QUALITY KENTUCKY

Health Care Quality Improvement Continues



Surveys on Patient Safety Culture

The Kentucky Hospital Association administers the Agency for Healthcare Research & Quality (AHRQ) Surveys on Patient Safety Culture or SOPS® as an integral part of KHA Quality Services.[1] The overall goal of the SOPS surveys is to create an organizational culture that promotes communication among all members of the health care team and increases reporting of patient safety concerns and conditions whether actual or near misses.

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The survey supports the aim to reduce patient harm and improve patient safety by allowing organizations to:

- Examine patient safety culture perceptions from hospital or medical office staff
- Assess safety at culture multiple levels – within health care systems, hospitals, departments, units and medical offices
- Provide for tracking changes in culture over time
- Provide a resource for comparing your survey results to similar types of hospitals across the country (participation in the Comparative Database is voluntary)

KHA will assist hospitals with the survey process as follows:

- Provide an online survey tool via one of the following methods
  - Anonymous – survey link provided to facility SOPS® coordinator for distribution to staff
  - Confidential – survey link provided to individual respondents from KHA via email from Survey Monkey (facility must provide respondent email addresses to KHA in a spreadsheet or csv file format)
- Aggregate survey results
- Provide detailed customized reports
- Upload data to the national Agency for Healthcare Research and Quality (AHRQ) comparative database (optional)
- Provide comparative results at re-survey – recommended at one to two-year intervals

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[1] The Surveys on Patient Safety Culture or SOPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). The trademark signifies that the surveys and items were developed in accordance with principles and standards established by the Agency

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The Hospital Survey on Patient Safety Culture (HSOPS®) Version 2.0 consists of a total of 32 items.

Six (6) single-item measures

- One survey item asking how many patient safety events the respondent has reported
- One survey item asking respondents to provide an overall rating on patient safety for their unit/work area
- Four survey items on respondents' background characteristics (staff position, unit/work area, hospital tenure, unit/work area tenure, work hours, interaction with patients)

Thirty-two survey items grouped into 10 composite measures as described below:

Patient Safety Culture Composite Measures	Definition: The extent to which . . .	# of Items
Communication about Error	Staff are informed when errors occur, discuss ways to prevent errors and are informed when changes are made.	**3**
Communication Openness	Staff speak up if they see something unsafe and feel comfortable asking questions.	**4**
Handoffs and Information Exchange	Important patient care information is transferred across hospital units and during shift changes.	**3**
Hospital Management Support for Patient Safety	Hospital management shows that patient safety is a top priority and provides adequate resources for patient safety	**3**
Organizational Learning—Continuous Improvement	Work processes are regularly reviewed, changes are made to keep mistakes from happening again and changes are evaluated.	**3**
Reporting Patient Safety Events	Mistakes of the following types are reported: 1)Mistakes caught and corrected before reaching the patient and 2) mistakes that could have harmed the patient but didn't.	**2**
Response to Error	Staff are treated fairly when they make mistakes and there is a focus on learning from mistakes and supporting staff involved in errors.	**4**
Staffing and Work Pace	There are enough staff to handle the workload, staff work appropriate hours and do not feel rushed and there is appropriate reliance on temporary, float or PRN staff.	**4**
Supervisor, Manager or Clinical Leader Support for Patient Safety	Supervisors, managers or clinical leaders consider staff suggestions for improving patient safety, do not encourages taking shortcuts and take action to address patient safety concerns.	**3**
Teamwork	Staff work together as an effective team, help each other during busy times and are respectful.	**3**

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The Medical Office Survey on Patient Safety Culture (MOSOPS®) consists of a total of 38 items.

There are 38 items grouped into 10 composite measures:

Patient Safety Culture Composite Measures	Definition: The extent to which . . .	# of Items
Communication about Error	Providers and staff are willing to report mistakes they observe and do not feel like their mistakes are held against them, and providers and staff talk openly about office problems and how to prevent errors from happening.	**4**
Communication Openness	Providers in the office are open to staff ideas about how to improve office processes, and staff are encouraged to express alternative viewpoints and do not find it difficult to voice disagreement.	**4**
Office Processes and Standardization	The office is organized, has an effective workflow, has standardized processes for completing tasks and has good procedures for checking the accuracy of work performed.	**4**
Organizational Learning	The office has a learning culture that facilitates making changes in office processes to improve the quality of patient care and evaluates changes for effectiveness.	**3**
Overall Perceptions of Patient Safety and Quality	The quality of patient care is more important than getting more work done, office processes are good at preventing mistakes, and mistakes do not happen more than they should.	**4**
Owner/Managing Partner/ Leadership Support for Patient Safety	Office leadership actively supports quality and patient safety, places a high priority on improving patient care processes, does not overlook mistakes and makes decisions based on what is best for patients.	**4**
Patient Care Tracking/ Follow-up	The office reminds patients about appointments, documents how well patients follow treatment plans, follows up with patients who need monitoring and follows up when reports from an outside provider are not received.	**4**
Staff Training	The office gives providers and staff effective on-the-job training, trains them on new processes and does not assign tasks they have not been trained to perform.	**3**
Teamwork	The office has a culture of teamwork, mutual respect and close working relationships among staff and providers.	**4**
Work Pressure and Pace	There are enough staff and providers to handle the patient load, and the office work pace is not hectic.	**4**

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PRICING

AHRQ Hospital Survey of Patient Safety (HSOPS®) Pricing

Hospital Size	Price W/O National D-Base Submission	Price W/ National D-Base Submission
Critical Access	$500	$600
Small Rural <100 Beds	$500	$600
LTAC/Specialty Hospital	$500	$600
Acute Care Hospitals >100 Beds	$1,000	$1,250
Health Care System	$2,000	$2,500

AHRQ Medical Office Survey of Patient Safety (MOSOPS®) Pricing Proposal

Number of Specialty Offices	Price W/O National D-Base Submission	Price W/ National D-Base Submission
25 or less	$2,000	$2,500
26 – 50	$2,500	$3,000

Additional customization and/or report request may involve additional fees and will be determined on a case by case basis.

Survey Administration pricing includes:

- Preparation of customized electronic survey provided to site by link or to individual respondents by email (site must provide employee email list in Excel or csv file format)
- Response rate monitoring during survey period, with site updates every 3-5 days
- *Reports provided within 2 – 4 weeks after survey closes
  - Excel tool from AHRQ
  - PDF file of Excel tool
  - PowerPoint summary

* *Tentative time, may take longer*

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