



SURVEYS ON PATIENT SAFETY CULTURE (SOPS) USER NETWORK

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The Surveys on Patient Safety Culture (SOPS) are a set of surveys developed by the Agency for Healthcare Research and Quality (AHRQ). The surveys assess provider and staff opinions about patient safety culture in three health care settings: hospitals, outpatient medical offices, and nursing homes.

This update is intended to help users of the AHRQ Surveys on Patient Safety Culture stay informed about new developments, tools, and resources that are available for the surveys. Please feel free to share this information. For further details and information, visit the AHRQ web site at www.ahrq.gov/qual/patientsafetyculture.

Survey News

AHRQ Releases Toolkits for the Nursing Home and Medical Office Surveys on Patient Safety Culture

In March 2009, the Agency for Healthcare Research and Quality (AHRQ) released new toolkit materials to support users of the Nursing Home Survey on Patient Safety Culture (Nursing Home SOPS) and the Medical Office Survey on Patient Safety Culture (Medical Office SOPS). These Toolkit Materials are available on the AHRQ web site at www.ahrq.gov/qual/patientsafetyculture.

Overview of the Two Newest Surveys

The nursing home survey, released by AHRQ in September 2008, and the medical office survey, released in January 2009, are administered to managers, providers, and staff to assess the culture of patient safety and health care quality. These two surveys assess some of the same patient safety culture dimensions included in the Hospital Survey on Patient Safety Culture that was released in November 2004. However, the wording of survey items is different and there are a number of new dimensions that are unique to each setting.

➔ Nursing Home Survey on Patient Safety Culture.

This survey assesses 12 dimensions of patient safety culture including Compliance With Procedures, Training and Skills, and Teamwork. The survey also asks respondents for an overall rating on resident safety and whether they would recommend the nursing home to friends.

➔ Medical Office Survey on Patient Safety Culture.

The survey assesses 12 dimensions of patient safety culture including Patient Safety and Quality Issues, Patient Care Tracking/Followup, and Information Exchange With Other Settings. The survey also asks for overall ratings on health care quality and patient safety.

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Toolkit Contents

- ➔ **Survey forms**
- ➔ **Survey items and dimensions**
- ➔ **Survey user's** guides that provide guidance on survey administration and reporting of results.
- ➔ **Survey feedback report PowerPoint® templates** that can be customized to display survey results for presentation purposes.
- ➔ **Preliminary comparative results** for the items and patient safety culture dimensions based on data from pilot tests of the surveys involving 40 nursing homes and 182 medical offices.

Survey users can also obtain **data entry and analysis tools** that work with Microsoft® Excel and make it easy to enter individual survey response data by hand or by importing Web survey data. The tools automatically create tables and graphs to display overall survey results as well as breakouts of the data by work area and staff position. To obtain the tools, e-mail DatabasesOnSafetyCulture@ahrq.hhs.gov and indicate whether you want the nursing home or medical office tool.

Database News

Over Half of Hospital Staff Not Reporting Medical Errors

On average, over half (52%) of hospital staff surveyed did not report any medical errors in their hospital over a 12-month period. This finding comes from the *Hospital Survey on Patient Safety Culture 2009 Comparative Database Report* which is now available for downloading from the Agency for Healthcare Research and Quality web site at www.ahrq.gov/qual/hospsurvey09.

The 2009 report is based on data from more than 196,000 hospital staff from 622 hospitals in the U.S. Trend analyses examined patient safety culture change for 204 of the hospitals that submitted to the database more than once. These analyses found that hospitals with improvements in the dimension Nonpunitive Response to Error had slight increases in the number of staff reporting events.

Data Submission for the 2010 Hospital SOPS Database Now Open

All U.S. hospitals administering the Agency for Healthcare Research and Quality's Hospital Survey on Patient Safety Culture (Hospital SOPS) are welcome to submit their data now through June 30, 2009. This data will be used to generate the next Hospital SOPS database report in 2010.

- ➔ Find instructions for Hospital SOPS data submission on the AHRQ web site at www.ahrq.gov/qual/hospsurveydb/y2dbsubmission.htm.
- ➔ For questions about Hospital SOPS data submission or technical assistance, email DatabasesOnSafetyCulture@ahrq.hhs.gov.

