



Patient safety in pre-hospital services

Instructions

- This survey maps your opinion to patient safety, adverse events and event-reporting in your pre-hospital service.
- You have received an e-mail with a link to a web based questionnaire. You are free to chose whether you prefer to use this link or answer the identical paper-version of the questionnaire. In case you have not received an e-mail from us it is desirable that you fill out the paper-verision.
- The survey is anonymous. Your answers will be handled strictly confidential and your identity will not be traceable.
- Read the statements carefully. Be honest when answering. For each of the statements choose the one that fits best. The questionnaire should take approximately 15 minutes to complete.
- Use black or blue pen. Mark your choice with a cross.
- Please post the questionnaire in pre-paid stamped envelope as soon as possible.

- An **"adverse event"** is defined as an accidental event due to medical examination and/or treatment.
- **"Your unit"** is defined as the pre-hospital base or station where you primarily work. EXAMPLE: An ambulance station or a helicopter base which geographically is located in the same area and belongs to the same hospital, is considered as different pre-hospital units.
- The terms **"with us"** and **"management"** refer to the unit where you primarily work, and to the management in this unit, respectively.

A: Your Work Area/Unit and patient safety

Please indicate your agreement or disagreement with the following statements

Think about your unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. We are actively doing things to improve patient safety.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. We use more agency/temporary staff than is best for patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Staff feel like their mistakes are held against them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



A: Your Work Area/Unit and patient safety (continued)

Think about your unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
9. Mistakes have led to positive changes here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. It is just by chance that more serious mistakes do not happen around here.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. When one area in this unit gets really busy, others help out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. When an event is reported, it feels like the person is being written up, not the problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. After we make changes to improve patient safety, we evaluate their effectiveness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. We work in "crisis mode" trying to do too much, too quickly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Patient safety is never sacrificed to get more work done	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. Staff worry that mistakes they make are kept in their personnel file.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. We have patient safety problems in this unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. Our procedures and systems are good at preventing errors from happening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. I will ask my colleagues to stop work I consider is done in an unsafe manner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. I will report if I become aware of a dangerous situation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B: Safety of employees

Please indicate your agreement or disagreement with the following statements?

Think about your unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
1. My colleagues will stop me if I work in an unsafe manner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I will stop doing my job if I think it might be dangerous for me or others to continue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C: 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

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. My supervisor/manager seriously considers staff suggestions for improving patient safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. My supervisor/manager overlooks patient-safety problems that happen over and over.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



D: Communications

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

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

E: Patient Safety Grade

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E
Excellent	Very Good	Acceptable	Poor	Failing

F: Frequency of Events Reported

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

Think about your unit...	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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. When a mistake is made, but has <u>no potential to harm the patient</u> , how often is it reported?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When a mistake is made that <u>could harm the patient</u> , but does not, how often is this reported?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 events reported | <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 |



H: The pre-hospital system

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

Strongly Disagree, Disagree, Neither, Agree, Strongly Agree. 1. Management provides a work climate that promotes patient safety... 2. Pre-hospital units do not coordinate well with each other... 3. Things "fall between the cracks" when transferring patients from one unit... 4. There is good cooperation among hospital units that need to work together... 5. Important patient care information is often lost during shift changes... 6. It is often unpleasant to work with staff from other units... 7. Problems often occur in the exchange of information across pre-hospital units... 8. The actions of pre-hospital management show that patient safety is a top priority... 9. Management seems interested in patient safety only after an adverse event happens... 10. Prehospital units work well together to provide the best care for patients... 11. Handovers are problematic for patients in this prehospital system...

I: Education and training

1. Which of the skills below have you received training in before you started working in the pre-hospital system?

One cross for each of the categories a to g. Training, NO training. a. Decision-making... b. Leadership... c. Communication... d. Situation awareness... e. Teamwork... f. Managing stress... g. Coping with fatigue...

2. During the last 12 months, how many times have you observed a colleague at work for exchange of experience

a. None b. 1-2 times c. 3-5 times d. More than 5 times



3. Specify the extent of theoretical training you have been given in each of the pre-hospital skills below.

	0 hour ▼	0-3 hours ▼	3-7 hours ▼	7-14 hours ▼	More than 14 hours ▼
One cross for each of the categories a to g.					
a. Decision-making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Situation awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Teamwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Managing stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Coping with fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. Specify the extent of practical training you have been given in each of the pre-hospital skills below.

	0 hours ▼	0-3 hours ▼	3-7 hours ▼	7-14 hours ▼	More than 14 hours ▼
One cross for each of the categories a to g.					
a. Decision-making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Situation awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Teamwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Managing stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Coping with fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. Do you feel that your pre-hospital skills are deficient related to challenges you have to face in your daily work.

