

Purpose of this  
pre-test was to  
see how much  
was known  
about  
HIPAA!

## HIPAA Privacy Test Overview

We have developed a short test as an adjunct to your HIPAA training. The test has 22 questions and should take approximately 10-20 minutes to complete. It may be used in many ways:

1. A pre-test to assess the base level of your staff's HIPAA knowledge.
2. A post-test to assess the effectiveness of your training.
3. Print off the final test for each employee and place it in his/her employment file to demonstrate HIPAA training/competence.
4. A training tool to assure coverage of many pertinent HIPAA issues.
5. A self-test to assess learning and identify areas that need more training.

As the employer, you may determine how, when, or if this test is to be used and the passing score. You may also use this test as a template upon which to develop your own organization-specific test.

8. An HME facility can refuse to amend the record:
- ☒ a. Under NO circumstances
  - b. If you do not find it necessary for patient care
  - c. Only if it doesn't affect insurance coverage
  - d. Under specific circumstances
9. The Notice of Privacy Practices (NPP) must be:
- a. Given to each patient at the first visit
  - b. Posted on my Web site, if I have one
  - c. Posted in the office
  - ☒ d. All of the above
10. If I forget to give a Notice of Privacy Practices (NPP) to a patient:
- a. It's no big deal
  - b. I can give it to him at the next visit
  - c. I can give it to a friend to take to him
  - ☒ d. I have to mail it on the date of service and document my actions
11. Once the Notice of Privacy Practices (NPP) is written:
- a. It can't be changed
  - b. It can be changed if I have reserved this right in my notice
  - ☒ c. It has to be updated at least every year
  - d. I don't have to worry about it any more
12. Protected health information (PHI) can ONLY be given out after obtaining written authorization.
- a. True ☒
  - b. False ☐
13. If a non-authorized disclosure of protected health information (PHI) is made:
- a. I must keep a record of this for six years
  - b. I must give the patient a full accounting upon proper request
  - c. There is no such thing as a non-authorized request
  - ☒ d. A and B
14. If a patient wants to request a restriction on the disclosure of his/her protected health information (PHI):
- a. I have to agree to it
  - ☒ b. It must be in writing
  - c. Can be retroactive to cover information already released
  - d. The patient can not restrict disclosure of his PHI

15. Staff must be trained:

- a. Annually
- b. Initially
- c. Once is enough, and it doesn't matter when
- ☒ d. A and B

16. Other than office staff:

- a. No one else needs to be trained about HIPAA
- b. Casual employees do not need to be trained about HIPAA
- c. Contract staff, such as cleaning crews, do not need to be trained about HIPAA
- ☒ d. Everyone who works in an HME facility, including unpaid volunteers, contract employees, and casual laborers, must be trained or show documentation of training about HIPAA

17. A privacy officer should conduct the following steps:

- a. Identify the internal and external risks of disclosure of protected health information (PHI)
- b. Create and implement a plan to reduce the risk of releasing PHI in those areas identified
- c. Train all personnel on the organization's privacy and security of PHI.
- d. Monitor the implementation and enforce appropriately any breaches of policy.
- ☒ e. All the above
- f. A, B, and D only

18. With a complaint process, the government is the only mechanism to assure an HME facility's compliance with HIPAA.

- a. True ☒
- b. False ☐

19. I don't have to worry about the minimum necessary requirement for:

- a. Disclosures to or requests by a health care provider for treatment
- b. Uses or disclosures made pursuant to an authorization
- c. Uses or disclosures made to the individuals family
- d. Disclosures made to the Secretary of Health and Human Services (HSS), pursuant to the stated rules
- e. All the above
- ☒ f. A, B, and D only

20. If an individual authorizes release of protected health information (PHI) that includes psychotherapy notes:

- a. I can release this PHI
- b. I don't have to consult with the patient about what information to release
- c. I can condition coverage or treatment on an authorization to use or disclose psychotherapy notes
- d. I am required to respond to an authorization for psychotherapy notes but I may use some discretion
- e. None of the above
- ☒ f. A, B, and D only

