Quality and Safety Management in Hospitals (QSMH)

Survey manual of the QSMH
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Preface

This questionnaire has been developed by the members of ENQual, the European Research Network on Quality Management in Health Care. This brochure describes the background and importance of the questionnaire. Furthermore, a short instruction is given about how to use the questionnaire for own purposes. The questionnaire is available in various languages.

The countries which participate in the ENQual network are: The Czech Republic, Denmark, Finland, Germany, Hungary, Lithuania, Poland, Spain, the Netherlands, the United Kingdom, Italy, and Slovakia.

Introduction

The ENQual Network: background

European countries differ in the quality policies they pursue and, consequently, the extent of quality and safety management in health care organisations differ per country. The European Research Network on Quality Management in health care (ENQual network) is a thematic network focussing on national quality policies, quality and safety management systems in hospitals, and on possibilities of comparative research between participating countries. The Network is funded by the European Commission, and is a part of the Quality of Life programme "Public Health" (generic activities, area 10); it aims to improve the health of European citizens by analysing "health policy initiatives and variations in health care models", and "the effectiveness of health interventions".

The ENQual network was established in January 2003 to facilitate and to coordinate the exchange of information and expertise on similarities and differences among European countries. The member-countries are represented by a key person (expert) in the field of quality and safety management in health care. These countries are: the Czech Republic, Finland, Denmark, Germany, Hungary, Lithuania, Spain, Poland, the Netherlands, the United Kingdom, Italy, and Slovakia.

Three workshops and a pilot study in hospitals were organised in order to gain insight into the national quality policy and the implementation of quality and safety management in hospitals (www.enqual.info).

Quality and safety management systems

The rationale of a quality and safety management system is that it can improve the performance of an organisation by facilitating more effective and efficient processes and by improving the collaboration between health care professionals. Thus, a quality and safety management system can be described as the organisational structure, responsibilities, processes, procedures, and resources used to control, assure and improve the quality and safety of care. Continuing improvement based on measured (clinical) results is one of the basic elements of a management system and implies the systematic monitoring and improvement of (parts of) the process of care through the quality cycle or feedback procedures.

Aim of the survey

Organizations that develop and implement a quality and safety management system need a reliable measuring instrument for the evaluation of these systems. An organization can collect information about its most important areas using the QSMH survey tool. On the other hand, policy makers want to get insight into the impact of the national quality policy. Health care insurance companies want to know whether the quality of care in a hospital of another country is guaranteed.

By gathering information from a sample or all hospitals, policy makers, umbrella organisations and insurance companies can monitor the implementation of quality and safety management systems within a whole health care sector.

Definition: Quality and safety management
All the procedures explicitly designed to monitor, assess, and improve the quality and safety of care, for example peer review, patient satisfaction surveys, incident reporting, complaint handling, audits, and compiling a quality or safety manual.

Development

The QSMH survey tool has first been developed in the Netherlands in 1994 and was updated in 2000[1]. The questionnaire was developed by researchers in co-operation with experts on quality improvement from different health care fields, and partly derived from the model of the European Foundation of Quality Management (EFQM).

The EFQM distinguishes five organization focal areas (e.g. leadership, policy and strategy, people management, resource management and process management). These are the 'enablers'. The enablers are necessary for the performance of every organisation. In addition, the Dutch Quality award model distinguishes five developmental stages leading to total quality management.

The QSMH survey tool contains a combination of the EFQM focal areas, the developmental stages of the Dutch Quality Award and health care specific issues like patient participation. For the survey instrument these focal areas have been operationalized in concrete questions.

With the final version of the QSMH survey tool an organization can gain information about the following focal areas:
- Policy and Strategy: Documents
- Personnel
- Protocols and procedures
- Elements of quality and safety management systems
- Collaboration and quality of the care chain
- Involvement of patients
- Perceived effects
- Culture and structure of the hospital
- Future

The survey contains a closed, Likert-type format with three or four ordinally scaled options per question and some nominally scaled options. In the survey the management was asked about concrete activities, such as the development of quality documents and the use of standards. The survey takes about 20-30 minutes to complete.

