p> <p>A4. When a patient safety incident is reported in this unit, it feels like the person is being reported, not the problem.</p> <p>A7. When staff make errors, this unit focuses on learning rather than blaming individuals.</p>	<p>A3. Negative</p> <p>A4. Negative</p> <p>A7. Positive</p>

Composite	Items	Item framing
Organisational learning – continuous improvement	<p>A2. This unit regularly reviews work processes to determine if changes are needed to improve patient safety</p> <p>A8. In this unit, changes to improve patient safety are evaluated to see how well they worked</p> <p>A10. This unit lets the same patient safety problems keep happening</p>	<p>A2. Positive</p> <p>A8. Positive</p> <p>A10. Negative</p>
Teamwork	<p>A1. In this unit, we work together as an effective team.</p> <p>A5. During busy times, staff in this unit help each other.</p> <p>A6. There is a problem with disrespectful behaviour by those working in this unit.</p>	<p>A1. Positive</p> <p>A5. Positive</p> <p>A6. Negative</p>
Communication openness	<p>C4. In this unit, staff speak up if they see something that may negatively affect patient care.</p> <p>C5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.</p> <p>C6. When staff in this unit speak up, those with more authority are open to their patient safety concerns</p>	<p>C4. Positive</p> <p>C5. Positive</p> <p>C6. Positive</p>
Handovers and information exchange	<p>F4. When transferring patients from one unit to another, important information is often left out.</p> <p>F5. During shift changes, important patient care information is often left out.</p> <p>F6. During shift changes, there is adequate time to exchange all key patient care information.</p>	<p>F4. Negative</p> <p>F5. Negative</p> <p>F6. Positive</p>
Overall patient safety rating	E1. How would you rate your unit / work area on patient safety?	E1. Positive
Recommendation	E2. I would recommend a friend or relative to be treated in this unit / work area?	E2. Positive