21. I don't need a business associate agreement for:

- a. My employees
- ☒ b. My cleaning service
- c. My corporate attorney
- d. Contracted employees such as a respiratory therapist who perform a substantial portion of their work at my facility
- e. None of the above
- f. A, B, and D only

22. The Privacy Rule requires the return or destruction of all protected health information (PHI) at the termination of a business associate agreement contract only where feasible or permitted by law:

- a. True ☒
- b. False ☐

## Answer Key

1. When a patient requests copies of his/her medical records:
  - a. I can set the rate at any amount I choose
  - b. I can charge \$1.00 per copy
  - c. I can charge reasonable cost-based fees - CORRECT
  - d. I can charge for retrieval as well as copying fees for retrieval
2. When a patient requests access to his/her medical records:
  - a. I always have to provide the complete record
  - b. I can provide a summary if I think it is too difficult for the patient to interpret
  - c. I need to have the requestor agree on charges for the summary in advance
  - d. B and C - CORRECT
3. A copy of an authorization:
  - a. Is okay, if legible
  - b. Is never acceptable
  - c. Is acceptable if all elements are included - CORRECT
  - d. Must be notarized
4. An authorization can be revoked:
  - a. Only within 30 days of the original authorization
  - b. By telephone request
  - c. Under no circumstances—once authorization is given, it cannot be revoked
  - d. If the requested action has NOT already been taken - CORRECT
5. Patient complaints must first be filed with the HME provider's office.
  - a. True \_\_\_\_\_
  - b. False \_\_\_\_\_ - CORRECT
6. If the Secretary of Health and Human Services (HSS) validates a complaint originating from my HME facility:
  - a. The Secretary of HSS just makes recommendations to the provider
  - b. There can be a \$100 penalty per complaint
  - c. Nothing will happen unless harm to patient is proven
  - d. It may result in a compliance review - CORRECT
  - e. My HME facility can respond to a request to amend a record: When I get around to it
  - f. Within 90 days
  - g. Only if deemed to affect a patient's care
  - h. Within 60 days - CORRECT

7. A organization can refuse to amend the record:
  - a. Under NO circumstances
  - b. If you do not find it necessary for patient care
  - c. Only if it doesn't affect insurance coverage
  - d. Under specific circumstances - CORRECT
8. The Notice of Privacy Practices (NPP) must be:
  - a. Given to each patient at the first visit
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  - a. It can't be changed
  - b. It can be changed if I have reserved this right in my notice - CORRECT
  - c. It has to be updated at least every year
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  - Train all personnel on the organization's privacy and security of PHI.
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  - All the above - CORRECT
  - A, B, and D only
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  - b. False \_\_\_\_\_



# Hospital Survey on Patient Safety

## Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- An **"event"** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- **"Patient safety"** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

## SECTION A: Your Work Area/Unit

*Luling Urgent Care*

In this survey, think of your "unit" as the work area, department, or clinical area of the hospital where you spend most of your work time or provide most of your clinical services.

What is your primary work area or unit in this hospital? Select ONE answer.

- ☐ a. Many different hospital units/No specific unit
- ☐ b. Medicine (non-surgical) ☐ h. Psychiatry/mental health ☒ n. Other, please specify:
- ☐ c. Surgery ☐ i. Rehabilitation
- ☐ d. Obstetrics ☐ j. Pharmacy
- ☐ e. Pediatrics ☐ k. Laboratory
- ☐ f. Emergency department ☐ l. Radiology
- ☐ g. Intensive care unit (any type) ☐ m. Anesthesiology

*Office Clinic Urgent Care*

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

# SOPS™ Hospital Survey

Co-worker #1

**Version: 1.0**

**Language: English**

## Note

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a Web-based survey, and preparing and analyzing data, and producing reports, please read the **Survey User's Guide**.
- For the survey items grouped according to the safety culture composites they are intended to measure, please read the **Items and Composites** document.
- To participate in the AHRQ Hospital Survey on Patient Safety Culture Comparative Database, the survey must have been administered in its entirety without significant modifications or deletions:
  - No changes to any of the survey item text and response options.
  - No reordering of survey items.
  - Questions added only at the end of the survey after Section G, before the demographic questions in Section H.

