Pediatrix Safety Survey

Please complete the survey below.

Please note that this survey offers a “Save and Return” feature that allows you to save a partially-completed response. Click the “Save & Return” feature at the bottom of the page. A return code will be provided — be sure to save this code as it will be needed to re-enter the survey.

Thank you!

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### NICU Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital Name</td>
</tr>
<tr>
<td>2</td>
<td>Location:</td>
</tr>
<tr>
<td></td>
<td>Street</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td>3</td>
<td>Total number of beds</td>
</tr>
<tr>
<td>4</td>
<td>Average daily census</td>
</tr>
</tbody>
</table>
| 5 | How are patients identified at the bedside? | □ ID band secured to patient  
□ Barcoding  
□ Radio frequency ID  
□ Other  
(Check all that apply)  
Specify |  |
| 6 | Does your NICU capture data electronically? | □ Yes  
□ No  
If Yes, what tools do you use?  
□ BabySteps  
□ Neodata  
□ Epic  
□ Cerner  
□ Site of care  
□ Other  
(Check all that apply)  
Specify |  |
### Order Delivery Methods

7  Does your NICU allow verbal orders?  
   - Yes
   - No

   If yes, enter the approximate percentage of orders that are verbal.  
   (Enter percent 1 - 100)

8  Does your NICU use Computerized Provider Order Entry (CPOE)?  
   - Yes
   - No

   Does CPOE provide clinical decision support through dosing recommendations?  
   - Yes
   - No

   How many order-sets are in place within CPOE specifically for use within the NICU?  
   (Enter number 0 - 100)

   Are all drugs required to be entered as weight-based orders (e.g., mg/kg)?  
   - Yes
   - No

   Does your CPOE perform dose-range checking to alert the ordering provider if a drug order is over/under-dosed?  
   - Yes
   - No

### Staff Information

9  How many attending neonatologists round each weekday?  
   (Enter number 0 - 10)

10 Number of nights per week with a neonatologist taking in-house, overnight calls?  
    (Enter number 0 - 7)

11 During weekdays, how many clinical pharmacists round with NICU physicians, or are immediately available for bedside consults?  
    (Enter number 0 - 10)

12 During weekend days, how many clinical pharmacists round with NICU physicians, or are immediately available for bedside consults?  
    (Enter number 0 - 10)

13 Does a clinical pharmacist participate directly on clinical rounds?  
   - Yes
   - No

   How many days per week?  
   (Enter number 1 - 7)

14 Does your NICU include medical residents in patient care?  
   - Yes
   - No

15 Does your NICU include neonatal fellows in patient care?  
   - Yes
   - No

16 Does your NICU include advanced practitioners in patient care? (e.g., NNP's, PA's)  
   - Yes
   - No

   Employed by  
   - Pediatric
   - Hospital
   - Independent contractors
   - Other
   (Check all that apply)
### Medication Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 What are the total number of medication doses administered per year?</td>
<td>(This should come from pharmacy and be between 0 - 1000000)</td>
</tr>
<tr>
<td>18 Are there weight-based patient-specific dosing charts (electronic or written) available at the bedside for patients on continuous infusions of high-alert medications?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>19 Are standardized concentrations used for medications and drips?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>20 Are there any high risk medications that nurses are not allowed to prepare at the bedside, and must be prepared in the pharmacy?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>List the medications that must be prepared by the pharmacy.</td>
<td></td>
</tr>
<tr>
<td>21 Are oral medications dispensed only in oral syringes that cannot connect to parenteral tubing?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>22 Does your NICU use a standard volume for flushing intravenous medications?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>What volume of flush do you use?</td>
<td>(Enter ml between 1 - 20)</td>
</tr>
<tr>
<td>23 Does your NICU use a standard duration for flushing intravenous medications?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>What duration of flush do you use?</td>
<td>(Enter ml/hr between 1 - 90)</td>
</tr>
<tr>
<td>24 Does your NICU use a rate of infusion for flushing intravenous medications?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>What rate of infusion of flush do you use?</td>
<td>(ml/kg, must be a number)</td>
</tr>
<tr>
<td>25 What do bedside providers use to review medication appropriateness prior to administration?</td>
<td>Printed or written MAR review, Electronic MAR review, Barcoding, Radio Frequency ID, Independent double check, None, Other (Check all that apply)</td>
</tr>
</tbody>
</table>

None cannot be selected with other choices
Specify
## Devices

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26  Does your NICU have any IV infusion pumps in use that are not &quot;smart&quot; pumps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27  Do enteral feeding pumps have unique oral syringes, connectors, and tubing that are unable to connect to parenteral devices?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28  Does your NICU use Automated Dispensing Cabinets (ADC's)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## Adverse Drug Event Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29  How does your NICU collect information about adverse drug events?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30  Can events be reported anonymously?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

31  What is the percentage breakdown of the professional status of event reporters in an average month? (Please enter 0 for professional statuses that do not report events.)

- **Nursing staff**
- **Clinical pharmacists**
- **Respiratory therapists**
- **Advanced clinical practitioners**
- **Residents**
- **Fellows**
- **Attending physicians**
- **Other**
- **Specify**

Total percentage
Percentages above should equal 100.

