

## 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*)

- |   |   |
|---|---|
| <input type="checkbox"/> All groups of people             | <input type="checkbox"/> Nursing staff                |
| <input type="checkbox"/> Medical services                 | <input type="checkbox"/> Special services             |
| <input type="checkbox"/> Functional services              | <input type="checkbox"/> Technical services           |
| <input type="checkbox"/> Clinical personnel               | <input type="checkbox"/> Administrative services      |
| <input type="checkbox"/> Technical equipment and services | <input type="checkbox"/> Economic and supply services |
| <input type="checkbox"/> Education staff                  | <input type="checkbox"/> 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. <b>Acceptability</b> ( <i>user</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <b>Adoption</b> ( <i>user</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. <b>Appropriateness</b> ( <i>relevance/suitability</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <b>Implementation costs</b> ( <i>organization</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. <b>Feasibility</b> ( <i>of the reporting system</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. <b>Fidelity</b> ( <i>deviation from the planned implementation process</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. <b>Penetration</b> ( <i>knowledge and continuous use of the reporting system</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. <b>Sustainability</b> ( <i>establishment of the reporting system in clinical routines</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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*)

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## Part C2. Information about the participant

### 1. Wat 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!***