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



## SECTION F: Your Hospital (continued)

Think about your hospital...

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
5. Important patient care information is often lost during shift changes .....	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. It is often unpleasant to work with staff from other hospital units .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Problems often occur in the exchange of information across hospital units.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. The actions of hospital management show that patient safety is a top priority .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. Hospital management seems interested in patient safety only after an adverse event happens.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. Hospital units work well together to provide the best care for patients .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Shift changes are problematic for patients in this hospital.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5

## SECTION 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 event reports                | <input type="checkbox"/> d. 6 to 10 event reports    |
| <input checked="" 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 |

## SECTION H: Background Information

This information will help in the analysis of the survey results.

1. How long have you worked in this hospital?

- |   |  |
|---|--|
| <input checked="" 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 |

2. How long have you worked in your current hospital work area/unit?

- |   |  |
|---|--|
| <input checked="" 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 |

3. Typically, how many hours per week do you work in this hospital?

- |  |  |
|--|--|
| <input type="checkbox"/> a. Less than 20 hours per week        | <input type="checkbox"/> d. 60 to 79 hours per week    |
| <input checked="" type="checkbox"/> b. 20 to 39 hours per week | <input type="checkbox"/> e. 80 to 99 hours per week    |
| <input type="checkbox"/> c. 40 to 59 hours per week            | <input type="checkbox"/> f. 100 hours per week or more |

## SECTION A: Your Work Area/Unit (continued)

Think about your hospital work area/unit...

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
6 We are actively doing things to improve patient safety . . . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
7 We use more agency/temporary staff than is best for patient care .	<input checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9 Mistakes have led to positive changes here . . . . .	<input type="checkbox"/> 1	<input checked="" 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 don't happen around here . . . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION B: 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION F: Your Hospital (continued)

Think about your hospital...

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
5 Important patient care information is often lost during shift changes	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6 It is often unpleasant to work with staff from other hospital units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7 Problems often occur in the exchange of information across hospital units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8 The actions of hospital management show that patient safety is a top priority	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9 Hospital management seems interested in patient safety only after an adverse event happens	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10 Hospital units work well together to provide the best care for patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Shift changes are problematic for patients in this hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5

## SECTION 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 event reports               | <input type="checkbox"/> d 6 to 10 event reports    |
| <input checked="" 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 |

## SECTION H: Background Information

This information will help in the analysis of the survey results.

1. How long have you worked in this hospital?

- |   |   |
|---|---|
| <input checked="" 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 |

2. How long have you worked in your current hospital work area/unit?

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| <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 |

3. Typically, how many hours per week do you work in this hospital?

- |   |   |
|---|---|
| <input type="checkbox"/> a Less than 20 hours per week        | <input type="checkbox"/> d 60 to 79 hours per week    |
| <input checked="" type="checkbox"/> b 20 to 39 hours per week | <input type="checkbox"/> e 80 to 99 hours per week    |
| <input type="checkbox"/> c 40 to 59 hours per week            | <input type="checkbox"/> f 100 hours per week or more |



## SECTION A: Your Work Area/Unit (continued)

Think about your hospital work area/unit...

