

Survey of Staff Perceptions of Intervention Effectiveness

Item	RESPONSE					
1. Are you aware that an event (describe event) occurred here?	YES	NO	Don't Know			
2. Are you aware of the root causes of this event?	YES	NO	Don't Know			
3. Are you aware of the outcomes of this event for the patient?	YES	NO	Don't Know			
4. Please rate the amount of risk this event poses for patients on this unit on a scale of 1 (minimal risk) to 7 (extreme risk)	1	2	3	4	5	6
			7			
5. Do you believe the interventions put in place as a result of this event will decrease risk to future patients?	YES	NO	Don't Know			
5.a. If you marked NO for item 6 above, please explain why the interventions will not decrease risk?						
6. Do you believe the interventions put in place as a result of this event have been effectively and consistently implemented?	YES	NO	Don't Know			
7. How has the degree of risk related to the processes involved in the event changed since intervention was put in place? (Circle the one best answer).						
Significant Increase	Slight Increase	No change in risk	Slight Decrease	Significant Decrease		
8. Please describe any unintended consequences of implementing the intervention.						
9. Please tell us anything else you would like us to know about interventions put into place as a result of the root cause analysis process.						