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# SOPS® Health Information Technology (IT) Supplemental Item Set for the SOPS Hospital Survey

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**Language: English**

**Purpose:** This supplemental item set was designed for use with the core [SOPS® Hospital Survey Version 2.0](#) to help hospitals assess the extent to which their culture is sensitive to how the use of health IT affects patient safety.

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 this supplemental item set. This supplemental item set is intended for those who enter or review patient information in your hospital’s electronic health record (EHR) system(s). These items were **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.

**Placement:** This supplemental item set should be added to the end of the SOPS Hospital Survey 2.0, after Section F: Your Hospital, just before the Background Questions section. Be sure to include the introductory text and subheadings. Add the SOPS Hospital 2.0 Background Questions **after** these Health IT items.

**Composite Measures:** A composite measure is a grouping of two or more survey items that assess the same area of culture. The composite measures in this supplemental item set are listed below along with the internal consistency reliability scores (Cronbach’s alpha).<sup>1</sup>

- EHR System Training (3 items) (*Cronbach’s alpha = 0.76*)
- EHR System Support and Communication (3 items) (*Cronbach’s alpha = 0.73*)

**Additional Measures:** Other measures assess:

- EHR Patient Safety and Quality Issues (5 items)
- EHR and Workflow/Work Process (3 items)
- Overall EHR System Rating (1 item)

**Administration Instructions:** To submit data from this supplemental item set to the AHRQ [SOPS Hospital Survey Database](#), and to enable comparisons to the Database, administer the supplemental item set in its entirety without modifications or deletions:

- No changes to any of the survey item text and response options
- No reordering of survey items

**Calculating Results:** For more information on preparing and analyzing data and calculating results, please refer to Chapter 6 in the [Hospital Survey Version 2.0 User’s Guide](#). Additionally, the Data Entry and Analysis Tool for the Health IT Supplemental Item Set for hospitals can be used to calculate results. To request this tool, email [DatabasesOnSafetyCulture@westat.com](mailto:DatabasesOnSafetyCulture@westat.com).

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

**Last updated:** December 2022

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<sup>1</sup> Yount, N., Famolaro, T., Zebrak, K., & Sorra, J. (2018). Development, Pilot Testing, and Psychometric Analysis of the AHRQ Surveys on Patient Safety Culture® (SOPS™) Health IT Patient Safety Supplemental Item Set for Hospitals.

**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