	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
6. We are actively doing things to improve patient safety .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
7. We use more agency/temporary staff than is best for patient care .....	<input checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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## SECTION B: 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PROTECTING CONFIDENTIALITY OF ELECTRONIC PHI				
Workstations	Y	N	NA	Recommended Solution(s)
Are workstation monitors in public areas positioned in a way to avoid observation by visitors? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
Are screens on unattended workstations returned to the logon screen or have a password-enabled screen saver? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>	<input checked="" type="checkbox"/>			
Are workstations turned off after business hours? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>	<input checked="" type="checkbox"/>			
Do staff protect their IDs and passwords and never share them? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>	<input checked="" type="checkbox"/>			
Do staff share workstations while logged in? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
Are passwords in plain sight or under mousepads? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
If asked, do staff refuse to give you their passwords or ID's? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Do workforce members in your area store electronic reports, spreadsheets or databases containing protected health information on workstations? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
If applicable, are laptops and personal digital assistants (PDAs) stored in locked areas? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
Have you ever noticed anyone in your service area using personal computers not belonging or registered with the Philadelphia VA Medical Center? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>		<input checked="" type="checkbox"/>		
Does your service area frequently do inventory to ensure that all of the equipment can be accounted for? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>			<input checked="" type="checkbox"/>	

CO-WORKER #1

# HIPAA RISK ASSESSMENT AUDIT










Service Area: \_\_\_\_\_

Date: \_\_\_\_\_

**45 C.F.R. § 164.530: Safeguards.** A covered entity must have in place appropriate administrative, technical and physical safeguards to protect the privacy of PHI (Protected Health Information).

	Y	N	NA	Recommended Solution(s)
<b>ORAL COMMUNICATIONS</b>				
Have you witnessed any of your staff discussing confidential Protected Health Information (PHI) among themselves in public areas? If Yes, explain why it occurs and give recommended improvements/safeguards.		✓		
Are visitors, other staff or patients able to hear medical discussions? If Yes, explain why it occurs and give recommended improvements/safeguards.	✓			
Have conversations with the patient and/or his/her family, which may include protected health information, been held in public areas? If Yes, explain why it occurs and give recommended improvements/safeguards.	✓			
Can phone conversations, which may be relaying protected health information, be easily overheard in public areas? If Yes, explain why it occurs and give recommended improvements/safeguards.		✓		
Is dictation completed in an area where protected health information can be overheard? If Yes, explain why it occurs and give recommended improvements/safeguards.			✓	
Except for the patient's name, is protected health information ever called out into the waiting area(s)? If Yes, explain why it occurs and give recommended improvements/safeguards.		✓		
When retrieving voice mail messages, is the answering machine volume turned down so messages being listened to cannot be overheard by others? If No, explain why it occurs and give recommended improvements/safeguards.	✓			
Are voicemail passwords unique -- not set to default settings or the last four digits of the phone number? If No, explain why it occurs and give recommended improvements/safeguards.		✓		



	Y	N	NA	Recommended Solution(s)
Do you routinely notify the intended recipient <u>before</u> sending confidential information? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Do you confirm receipt of fax <u>after</u> transmission? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are copy machines in enclosed areas to which only authorized personnel have access? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Do staff always remove originals and copies before leaving the copy machine? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
<b>PROTECTING CONFIDENTIALITY OF PAPER PHI</b>				
Are documents with protected health information placed face down or otherwise concealed to avoid casual observation in public areas, chart holders or at nurse's stations? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are paper records, reports and other types of paperwork containing protected health information distributed among staff in a concealed way to avoid casual observation by unauthorized personnel and/or visitors? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are documents with protected health information, that are being sent to another location, placed in a sealed envelope to avoid casual observation during delivery? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are paper records and medical charts stored or filed in such a way as to avoid observation by patients or visitors, or casual access by unauthorized staff? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
For units that are not staffed 24 hours, are patient records filed in locked storage cabinets or rooms that are locked? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				

