

Patient Measure of Organisational Safety (PMOS) QUESTIONNAIRE

What is the questionnaire about?

This questionnaire aims to help us understand about patient safety from the patients' perspective and to identify areas of strengths and weakness within hospitals. It contains factors that have been identified by patients that may affect their safety whilst using NHS services.

Completing the questionnaire

Please read each statement carefully, keeping in mind **your current** stay in hospital and circle **one** option for each question. If you have had **no experience** of, or **do not know** the answer to a statement, please circle N/A, "not applicable". This will take you between 10-15 minutes to complete.

IMPORTANT. Please indicate the date you have completed this questionnaire:

Date: _____



Please indicate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Applicable	Additional Comments
1. I was always treated with dignity and respect.	1	2	3	4	5	N/A	
2. After a shift change staff knew important information about my care.	1	2	3	4	5	N/A	
3. Staff caring for me were always able to get advice from other areas/specialties when needed.	1	2	3	4	5	N/A	
4. A doctor changed my plan of care and other staff didn't know about it.	1	2	3	4	5	N/A	
5. I got answers to all the questions I had regarding my care.	1	2	3	4	5	N/A	
6. I knew what the different roles of the people caring for me were.	1	2	3	4	5	N/A	
7. On at least one occasion a member of staff was not able to use the necessary equipment	1	2	3	4	5	N/A	
8. My treatment/ procedure/ operation did not always happen on time.	1	2	3	4	5	N/A	
9. When staff talked about my care with others the information they shared was correct.	1	2	3	4	5	N/A	

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Applicable	Additional Comments
10.The physical environment made it difficult for staff to do their jobs e.g. poor lighting, extreme temperatures, position of the nurses' station.	1	2	3	4	5	N/A	
11.I was on a ward that was not able to deal with my treatment needs	1	2	3	4	5	N/A	
12.I always had to wait too long after pressing my buzzer for a staff member to arrive.	1	2	3	4	5	N/A	
13.It was clear who was in charge of staff	1	2	3	4	5	N/A	
14.There was not enough space on the ward.	1	2	3	4	5	N/A	
15.There was always a member of staff available with the knowledge/skills to perform specific tasks.	1	2	3	4	5	N/A	
16.I noticed that staff had different ways of doing the same thing e.g. performing tasks, prescribing medication.	1	2	3	4	5	N/A	
17.The hospital departments were very clean.	1	2	3	4	5	N/A	
18.I didn't know who to go to if I needed to ask a question.	1	2	3	4	5	N/A	

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Applicable	Additional Comments
19.I was discharged from hospital before I felt it was appropriate.	1	2	3	4	5	N/A	
20.On at least one occasion a member of staff was not able to carry out a task that they should have been able to do.	1	2	3	4	5	N/A	
21.The physical environment of the ward/department was comfortable for patients e.g. lighting levels, noise levels, temperature and cleanliness.	1	2	3	4	5	N/A	
22.I felt that the attitude of staff towards me was good.	1	2	3	4	5	N/A	
23.I have always known which person/team was responsible for my treatment.	1	2	3	4	5	N/A	
24. Staff always seemed to know what they were meant to be doing.	1	2	3	4	5	N/A	
25.I always felt that staff listened to what I had to say about my illness /symptoms/ treatment.	1	2	3	4	5	N/A	
26.Too few staff meant that things didn't get done on time. E.g. attending to call bells, removing bodily fluids, toileting patients, feeding patients.	1	2	3	4	5	N/A	
27.Staff gave me different information about my treatment/care.	1	2	3	4	5	N/A	

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Applicable	Additional Comments
28. Staff/patients waited a long time for porters to arrive.	1	2	3	4	5	N/A	
29. Information about me that my health care team needed was always available.	1	2	3	4	5	N/A	
30. Staff worked together as a team here.	1	2	3	4	5	N/A	
31. There was equipment that staff/patients found difficult to use. e.g. call bells, monitoring equipment, beds, hoists.	1	2	3	4	5	N/A	
32. I have needed treatment and there has been no-one available who was qualified to do it.	1	2	3	4	5	N/A	
33. My test results were always available when required e.g. scans, blood tests, x-rays.	1	2	3	4	5	N/A	
34. Staff always know everything they needed to know to care for me. e.g. allergies, other conditions, medical history, medications	1	2	3	4	5	N/A	
35. I was always given enough information.	1	2	3	4	5	N/A	
36. Nurses were sometimes unable to get help from other staff when they asked for it.	1	2	3	4	5	N/A	

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Applicable	Additional Comments
37.Equipment needed for my care was always working properly.	1	2	3	4	5	N/A	
38.I have overheard private/personal conversations about myself or other patients.	1	2	3	4	5	N/A	
39.Inexperienced staff seemed to find it hard when they were left to do things on their own.	1	2	3	4	5	N/A	
40.Equipment and supplies were not always available when needed e.g. hoists, bed pans, drugs.	1	2	3	4	5	N/A	
41.Staff always agreed about my treatment/care.	1	2	3	4	5	N/A	
42.I always felt that staff listened to me about my concerns	1	2	3	4	5	N/A	
43.Drugs I have been prescribed were not always available.	1	2	3	4	5	N/A	
44.I always felt that patient safety was a top priority.	1	2	3	4	5	N/A	

Please give examples of safe/unsafe practice

Any additional comments.

Please turn over.

CQUIN Indicator questions from the Picker Survey

Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Did you find someone on the hospital staff to talk to about your worries and fears?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I had no worries or fears

Were you given enough privacy when discussing your condition or treatment?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

Thank you for taking the time to complete this questionnaire. Your contribution is very important to us.