
SOPS™ Health Information Technology (IT) Patient Safety Supplemental Item Set for the SOPS Hospital Survey

Language: English

Notes

- These supplemental items were designed for use with the core [SOPS™ Hospital Survey](#).
- **Respondents:** The supplemental item set is intended for those who enter or review patient information in your hospital's electronic health record (EHR) system. The item set was not designed to be completed by staff who work in your hospital's Information Technology or Clinical Informatics departments or for staff whose primary responsibility is to provide technical assistance for your hospital's EHR systems.
- **Filter Question:** Respondents who answer "No" to the first question: "*Do you use your hospital's Electronic Health Record (EHR) system(s) to enter or review patient information?*" should follow the skip instructions and should *not* complete the item set.
- **Composites:** The supplemental items are listed by composite, which means they were developed and tested together to address a specific topic. The composites assessed in this supplemental item set are:
 - EHR System Training.
 - EHR System Support and Communication.
- **Additional measures:** In addition to the composites, other measures are included in the item set to assess:
 - EHR Patient Safety and Quality Issues.
 - EHR and Workflow/Work Process.
 - Overall EHR System Rating.
- **Modifications:** If you choose to administer only a subset of the supplemental items, include *all* items within the composites or additional measures you want to assess; do not reorder items. For composites or additional measures you do not want to assess, delete all items in those composites or measures.
- **Placement:** Any supplemental items must be added to the end of the SOPS Hospital Survey, just before the Background Questions section. Be sure to include the initial filter question and subheadings.

For assistance with this survey, please contact the SOPS Help Line at 1-888-324-9749 or SafetyCultureSurveys@westat.com.



Last updated: January 4, 2018

Your Hospital's Electronic Health Record (EHR) System

1. Do you use your hospital's Electronic Health Record (EHR) system(s) to enter or review patient information?

- 1 Yes
- 2 No → [GO TO BACKGROUND QUESTIONS OR END]

Section A: EHR Patient Safety and Quality Issues

If you use more than one EHR System in your hospital, please think about the one you use the most.

The following items describe things that can affect patient safety and quality when using EHR systems. **In the past 3 months**, how many times did you discover the following issues with the EHR system in your hospital?

	None ▼	1-5 times ▼	6-10 times ▼	11-20 times ▼	21-50 times ▼	More than 50 times ▼	Does Not Apply or Don't Know ▼
1. Information was not complete.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
2. Information was not accurate...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
3. Important information was hard to find	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
4. Information was entered into the wrong patient health record.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
5. Incorrect information was copied and pasted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9

Section B: EHR System Training

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. We are given enough training on how to use our EHR system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Training on our EHR system is customized for our work area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. We are adequately trained on what to do when our EHR system is down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section C: EHR and Workflow/Work Process

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. There are enough EHR workstations available when we need them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Our EHR system requires that we enter the same information in too many places.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. There are too many alerts or flags in our EHR system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section D: EHR System Support and Communication

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. Problems with our EHR system are resolved in a timely manner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. We are asked for input on ways to improve our EHR system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. We are made aware of issues with our EHR system that could lead to errors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section E: Overall EHR System Rating

1. How satisfied or dissatisfied are you with your hospital's EHR system?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

THANK YOU FOR COMPLETING THIS SURVEY.