Electronic Mail	Y	N	NA	Recommended Solution(s)
Do workforce members in your service area use e-mail to transmit protected health information? If Yes, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Do workforce members in your area conduct business communications containing protected health information using an e-mail account not provided by the United States Department of Veterans Affairs (i.e. hotmail, yahoo or MSN)? If Yes, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Do business e-mails from your service area include a confidentiality notice? If No, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Fax Machines</b>				
Is it common to find protected health information unattended on fax machines in your service area? If Yes, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are fax machines in enclosed areas to which only authorized personnel have access? If No, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are network printers in enclosed areas to which only authorized personnel have access? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Do staff immediately retrieve papers that contain confidential information from printers and fax machines? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are faxes sent with cover sheets containing a confidentiality statement? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
For faxes containing protected health information, are the cover sheets saved or a log kept of who they're sent to and when? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
If your fax machine is in a public area, is it placed in a "sleep" mode during non-work hours? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

OTHER	Y	N	NA	Recommended Solution(s)
Are the doors in your service area locked during extended periods of time when all employees are absent (i.e. all staff meetings, after hours)? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are visitors and patients given detailed directions or escorted to ensure they do not access staff areas, dictating rooms, chart storage, etc.? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Are those individuals not recognized in restricted areas challenged for identification? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Do authorized staff who have access to protected health information use only the minimum amount necessary to accomplish their duties? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Do any unauthorized personnel have keys and/or access to secured areas? <b>If Yes, explain why it occurs and give recommended improvements/safeguards.</b>				
Can you account for all keys and/or electronic access cards to secured areas? <b>If No, explain why it occurs and give recommended improvements/safeguards.</b>				
Does your service area have a detailed checklist of items to be returned or accesses removed upon an employee's termination (i.e. ID's to various computing systems, departmental keys, ID badges, computing equipment)? <b>If No, explain why and give recommended improvements/safeguards.</b>				

If you have any questions regarding the survey, feel free to contact the Philadelphia VA Medical Center Privacy Officer, Timothy H. Graham, directly at 215.823.6270.

	Y	N	NA	Recommended Solution(s)
Do white boards include only non-confidential patient-specific information? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there protected health information requested on sign-in sheets? If Yes, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are patient lists and/or sign-in sheets, including scheduled procedures, with information beyond room assignments readily visible by patients or visitors? If Yes, explain why it occurs and give recommended improvements/safeguards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are medical records or other protected health information removed from the facility for transport or any other purposes? If so, under what circumstances? AND What precautions are taken to safeguard the information?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Disposal of Paper PHI</b>				
Does your service area have a secured recycling bin (one with a locked top) to dispose of protected health information, if it is in a public area? If No, explain why it occurs and give recommended improvements/safeguards. OR Go to the next question.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Does your area have a paper shredder to dispose of protected health information? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Do staff, researchers and residents in your area remove/delete files, reports, databases or e-mails from their workstations with protected health information before transferring the workstation to another person for their use? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is shredding equipment located in an area that is secure from unauthorized personnel or visitors? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is confidential patient information discarded in regular wastebaskets? If Yes, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are films and other images properly discarded in a confidential manner as to avoid the disclosure of protected health information? If No, explain why it occurs and give recommended improvements/safeguards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

# Hospital Survey on Patient Safety

## Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- An **"event"** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm
- **"Patient safety"** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

## SECTION A: Your Work Area/Unit

*Luling Urgent Care*

In this survey, think of your "unit" as the work area, department, or clinical area of the hospital where you spend most of your work time or provide most of your clinical services.

What is your primary work area or unit in this hospital? Select ONE answer.

- ☒ a Many different hospital units/No specific unit
- ☐ b Medicine (non-surgical) ☐ h Psychiatry/mental health ☒ n Other, please specify
- ☐ c Surgery ☐ i Rehabilitation
- ☐ d Obstetrics ☐ j Pharmacy
- ☐ e Pediatrics ☐ k Laboratory
- ☐ f Emergency department ☐ l Radiology
- ☐ g Intensive care unit (any type) ☐ m Anesthesiology

*Urgent cares*

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/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 checked="" type="checkbox"/> 5
2 We have enough staff to handle the workload . . . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5