Nursing Home and Medical Office SOPS Comparative Databases Under Development

AHRQ is developing comparative databases for the Medical Office and Nursing Home Surveys on Patient Safety Culture that will be modeled after the Hospital SOPS comparative database. The purpose of the new databases will be to enable nursing homes and medical offices to compare their survey results with other facilities. Nursing homes and medical offices in the U.S. that have administered the AHRQ surveys will be asked to voluntarily submit data to these new databases. Specific dates for data submission will be forthcoming. AHRQ will use the data to produce annual comparative database reports similar to the annual Hospital SOPS comparative database report.

For now, nursing homes and medical offices can refer to the *2008 Preliminary Comparative Results* documents for each survey:

- ➔ The Nursing Home SOPS preliminary comparative results are based on data from almost 3,700 nursing home staff in 40 nursing homes and can be found on the AHRQ web site at www.ahrq.gov/qual/patientsafetyculture/nhsurvindex.htm.
- ➔ The Medical Office SOPS preliminary comparative results are based on data from over 4,000 staff in 182 outpatient medical offices and can be found on the AHRQ web site at www.ahrq.gov/qual/patientsafetyculture/mosurvindex.htm.

Highlights From the 1st SOPS User Group Meeting

Users of the AHRQ Surveys on Patient Safety Culture (SOPS) came together December 3-5, 2008 in sunny Scottsdale, Arizona, for the 1st SOPS User Group Meeting. The meeting was held in conjunction with the 11th Consumer Assessment of Healthcare Providers and Systems (CAHPS®) User Group Meeting.

AHRQ, which sponsors both CAHPS and SOPS, has a vision for integrating patient experience with patient safety to improve health care quality. The December meeting was the first of a series of joint user group meetings to be held for these two programs. Conference attendees particularly valued the opportunity to network, exchange information, and to find out what others were doing with their survey results.

Presentation slides from the December 2008 CAHPS-SOPS User Group Meeting are available for downloading from the following web site: https://cahps.ahrq.gov/content/community/events/comm_events_UGM11.asp. Then click on 'Download presentations.'

Determining Your Hospital's Response to Individual Errors

Katherine Jones, PhD, from the University of Nebraska Medical Center introduced an "Unsafe Acts Algorithm" adapted from psychologist James Reason's work. The algorithm is designed to help frontline managers determine the culpability or blameworthiness of a single person involved in an incident or near-miss. Key questions in the algorithm determine the intent of the individual:

- ➔ Were the actions as intended? Were the consequences as intended?
- ➔ Was there evidence of illness or substance abuse? Did the person have a known medical condition?
- ➔ Did the person knowingly violate safe procedures? Were procedures available, workable, intelligible, correct, and routinely used?
- ➔ Could the person's actions pass the substitution test? (Could others equally competent make a similar error under the same circumstances)? Were there deficiencies in training or selection, or was the person inexperienced?
- ➔ Does the person have a history of committing unsafe acts?

Dr. Jones' full set of patient safety materials can be downloaded from the following web site: www.unmc.edu/rural/patient-safety/

Surveying Physicians and Assessing Patient Safety Culture at the Unit Level

Barry Kitch, MD, MPH, from the Institute for Health Policy, Massachusetts General Hospital, discussed how to include physicians in the hospital patient safety culture survey and how to assess culture at the unit level. Key factors contributing to the hospital's 875 physician responses (a 57% response rate) were:

- ➔ Senior physician leadership involved from the outset.
- ➔ Department chairs and division chiefs briefed and encouraged to emphasize the importance of survey.
- ➔ Survey sample restricted to "core" physicians.

Assessing culture at the unit level revealed marked variation in culture across the hospital units. Unit-level results were used to identify units in need of improvement as well as those that could serve as role models and sources of best practices. Dr. Kitch asserted that feedback at the unit level resonated with staff because the data felt more relevant to them.

Establishing Fair and Just Principles

*We all realized very quickly that this 'nonpunitive response to error' or the 'just' culture... That is really at the root of this. If we don't have a just culture, we don't have a nonpunitive environment—we can't even **talk** about a culture of safety.*

—Kathryn Leonhardt, MD, MPH, Patient Safety Officer, Aurora Health Care, Wisconsin

Kathryn Leonhardt, MD, MPH, from Aurora Health Care presented the fair and just principles of the Aurora Culture:

- ➔ Create an open, fair, and just environment.
- ➔ Learn from adverse events.
- ➔ Implement safe systems.
- ➔ Make safe behavioral choices.

Dr. Leonhardt reviewed the action steps for improving Aurora's Nonpunitive Response to Error dimension in the hospital survey:

1. Identify the problem: Measure the current state.
2. Select interventions: Review evidence-based "best practices."
3. Develop an implementation plan:
 - Designate project leaders.
 - Align with strategic goals.
 - Educate and train staff.
4. Set goals and targets.
5. Measure success.

