Online questionnaire

Monitoring of the implementation success of internal reporting and learning systems

The original version is in German. This is the English translation for publication.

The aim of the survey is to determine how the implementation success of internal reporting and learning systems is monitored in German hospitals.

Part A: State of implementation
Part B: Outcomes of implementation effectiveness
Part C1: Structural data on hospitals
Part C2: Structural data on the participant

Guidelines:
Reporting and learning systems (RLSs) will be abbreviated as “reporting systems” in this questionnaire. Filling in this questionnaire takes approximately 30 minutes. Please mark the applicable answer. Questions with multiple-choice answers are highlighted. You also have the opportunity to write free text answers. Please insert TAN again here: ___________

PART A. Questions about the state of the implementation of the reporting and learning system (reporting system)

1. Which type of learning system is used in your hospital?
   ☐ Internal ☐ Hospital wide ☐ Internal and hospital wide ☐ None

2. When was it decided to implement an internal reporting system? (Selection field: year)

3. Where is the internal reporting system implemented?
   ☐ Single wards, specialised or functional areas
   ☐ Whole hospital
   ☐ Whole hospital group
   ☐ Other areas

3.1. If you have marked “other areas”, please list them below:

____________________________
4. Which groups of people are allowed to write reports in the reporting system at your hospital? (*Multiple answers allowed*)

- All groups of people
- Nursing staff
- Medical services
- Special services
- Functional services
- Technical services
- Clinical personnel
- Administrative services
- Technical equipment and services
- Economic and supply services
- Education staff
- Other services

4.1. If you have marked “other services”, please specify: ____________________

5. Is the implementation of the reporting system monitored at your hospital?

- Yes
- No

6. How is the implementation of the reporting system monitored? (*Please explain*)

________

7. Is the internal reporting system implemented successfully?

- Yes, completely
- Yes, partially
- Not yet

8. What criteria do you use to determine that the internal reporting system has been implemented successfully? (*Please explain*) ________________________________

Part B. Questions about outcomes of implementation effectiveness at your hospital

1. How can you measure whether the reporting system is acceptable to users? (acceptability)
2. How can you obtain information from users about their willingness to test or use the reporting system? (readiness for implementation)
3. How can you assess whether the reporting system is relevant to and suitable for the hospital (appropriateness)?
4. How can you estimate the relationships between costs (e.g., training and working hours) and benefits of implementing the reporting system (implementation costs)?
5. How can you monitor whether the reporting system is feasible or implementable at your hospital (feasibility)?
6. How can you obtain information about whether the implementation process of the reporting system deviates from the project plan and must be adjusted (implementation plan compliance)?

7. How can you measure whether the reporting system is used across areas and services within the hospital (e.g., administrative services, cleaning services, nursing and medical staff, and physicians) (penetration)?

8. How can you obtain information about whether the reporting system has established itself in the hospital beyond the project phase and has been integrated into the existing routines (sustainability)?

9. How relevant is it for you to record information regarding the following criteria to assess implementation?

|                  | Highly relevant | Relevant | Slightly relevant | Not relevant |
|------------------|-----------------|----------|-------------------|--------------|
| 1. Acceptability (user) | ☐              | ☐        | ☐                 | ☐            |
| 2. Adoption (user)       | ☐              | ☐        | ☐                 | ☐            |
| 3. Appropriateness (relevance/suitability) | ☐              | ☐        | ☐                 | ☐            |
| 4. Implementation costs (organization)      | ☐              | ☐        | ☐                 | ☐            |
| 5. Feasibility (of the reporting system)    | ☐              | ☐        | ☐                 | ☐            |
| 6. Fidelity (deviation from the planned implementation process) | ☐              | ☐        | ☐                 | ☐            |
| 7. Penetration (knowledge and continuous use of the reporting system) | ☐              | ☐        | ☐                 | ☐            |
| 8. Sustainability (establishment of the reporting system in clinical routines) | ☐              | ☐        | ☐                 | ☐            |

Part C1. Information about the hospital

1. In which federal state is your hospital located? (Selection field: federal states)

2. Please indicate the size of your hospital using the number of planned beds for full-time care:
   - ☐ 50-299 beds
   - ☐ 300-599 beds
   - ☐ More than 600 beds

3. What is the ownership structure of your hospital?
   - ☐ Nonprofit
   - ☐ Public
   - ☐ Private

4. How many inpatient cases do you treat per year?
   (Partial inpatient or outpatient cases and transfers from other hospitals are excluded)
Part C2. Information about the participant

1. What is your function at the hospital? *(Multiple answers possible)*
   - [ ] Quality manager
   - [ ] Quality assurance representative
   - [ ] Risk manager
   - [ ] Risk assurance representative
   - [ ] Other

1.1. If you have marked “other”, please indicate your function at your hospital: ____

2. Please indicate your professional qualification: _________________________________

3. Please indicate your relevant professional training:
   _________________________________

4. How many years of experience do you have in working with reporting systems in general?
   _________________________________

5. Please indicate your age *(in years)*: _________________________________

6. Please state your gender.
   - [ ] Inter/Diverse
   - [ ] Male
   - [ ] Female

7. Do you have other comments on the topic and/or the design of this survey? If so, provide them here: _________________________________

8. Would you like to be informed about the results of this survey?
   - [ ] Yes please
   - [ ] No thanks

Thank you very much for your support!