The psychometric properties have been tested[2] as well as the empirical applicability in three countries, e.g. the Netherlands, Finland and Hungary[3][4]. In the other countries participating in ENQuaL, the questionnaire has been tested within ten hospital of each country.

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[1] Sluijs EM, Wagner C. Progress in the implementation of Quality Management in Dutch health care: 1995-2000. *Int.J.Qual Health Care* 2003;15:223-234.

[2] Wagner C, DH de Bakker, PP Groenewegen. A measuring instrument for evaluation of quality systems. *International Journal for Quality in Health Care* (1999) 11 [2]:119-130

[3] Sluijs EM, Outinen M, Wagner C. The impact of legislative versus non-legislative quality policy in health care: a comparison between two countries. *Health Policy* 2001; 58: 2, p. 99-119.

[4] Wagner C, Gulacsi L, Takacs E, Outinen M. The implementation of quality systems in hospitals : a comparison between three countries. *BMC Health Services Research* 2006;6(1).

Instructions

In this section we will describe in six steps how you can use the QSMH survey tool to gain information about the implementation of quality and safety management systems in the hospital sector in your country.

STEP 1: DETERMINE WHOM TO SURVEY

All hospitals represent your population. From this population, you may want to survey management from every hospital, or you may want to focus on specific categories or areas. There are several ways to select a sample from a population. Several types of samples are described below. Select the type that best matches your needs, taking into account what is practical given your available resources.

• **hospitals in particular categories.** You may be interested only in surveying specific categories, such as academic hospitals. With this approach, you may select all units within a specific category or select a subset of the units. This approach alone, however, may not be sufficient to represent the views of all hospitals.

• **hospitals in particular areas.** You may want to survey hospitals in particular areas. The list below presents three examples of ways organizations can be selected using this approach, listed in order from **most** to **least** representative of the entire population:
- A **subset** of hospitals from **all** areas (most representative).
- **All** hospitals from **some** areas.
- A **subset** of hospitals from **some** areas (least representative).

STEP 2: Determine Your Sample Size

The size of your sample will depend on whom you want to survey and your available resources. While your resources may limit the number of institutions you can survey, the more organizations you survey, the more likely you are to adequately represent your population.

To determine your sample size, think about your budget and how many responses you want to receive (i.e. your response goal). Because not everyone will respond, you can expect to receive completed surveys from about 30 percent to 50 percent of your sample. Therefore, to reach your response goal, your sample size should be at least twice the number of responses you want to receive.

If the number of responses you eventually want to achieve is 200 completed surveys, you will have to provide surveys to at least 400 staff members.

STEP 3: Compile your sample list

After you have determined whom to survey and what the sample size will be, compile a list of institutions from which to select your sample. When you are compiling your sample list, include several items of information for each hospital:
- name hospital
- address
- category

If you are collecting information of all hospitals in a particular category, no sampling is needed; so simply compile a list of all these hospitals. If you are selecting a subset, you will need a method, such as simple random sampling or systemic sampling (e.g. every second on the list).

STEP 4: Track Response Rates

To ensure confidentiality, respondents are asked not to provide their names on the completed survey forms. It is sometimes helpful, however, to include a number or code, known as an identifier, on your surveys. Identifiers are used to track whether individuals have responded to the survey and/or to track the particular category associated with a completed survey. The advantage of using identifiers is that they allow you to track responses enabling you to:

• Send reminders and follow-up materials only to non-respondents, saving costs;

• Eliminate the possibility of someone completing more than one survey; and

• Calculate response rates at category level.

