Nursing Home Patient Safety Culture Survey

Survey Instructions
This survey asks for your opinions about resident safety in this nursing home. It will take about 10 minutes
to complete. If a question does not apply to you or this nursing home, or you don't know the answer, please
select "Does Not Apply or Don't Know." If you do not wish to answer a question, leave it blank.

Definition of Resident Safety
In this survey, **"resident safety"** means preventing injuries, incidents, and harm to residents or patients in the nursing home.

Section A: Working In this Nursing Home

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
Staff treat each other with respect	1☐	2☐	3☐	4☐	5☐	9☐
Staff feel like they are part of a team	1☐	2☐	3☐	4☐	5☐	9☐
When a staff member gets really busy in this nursing home, others help out	1☐	2☐	3☐	4☐	5☐	9☐
Staff follow this nursing home's policies and procedures to care for residents	1☐	2☐	3☐	4☐	5☐	9☐
We have enough staff to handle the workload	1☐	2☐	3☐	4☐	5☐	9☐
Staff have enough time to meet residents needs	1☐	2☐	3☐	4☐	5☐	9☐
Staff get the training they need in this nursing home	1☐	2☐	3☐	4☐	5☐	9☐

This nursing home actively looks for ways to improve resident safety	1☐	2☐	3☐	4☐	5☐	9☐
This nursing home makes changes to prevent the same incidents from happening again	1☐	2☐	3☐	4☐	5☐	9☐
Staff feel safe reporting mistakes	1☐	2☐	3☐	4☐	5☐	9☐
Staff are treated fairly when they make mistakes	1☐	2☐	3☐	4☐	5☐	9☐
Staff are supported when they are involved in a resident safety incident	1☐	2☐	3☐	4☐	5☐	9☐

Section B: Communication

How often do the following things happen in this nursing home?	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't know
Staff are given all the information they need to care for residents	1☐	2☐	3☐	4☐	5☐	9☐
Staff are informed when there is a change in a resident's care plan	1☐	2☐	3☐	4☐	5☐	9☐
Resident needs are met during shift changes	1☐	2☐	3☐	4☐	5☐	9☐
Staff feel comfortable asking questions when something doesn't seem right	1☐	2☐	3☐	4☐	5☐	9☐
Staff speak up if they see something that might harm a resident	1☐	2☐	3☐	4☐	5☐	9☐

Section C: Supervisor Support for Resident Safety

How much do you agree or disagree with the following statements about your supervisor?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't know
My supervisor pays attention to resident safety in this nursing home	1☐	2☐	3☐	4☐	5☐	9☐
My supervisor listens to staff ideas and suggestions about resident safety	1☐	2☐	3☐	4☐	5☐	9☐

My supervisor provides positive feedback when staff have done a good job	1☐	2☐	3☐	4☐	5☐	9☐

Section D: Management Support for Resident Safety

How much do you agree or disagree with the following statements about management in this nursing home?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't know
Management encourages staff to suggest ways to improve resident safety	1☐	2☐	3☐	4☐	5☐	9☐
Management takes action to address staff concerns about resident safety	1☐	2☐	3☐	4☐	5☐	9☐
Management often walks around the nursing home to check on resident safety	1☐	2☐	3☐	4☐	5☐	9☐

Section E: Overall Ratings

1. I would recommend this nursing home as a place that provides safe resident care.

   ☐ 1 Yes
   ☐ 2 Maybe
   ☐ 3 No

2. Overall, how would you rate this nursing home on resident safety?

   ☐ 1 Poor
   ☐ 2 Fair
   ☐ 3 Good
   ☐ 4 Very Good
   ☐ 5 Excellent

Background Questions

1. What is your position in this nursing home? Select ONE answer. If more than one category applies, select the highest-level position.

☐₁ **Administrator, Manager, or Director**
Administrator / Executive Director
Assistant Director
Assistant Manager
Department Head
Director of Nursing / Nursing Supervisor
Medical Director
Minimum Data Set (MDS) Coordinator /
Resident Nurse Assessment Coordinator
(RNAC)
Unit Manager / Charge Nurse

☐₂ **Administrative Support Staff**
Administrative Assistant
Admissions
Billing / Insurance
Human Resources
Medical Records
Receptionist
Secretary

☐₃ **Certified Nursing Assistant (CNA)**
Geriatric Nursing Assistant (GNA)
Nursing Aide / Nursing Assistant

☐₄ **Medication Technician, Pharmacist**

☐₅ **Physician**

☐₆ **Other Provider**
Advanced Practice Nurse (Nurse
Practitioner, Clinical Nurse Specialist)
Physician Assistant

☐₇ **Registered Nurse (RN)**
Licensed Vocational Nurse (LVN)
Licensed Practical Nurse (LPN)

☐₈ **Therapist**
Occupational
Physical
Recreational
Respiratory
Speech

2. How long have you worked in this nursing home? Select ONE answer.

☐₁ Less than 1 year

☐₂ 1 to 2 years

☐₃ 3 to 5 years

☐₄ 6 to 10 years

☐₅ 11 or more years

3. How many hours per week do you usually work in this nursing home? Select ONE answer.

☐₁ Fewer than 30 hours per week

☐₂ 30 to 40 hours per week

☐₃ More than 40 hours per week

4. When do you work most often? Select ONE answer.
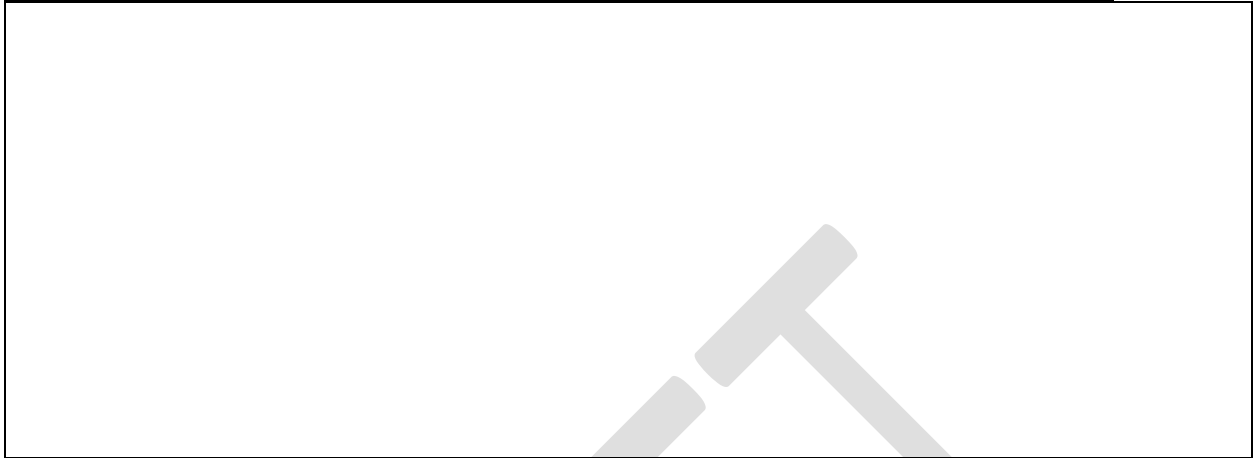
☐₁ Days

☐₂ Evenings

☐₃ Nights

5. In this nursing home, where do you spend most of your time working? Select ONE answer.

☐₁ Short-term care unit/Rehab

☐₂ Long-term care unit

☐₃ Memory care unit

☐₄ Multiple areas or no specific area

☐₅ Other unit or area, please specify: _____

Your Comments

Please feel free to write any comments about resident safety in this nursing home.

Thank you for completing this survey.