32 Is every Adverse Drug Event report formally reviewed?  
- Yes
- No

33 Estimated number of adverse drug events (ADEs) reaching patients in the last 2 years (Grade C-I)  
(Enter a number)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>reached the patient, but did not cause harm</td>
</tr>
<tr>
<td>D</td>
<td>resulted in the need for increased monitoring but did not cause harm</td>
</tr>
<tr>
<td>E</td>
<td>resulted in the need for treatment or intervention and caused temporary patient harm</td>
</tr>
<tr>
<td>F</td>
<td>resulted in an initial or prolonged hospitalization and caused temporary patient harm</td>
</tr>
<tr>
<td>G</td>
<td>resulted in permanent patient harm</td>
</tr>
<tr>
<td>H</td>
<td>resulted in near-death event</td>
</tr>
<tr>
<td>I</td>
<td>resulted in death</td>
</tr>
</tbody>
</table>

34 Estimated number of ADEs reaching patients and causing harm (Grade E-I) in the last 2 years  
(Enter a number)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>resulted in the need for treatment or intervention and caused temporary patient harm</td>
</tr>
<tr>
<td>F</td>
<td>resulted in an initial or prolonged hospitalization and caused temporary patient harm</td>
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</table>

### Quality Processes

35 Does your NICU look at quality reports?  
- Yes
- No

What source(s) do you use?  
- Pediatric CDW
- VON
- Neonatal Research Network
- Other  
(Enter a number)

Specify

Who reviews the reports?  
- NICU medical director
- NICU quality officer
- Head of NICU nursing
- Hospital quality officer
- Other  
(Enter a number)

Specify

How frequently are the reports reviewed?  
- Monthly
- Quarterly
- Semiannual
- Annually
- Less than once a year
- There is no scheduled review
36. Are random safety audits conducted by members of the NICU team?  
   - Yes  
   - No

37. How many root cause analyses (RCA) does your NICU perform per year around Adverse Drug Events?  
   (Enter number 0-100)

38. Check the top 3 root cause categories identified in your most recent year of RCAs:  
   - Ordering error  
   - Transcription error  
   - Preparation error  
   - Dispensing error  
   - Administration error  
   - Monitor error  
   - Other  
   (Check three that apply)

39. Within the top root cause category, list three of the major themes (e.g., insulin errors, communication errors, electrolyte replacement errors, look-alike drug errors).

40. Who typically composes the membership of the RCA team?  
   - Nursing staff  
   - Nurse management  
   - Clinical pharmacists  
   - Respiratory therapists  
   - Advanced clinical practitioners  
   - Residents  
   - Fellows  
   - Attending physicians  
   - Medical director  
   - Hospital administration  
   - Risk management  
   - Other  
   (Check all that apply)

41. Are lessons learned from adverse drug events reviewed by all members of the staff?  
   - Yes  
   - No

42. Please provide a summary of additional practices that your site uses that may impact patient safety that were not asked above.

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**Safety Culture**

43. What tool do you use to evaluate Culture of Safety within the NICU?  
   - AHRO  
   - Safety attitude questionnaire (SAQ)  
   - Other  
   - None  
   (Check all that apply)

None cannot be selected with other choices

Please enter the information below for your most recent AHRO Survey

Date of AHRO survey  
   (Enter a date (m/d/y))
Please provide a numerical unit-level domain response for:

**Overall safety**

(Enter a number)

**Unit teamwork**

(Enter a number)

**Open communication**

(Enter a number)

**Handoffs**

(Enter a number)

**Staffing**

(Enter a number)

**Management support for safety**

(Enter a number)

**Local supervisor support for safety**

(Enter a number)

**Non-punitive**

(Enter a number)

Please enter the information below for your most recent SAQ Survey

**Date of SAQ survey**

(Enter a date (m/d/y))

Please provide a numerical unit-level domain response for:

**Composite score**

(Enter a number)

**Teamwork climate**

(Enter a number)

**Safety Climate**

(Enter a number)

**Perceptions of management**

(Enter a number)

**Job satisfaction**

(Enter a number)

**Working conditions**

(Enter a number)

**Stress recognition**

(Enter a number)

Please enter the information below for your most recent Other Survey

**Name of your culture safety survey**

______________________________

**Date of culture safety survey**

(Enter a date (m/d/y))

Please list the scores in all major domains for your most recent survey.

______________________________
44. Does your NICU adhere to any formal communications, cultural or safety training?

Which training(s) has your NICU received?

☐ Yes
☐ No

☐ Team STEPPS
☐ Communications in Healthcare
☐ CUSP
☐ Lateral Violence
☐ Other
(Check all that apply)

Specify

By what means was the teamwork training program delivered?

☐ Internal - "master trainers" champions within the NICU
☐ External - private vendors
☐ Web-based training
☐ Other
(Check all that apply)

Specify

Who receives training?

☐ Nursing staff
☐ Nurse management
☐ Clinical pharmacists
☐ Respiratory therapists
☐ Advanced clinical practitioners
☐ Residents
☐ Fellows
☐ Attending physicians
☐ Medical director
(Check all that apply)