	Deficient ▼	NOT deficient ▼
One cross for each of the categories a to g.		
a. Decision-making.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Leadership.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Communication.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Situasjonsbevissthet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Teamwork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Managing stress.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Coping with fatigue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2



6. How many times during 2011 did you participate in multidisciplinary pre-hospital simulation-based training of one or more of the skills below, along with your professional partners.

	0 times ▼	1-2 times ▼	3-5 times ▼	More than 5 times ▼
One cross for each of the categories a til g.				
a. Decision-making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Situation awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Teamwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Managing stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Coping with fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7. How many times during 2011 were your pre-hospital skills systematically observed and evaluated?

	0 times ▼	1-2 times ▼	3-5 times ▼	More than 5 times ▼
One cross for each of the categories a to g.				
a. Decision-making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Situation awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Teamwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Managing stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Coping with fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. Do your pre-hospital skills satisfy the skills requirement for your profession?

	Yes ▼	No ▼	Do not know ▼
One cross for each of the categories a to g.			
a. Decision-making.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Leadership.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Communication.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Situation awareness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Teamwork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Managing stress.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Coping with fatigue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**J: Background Information****1. What is your primary work area/profession? Select ONE option or specify.**

- | | | |
|--|--|--|
| <input type="checkbox"/> a. Ambulance helicopter | <input type="checkbox"/> d. Physician manned car ambulance | <input type="checkbox"/> g. Ambulance boat |
| <input type="checkbox"/> b. Search and Rescue helicopter (SAR) | <input type="checkbox"/> e. Intensive care ambulance | <input type="checkbox"/> h. Other, please specify: |
| <input type="checkbox"/> c. Ambulance plane | <input type="checkbox"/> f. Ambulance car | <input type="text"/> |

2. Where is your primary pre-hospital unit located? Select ONE option or please specify.

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Alta | <input type="checkbox"/> h. Florø | <input type="checkbox"/> o. Stavanger |
| <input type="checkbox"/> b. Arendal | <input type="checkbox"/> i. Førde | <input type="checkbox"/> p. Tromsø |
| <input type="checkbox"/> c. Banak | <input type="checkbox"/> j. Gardermoen | <input type="checkbox"/> q. Trondheim |
| <input type="checkbox"/> d. Bergen | <input type="checkbox"/> k. Kirkenes | <input type="checkbox"/> r. Ørland |
| <input type="checkbox"/> e. Bodø | <input type="checkbox"/> l. Lørenskog | <input type="checkbox"/> s. Ål |
| <input type="checkbox"/> f. Brønnøysund | <input type="checkbox"/> m. Rygge | <input type="checkbox"/> t. Ålesund |
| <input type="checkbox"/> g. Dombås | <input type="checkbox"/> n. Sola | <input type="checkbox"/> u. Other, please specify: |
-

3. 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.

4. What is your staff position? Select one answer that best describes your staff position.

- | | |
|--|--|
| <input type="checkbox"/> a. Pilot | <input type="checkbox"/> g. Physician, anaesthesiologist |
| <input type="checkbox"/> b. HEMS Crew Member (HCM) | <input type="checkbox"/> h. Ambulance worker |
| <input type="checkbox"/> c. Nurse anaesthetist | <input type="checkbox"/> i. Paramedic |
| <input type="checkbox"/> d. Nurse, intensive care | <input type="checkbox"/> j. System operator |
| <input type="checkbox"/> e. Registered Nurse | <input type="checkbox"/> k. Engenieer |
| <input type="checkbox"/> f. Physician in training, anaesthesiology | <input type="checkbox"/> l. Other, please specify: |
-

5. How long have you worked in the pre-hospital system?

- | | |
|--|--|
| <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 |



6. How many consecutive hours do your regularly scheduled on-call duty last at most?

- | | |
|--|---|
| <input type="checkbox"/> a. 7-12 hours | <input type="checkbox"/> e. 73-96 hours (3-4 days) |
| <input type="checkbox"/> b. 13-24 hours | <input type="checkbox"/> f. 97-168 hours (4-7 days) |
| <input type="checkbox"/> c. 25-48 hours (1-2 days) | <input type="checkbox"/> g. Over 169 hours (7 days) |
| <input type="checkbox"/> d. 49-72 hours (2-3 days) | |

7. How long have you worked in your current speciality or profession?

- | | |
|--|--|
| <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 |

K: Your comments

Think about threats against patient safety...

1. Which are the three most prevalent events you have observed or caused yourself in the pre-hospital environment?

2. Which are the three measures that you think could improve pre-hospital patient safety.

3. Please feel free to write any comments about patient safety, error, or event-reporting in your pre-hospital system.

Please put the questionnaire in the franked return envelope and post it as soon as possible.

THANK YOU FOR COMPLETING THIS SURVEY!