On the other hand, there are a number of disadvantages to using identifiers. Some respondents will be so concerned about the confidentiality of their responses that they will de-identify their own surveys by removing or marking out their identification number or code. Respondents may also refuse to complete the survey when they are concerned that their response will be tracked. Furthermore, the inclusion of any type of identifier on surveys mandates a very strict adherence to procedures protecting the confidentiality of the information linking individual staff to the identification numbers or codes.

To calculate your survey response rate, divide the number of completed and returned surveys (numerator) by the number of surveys sent (denominator). This equation often needs adjusting, however. The number of surveys "returned" depends on the criteria you use to define a "completed" survey. The number of surveys "sent" depends on how many organizations actually receive their survey. If a survey is returned due to a bad address or because an organization no longer exists, the case is ineligible for inclusion and would be subtracted from the denominator. We recommend using the following formula for an adjusted response rate:

$$\frac{\text{Number of complete, returned surveys}}{\text{Number of surveys distributed} - (\text{ineligibles} + \text{incomplete surveys})}$$

(minus) (plus)

STEP 5: Calculate Results

The QM activities are grouped under five focal areas. A sum score can be computed per focal area. The reliability per focal area is tested with Cronbach's alpha. The overall progress in QM activities can be expressed in the total sum score of the five focal areas. T-tests can be used to test the overall progress and the progress per subsector.

The relationship between the progress in QM on the one hand (dependent variable), and the cultural characteristics of the organization on the other hand (independent variable), can be investigated using step-wise regression analysis (overall and per subsector).

All missing values can be recorded as zero, assuming that 'missing' implies that the QM activity is 'not present' in the organization. The level of significance is set at $P<0.01$.

STEP 6: Conduct repeat surveys

The results can be tracked over time. Remember that changing the quality of health care takes a long time. Do not re-survey too frequently. Results don't change frequently. Moreover, if organizations are surveyed too often, they will become desensitized to the process and the results will be affected.

Survey: Quality and Safety Management in Hospitals (QSMH)

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Quality and Safety Management

in Hospitals (QSMH)

Questionnaire

Contents:
- **Policy and strategy: documents**
- **Personnel**
- **Protocols and procedures**
- **Elements of quality management systems**
- **Process and outcome evaluation**
- **Collaboration and quality of the care chain**
- **Involvement of patients**
- **Perceived effects**
- **Culture and structure of the hospital**
- **Future**
- **General Information**

POLICY AND STRATEGY DOCUMENTS

PS1. To what extent do the following documents exist in your hospital?

1 No, not applicable
2 Yes, this document is present in our hospital, but **not used** as part of the policy & control cycle
3 Yes, this document is **used** as part of the annual policy & control cycle

	1	2	3
Written description of the mission: the basic principles and vision of the organization	☐	☐	☐
'Process' description: a detailed description of the care processes the organization provides for various groups of patients	☐	☐	☐
Written description of the quality and safety policy: a description of the objectives with regard to quality& safety and the way in which it is to be achieved	☐	☐	☐
Quality working plan at hospital level: translation of the quality & safety policy into concrete measures designed to realise the quality & safety policy	☐	☐	☐
Quality & safety plan (including plans for improvement) at department level:			
- for some departments	☐	☐	☐
- for all departments	☐	☐	☐
Annual Quality & Safety Report (or Quality Section in the Annual General Report): a justification and the results of all activities which have been carried out within the framework of quality policy	☐	☐	☐
Quality & Safety Manual: a quality manual which contains all procedures (in full, or by reference) which pertain to quality management and those who are responsible for maintaining them	☐	☐	☐

Is there a distinction been made in your hospital between Quality and Safety issues?
If yes: Could you explain the difference for your hospital?

………

………

………

PS2. Have provisions for quality and safety improvement been made in your hospital?

☐ no, not specific provisions
☐ yes, a specific internal budget is reserved for quality and safety improvement
☐ yes, one or more steering groups or committees have been established
☐ yes, one or more quality and safety officers/coordinators have been appointed
☐ yes, an external company or advisor is involved
☐ other, namely:

PS3. Who are the 'promoters' of quality and safety improvement in your hospital?

☐ nobody in particular
☐ the steering group/committee
☐ the quality and safety officer
☐ an external company/advisor
☐ the professionals (care-providers)
☐ the directors or management
☐ the heads of departments/supervisory staff
☐ other, namely:

PERSONNEL

P1. To what extent is the personnel policy attuned to the quality and safety policy?

Stimulation
☐ staff/professionals are stimulated to further develop their professional expertise
☐ staff/professionals can participate in Q&S improvement activities during working hours
☐ staff/professionals receive systematic feedback on the results of the treatment of patients
☐ staff/professionals are encouraged to report adverse events
☐ the hospital has a blame-free reporting system

Selection and training
☐ selection of new personnel with a positive attitude to Q&S improvement
☐ training of supervisory staff/management in quality improvement methods
☐ training of staff/professionals in quality improvement methods
☐ advancement of expertise is based on priorities in the quality policy
☐ new staff/professionals are trained in quality improvement methods
☐ training in patient safety procedures

Steering
☐ the top management indicate what is expected from the staff/professionals with regard to the Q&S policy of the hospital
☐ the top management assess whether the staff/professionals adhere to the agreements which are made with regard to the Q&S policy of the hospital
☐ the top management monitors the execution of the departmental working plans
☐ none of the above-mentioned activities

P2. **Are working hours timetabled or made available for the nursing staff or medical specialists for one or more of the following activities?**

	nursing staff	medical specialists
working hours are planned/made available for:		
- post-graduate and further professional training	☐	☐
- training in the methods and techniques of Q&S improvement	☐	☐
- multi-disciplinary patient-health status discussions	☐	☐
- peer review	☐	☐
- internal or external audits	☐	☐
- participation in Q&S (improvement) projects	☐	☐
- development of protocols/guidelines	☐	☐
- others, namely: ……………………………………………………….		

P3. **Do the following activities take place in your hospital?**

1 =NO, not applicable in our hospital
2 = YES, the activity does take place in some departments (less than 50%) of our organization, but is not yet integrated in daily routines (inadequate use of the results for improvements)
3 =YES, the activity does take place in most departments (more than 50%) of our organization, and is integrated in daily routines and the Q&S management system (results are systematically used for improvements)

	1	2	3
Job description:			
A document which enumerates and defines the tasks which belong to the function of an employee	☐	☐	☐
Job assessment interviews:			
periodic job assessment or career discussions are held with personnel	☐	☐	☐
Monitoring the opinions of staff/professionals:			
staff/professionals are periodically asked whether they are satisfied with the work, the workload, the terms of employment, etc. (including satisfaction surveys or evaluation reports)	☐	☐	☐

PROTOCOLS, GUIDELINES AND PROCEDURES

G1. **What type of protocols or guidelines are used in your hospital?**

Protocols for professional activities:
☐ aimed at specific clinical procedures
☐ for patient information
☐ for the use of medical aids (such as crutches, bandages etc.)
☐ for critical moments in the care process
☐ for specific target groups or diagnoses
☐ for the routing of patients from admission to the conclusion of care
☐ for collaboration with/transfer of patients to other care-providers

G2. **For which of the following activities are there up-to-date hospital protocols or procedures? And for which is the application periodically assessed?**

	exists	application is periodically assessed
an up-to-date hospital protocol for:		
- registration of patient status/medical records	☐	☐
- use of prophylactic antibiotics	☐	☐
- pre-operative screening	☐	☐
- medication policy	☐	☐
- blood transfusion policy	☐	☐
- requesting blood and blood products	☐	☐
preventive protocols:		
- prevention of infection	☐	☐
- prevention of decubitus	☐	☐
- prevention of falls	☐	☐
- prevention of errors in the administration of medication	☐	☐
- reporting adverse events and near accidents	☐	☐
Patient Complaints protocols:		
- reception of complaints	☐	☐
- arbitration of complaints	☐	☐
- handling of complaints	☐	☐
- legal liability procedure	☐	☐