Addressing Disruptive Behavior in the Hospital

We had surveyed all of our OR [operating room] leadership and asked, 'What is standing in the way of safe practices in the OR?'.... and what they said consistently in every one of our facilities was: disruptive behavior, inappropriate behavior, resistance, refusal. Similar behavior was identified as a threat to patient safety in our system-wide Perinatal Assessments.

—Jana Deen, RN, JD, Vice President, Patient Safety Officer, Catholic Healthcare Partners

Jana Deen, RN, JD, from Catholic Healthcare Partners (CHP) discussed activities conducted by a Task Force that CHP established to address disruptive behavior. The Task Force was challenged to:

- Develop a system-wide understanding of what constitutes disruptive and unprofessional behavior and determine its impact on patient care.
- Clarify expectations of professional behavior in CHP facilities in light of the system's mission and values.
- Promote behavioral improvement; including clarifying the disciplinary consequences of disruptive behavior.
- Develop appropriate measurements and monitoring processes.

Action plans were required from the CEOs at all CHP hospitals. In addition, CHP developed a "Setting the Standard" toolkit that included:

- A video.
- Copies of CHP's mission, values, ethical and religious directives.

- A code of conduct.
- A definition of disruptive behavior.
- Survey templates asking staff questions about disruptive behavior.
- TeamSTEPPS™ pocket guide.
- "Crucial Conversations" material.
- A call-to-action from the system CEO.

Save the Date: Next CAHPS-SOPS User Group Meeting in Baltimore April 2010

The 12th Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and 2nd Surveys on Patient Safety Culture (SOPS) User Group Meeting will be held at the Hyatt Regency at the Inner Harbor in Baltimore, Maryland, April 19-21, 2010. The conference is for current and prospective users of SOPS surveys or CAHPS surveys of patients' experiences with care. We welcome anyone interested in learning about these instruments, associated toolkit materials, and efforts to use these surveys to improve patients' experiences and patient safety. This conference is your best opportunity to learn from and network with AHRQ staff, CAHPS and SOPS support staff, and fellow survey users. Participants will include representatives of hospitals, medical groups, nursing homes, health plans, survey vendors, health care purchasers, consumer and patient safety advocates, and researchers.

Registration details for this free conference will be forthcoming.

International Users

Growing Interest in Hospital SOPS from International Users

Since the release of the AHRQ Hospital Survey on Patient Safety Culture (Hospital SOPS) in November 2004, the number of international survey users has grown. The list of international users that have administered the Hospital SOPS or plan to administer it now includes 31 countries (see Table 1), with 16 different translations (see Table 2).

Table 1. List of 31 International Hospital SOPS Countries

Australia	Italy	Singapore
Bahrain	Japan	South Korea
Belgium	Malta	Spain
Brazil	Netherlands	Sudan
Canada	New Zealand	Sweden
Denmark	Norway	Switzerland
El Salvador	Portugal	Taiwan
France	Saudi Arabia	Turkey
Germany	Scotland	United Arab Emirates
Greece	Serbia	United Kingdom
Ireland		

Table 2. List of 16 Hospital SOPS Translations

Arabic	Japanese
Chinese (Mandarin)	Norwegian
Dutch	Portuguese (2 versions)
Flemish	Serbian
French	Spanish (2 versions)
Greek	Swiss German
German	Swedish
Italian	Turkish

If you are an international user from a country not listed in Table 1 or if you have a translation in a language not listed in Table 2, please contact us at SafetyCultureSurveys@ahrq.hhs.gov to provide us with information about your administration of the hospital survey. AHRQ's support contractor, Westat, maintains a list of international users to facilitate international information sharing and networking. We are also interested in citations and copies of publications from international SOPS users.

WHO High 5s Patient Safety Project To Use AHRQ Hospital SOPS

The AHRQ Hospital Survey on Patient Safety Culture (SOPS) will be administered in hospitals involved in the World Health Organization's (WHO) High 5s patient safety initiative (<http://www.who.int/patientsafety/solutions/high5s/>

[en/index.html](http://www.who.int/patientsafety/solutions/high5s/en/index.html)). The survey will be used to determine whether patient safety culture affects the successful implementation of the patient safety initiatives and to measure the impact of those interventions on patient safety culture over time.

The High 5s project focuses on three initiatives:

- ➔ Assuring Medication Accuracy at Transitions in Care.
- ➔ Managing Concentrated Injectable Medicines.
- ