

Florida Patient Safety Corporation Near Miss Reporting Application

Florida Patient Safety Corporation
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Hospital Near Miss Project Application

Hospital Contact Information

1. Hospital Name _____

Facility Location

2. Street Address _____

3. Street Address _____

4. City _____ State _____ Zip _____

Key Contact Person *(The person who will act as the key contact with FPSC for all project information.)*

5. Key Contact Name _____

6. Key Contact Title _____

7. Key Contact's Email _____

8. Key Contact Phone Number _____

Key Contact Backup *(The person responsible for all project information in the absence of the Key Contact Person.)*

9. Backup Contact Name _____

10. Backup Contact Title _____

11. Backup Contact's Email _____

12. Backup Contact Phone Number _____

Demographics (please check the one response that best applies)

13. Number of beds currently set up and staffed for use in your hospital:

- Fewer than 50 beds
- 50 to 100 beds
- 101 to 299 beds
- 300 to 499 beds
- 500 beds or over

14. Type of Hospital:

- State or local government
- Non-government, not-for-profit
- Investor owned, for profit
- Academic Medical Center
- Military
- Veterans' Affairs
- US Public Health Service
- Birthing Center
- Ambulatory Care
- Other _____

15. Type of service specialty that your hospital provides to the majority of patients:

- General medical and surgical
- Psychiatric
- Rehabilitation
- Specialty: Pediatric
- Specialty: Oncology
- Orthopedic
- Other _____

16. Does your hospital have a physician residency training program that has been approved by the Accreditation Council for graduate Medical Education:
 Yes
 No

17. Is your hospital part of a larger health care system?:
 Yes (Parent System Name) _____
 No

18. Location of your hospital:
 Urban - Located within a major US city
 Suburban - Located in a county adjacent to a major US city
 Rural - Located in an agricultural county or county outside of a 2 hour drive to major US city

19. Any other comments you would like to add, such as why you want to participate?

Computer Capabilities

20. How readily accessible are computers to your employees? Are computers located at each nursing station?

21. Is a computer shared and if so, how many employees typically share a computer?

22. Are there any personnel that could potentially need to report a near miss but do not have easy access to a computer with internet access (ex non-permanent staff, residents, etc)?
Yes _____ No _____

23. Do these computers have internet access?
Yes _____ No _____

24. Does your facility have an intranet? If so, is it accessed by staff computers?
Yes _____ No _____

25. If your facility does have an intranet, would it be possible to add a link to the Near-Miss reporting website?

Facility Culture - Please indicate your agreement or disagreement with the following statements about your hospital.

26. Your health care facility has an excellent reputation for patient safety
 Strongly Disagree
 Disagree
 Neither
 Agree
 Strongly Agree

27. Your health care facility stresses patient safety
 Strongly Disagree
 Disagree
 Neither
 Agree
 Strongly Agree

28. Staff feels like there is a blame culture present
 Strongly Disagree
 Disagree
 Neither
 Agree

Strongly Agree

29. There is a system in place which allows others to learn from individual errors

Strongly Disagree

Disagree

Neither

Agree

Strongly Agree

30. Dialogue is encouraged for open communication

Strongly Disagree

Disagree

Neither

Agree

Strongly Agree

31. Staff routinely discuss ways to prevent errors from happening

Strongly Disagree

Disagree

Neither

Agree

Strongly Agree