(i.e., hospital liability / professional liability for damage or injury

☐   none of the above-mentioned protocols

ELEMENTS OF QUALITY AND SAFETY MANAGEMENT SYSTEMS

D1. **Do the following activities take place in your hospital?**

1 = no, not applicable in our hospital

2 = Yes, the activity does take place in some departments (less than 50%) of our organization, but is not yet integrated in daily routines (inadequate use of the results for improvements)

3 = yes, the activity does take place in most departments (more than 50%) of our organization, and is integrated in daily routines and the Q&S management system (results are systematically used for improvements)

	1	2	3
Peer review: professionals within their own group assess and improve their activities (including improvement teams, quality circles)	☐	☐	☐
Medical audit: various disciplines work together to assess and improve the results of their activities	☐	☐	☐
Use of care/treatment plans: in individual care/treatment plans the care provided is recorded and periodically evaluated on the basis of pre-determined objectives	☐	☐	☐

	1	2	3

Internal assessment of the Q&S management system (internal audit):
all components of the quality management system are periodically assessed with regard
to appropriate functioning (i.e. whether all procedures are adhered to and are effective) ☐ ☐ ☐

External audit:
colleagues from similar institutions (or members of the same professional group) assess
the organization and make suggestions for improvement ☐ ☐ ☐

Management information system:
a management information system provides periodic overviews of the care provided and
the care outcomes; on the basis of these data the (quality) policy is evaluated and adjusted
where necessary ☐ ☐ ☐

Adverse event reporting system:
A system which requires clinical staff to report all matters relating to patient care where there
has been an unexpected problem with harm to the patient, such as infections, complications and
other adverse event ☐ ☐ ☐

Risk management:
A systematic process of identifying, assessing and taking action to prevent or manage
clinical adverse events in the care process ☐ ☐ ☐

Monitoring the opinions of patients:
patients are periodically requested to give their opinion of the care provided (including
satisfaction surveys) ☐ ☐ ☐

Monitoring the opinions of referring professionals or other partners in the care chain:
(including satisfaction surveys or evaluation reports) ☐ ☐ ☐

Market research into the needs of (potential) consumers:
through market research the organization investigates the need for existing and new types of care
or products ☐ ☐ ☐

Analysis of complaints:
Reports from the complaints committee, the reception of complaints and the
arbitration of complaints are periodically evaluated, on the basis of which ☐ ☐ ☐
structural improvements are implemented

Patient council:
on the basis of periodic discussions with the patient council improvements
in the quality of care are implemented. ☐ ☐ ☐

Benchmarking:
comparing specific results (indicators) to other hospitals (the best ☐ ☐ ☐
in class) to implement improvements

PROCESS AND OUTCOME EVALUATION

E1. **What data are used by the medical staff and by the (top) managers to evaluate and adjust the policy of your hospital?**

Data used from:	by medical staff	by (top) managers
- clinical indicators	☐	☐
- complication registration	☐	☐
- complaints registration	☐	☐
- monitoring the opinions of patients	☐	☐
- monitoring the opinions of staff	☐	☐
- exit interviews with patients	☐	☐
- exit interviews with staff	☐	☐
- views of the patient council	☐	☐
- assessment of guideline application	☐	☐
- incident reporting system	☐	☐
- results of internal audits	☐	☐
- results of external audits	☐	☐
- other, namely	☐	☐

E1. **Which indicators are used by the medical staff and by the (top) managers to monitor and adjust the quality?**

Indicators about	by medical staff	by (top) managers
- patient outcomes	☐	☐
- quality of life	☐	☐
- health status	☐	☐
- unit production data	☐	☐
- access time (duration until the first appointment)	☐	☐
- duration of the total care process	☐	☐
- waiting time (in the waiting room)	☐	☐
- illness and turnover of staff	☐	☐
- other, namely	☐	☐

COLLABORATION AND QUALITY OF THE CARE CHAIN

C1. **Can you give an indication of the relationship between hospital management and medical specialists in the quality policy?**

Hospital management and medical specialists:
- ☐ each develop their own quality policy
- ☐ each develop their own quality policy, but strive for attunement
- ☐ collaborate in the development of an integrated quality policy
- ☐ other, namely ....

C2. **Do you work together with other care-providers to monitor and improve the quality of the whole care process (care chain)?**

- ☐ no, there is no joint quality monitoring
- ☐ yes, there is joint quality monitoring, containing the following elements:
  - ☐ mutual discussions to evaluate the quality
  - ☐ a documented mutual view
  - ☐ joint protocols for patient transfer between partners in the chain
  - ☐ an explicit allocation of responsibilities
  - ☐ a method for the registration, for example, of care outcomes
  - ☐ mutual discussion of these outcome data
  - ☐ care providers from various disciplines hold joint patient consultations
  - ☐ joint complaint registration
  - ☐ joint quality reporting

C3. **Can you indicate for which disease-specific care chains this type of quality management exists?**

- ☐ cardiovascular complaints
- ☐ diabetes
- ☐ asthma/COPD
- ☐ CVA (cerebro vascular accident)
- ☐ other, namely..

I1. In which of the following activities are individual patients and/or patient organizations involved?

	no, or n.a.	yes, patients are involved	yes, patient organizations are involved
- development of quality criteria/standards	☐	☐	☐
- design of protocols/standards	☐	☐	☐
- evaluation whether the quality objectives have been achieved	☐	☐	☐
- participation in (quality) committees	☐	☐	☐
- participation in improvement projects	☐	☐	☐
- discussion of the results of patient surveys, the handling of complaints, etc.	☐	☐	☐
- other, namely	☐	☐	☐

I2. Does your hospital provide patients with standard written information about their legal rights? If so, about which aspects?

☐ no, no standard written information about legal rights is provided

☐ yes, standard written information about legal rights is provided, namely about (tick where applicable):
　☐ requirements for consent (in accordance with the law)
　☐ the complaints reporting office and the complaints procedure
　☐ privacy rights
　☐ patients' right to inspect their own file
　☐ legal liability procedure
　☐ the client council

I3. What is the relationship between patient organizations and your hospital?

☐ periodic discussions are held with the patient/consumer organization(s)
☐ patient/consumer organizations assess the hospital
　recommendations made by these organizations are incorporated in (new) policies
☐ these organizations are informed about the results of their recommendations

Other, namely ....

PE1. What positive effects do you expect (or have already been achieved) as a result of quality management?

	not expected	expected	already achieved
Patients:			
- increased patient-orientation	☐	☐	☐
- increased patient satisfaction	☐	☐	☐
Personnel:			
- increased staff satisfaction	☐	☐	☐
- increased efforts and flexibility of staff	☐	☐	☐
Organization:			
- increase in controllability of the organization by the management	☐	☐	☐
- improved profile of the organization	☐	☐	☐
- increased satisfaction of external parties (e.g. referring professionals, funding organizations, patient organizations, etc.)	☐	☐	☐
Quality of care:			
- improvement in treatment/care processes	☐	☐	☐
- improvement in treatment results (outcome)	☐	☐	☐
Financial effects:			
- increase in productivity (e.g. bed occupancy rates)	☐	☐	☐
- cost-savings in the long-term **in the hospital itself**	☐	☐	☐
- cost-savings, but **not in the hospital itself**	☐	☐	☐
other, namely	☐	☐	☐

PE2. Has the number and nature of regulations and procedures in your hospital changed as a result of quality management?

☐ no, no change
☐ more regulations/procedures have been introduced
☐ unnecessary regulations/procedures have been abolished
☐ there is better surveillance of the regulations/procedures
☐ implicit regulations/procedures have been formalized
☐ there is better assessment of the implementation of regulations/procedures
☐ improved updating of the regulations/procedures and improved evaluation of their effects

PE3. Has your hospital experienced any negative effects as a result of quality management?

☐ there have been no negative effects
☐ costs have increased
☐ fixed attitude, i.e. lack of flexibility among staff
☐ workload has increased
☐ demotivation/dissatisfaction among staff
☐ other, namely ....

CULTURE AND STRUCTURE

U1. How would you describe the type of organizational structure and culture in your hospital?

	hierarchical				*horizontal*
the organizational structure is hierarchical or horizontal	1	2	3	4	5
	central				*decentral*
the decision-making is central or decentral	1	2	3	4	5
	many				*few*
in the hospital many activities or few activities are regulated by protocols	1	2	3	4	5
	reserved				*flexible*
the attitude towards innovation is reserved or flexible	1	2	3	4	5
	formal				*informal*
interpersonal communication is formal or informal	1	2	3	4	5
	weak				*strong*
the staff has weak/strong bonds with the hospital	1	2	3	4	5
	frontrunner				*follower*
the hospital is a frontrunner or a follower with regard to quality management	1	2	3	4	5

U2. Can you indicate the extent to which the following statements apply to your hospital?

		totally agree				totally disagree
waiting lists:	there are too many people on the waiting list for our hospital	1	2	3	4	5
workload:	the workload in our hospital is too heavy	1	2	3	4	5
vacancies:	the hospital has too many vacancies which are impossible to fill	1	2	3	4	5
mergers:	the hospital is overly taken up by a merger with another health care organization or the aftermath of a merger	1	2	3	4	5
competition:	the hospital experiences too much competition	1	2	3	4	5
sickness	the rate of sickness absenteeism in the	1	2	3	4	5
absenteeism:	hospital is too high	1	2	3	4	5

F1. Have certain parts of your hospital been assessed in the past 5 years? And/or are you striving to have (parts of) the hospital (re-)assessed in the coming 3 years?

	the hospital has already been assessed	the hospital is striving for (new) assessment
- by a patient/consumer organization	☐	☐
- by an independent institute (e.g. a certifying institution)	☐	☐
- by a national accreditation institute	☐	☐
- other, namely	☐	☐

F2. What are the major priorities in quality management for the coming year?

☐ training in quality management
☐ formulation of procedures/guidelines/protocols
☐ quality projects/improvement projects
☐ consistently adhering to the quality cycle (plan-do-check-act)
☐ evaluation studies/patient surveys
☐ internal assessments (audits)
☐ external assessments/accreditation/certification
☐ internal re-design of care processes
☐ mutual re-design of care processes with partners in the chain
☐ regional attunement and collaboration
☐ other, namely ....

F3. Long-term: What are the two most important fields of interest in your hospital for the coming 5 years?

1 ....

2 ....

F4. Has a choice been made at management level for a specific quality model or system for the entire hospital?

☐ no
☐ yes, a choice has been made for:..

GENERAL INFORMATION

GI1. Please indicate how many full-time equivalents there are in your hospital?

. . . . . . full-time **equivalents** in our hospital

GI2. Please indicate how many beds are available in your hospital?

. . . . . . beds in our hospital

GI3   Is your hospital a regional or a university hospital?

☐ regional hospital
☐ university hospital

GI4.Is your hospital presently involved in a major reorganisation?

☐ no
☐ yes

GI5. Please indicate who has completed this questionnaire.

☐ medical director / member of management
☐ quality officer
☐ other, in the following position: . . . .

GI6.   Were all the questions on this questionnaire clear and unambiguous?

☐ yes
☐ no

If not, please indicate the question(s) where there was lack of clarity: . . . .

Many thanks for completing this questionnaire

The questionnaire can be returned in the pre-addressed envelope.

* * * * * * * * *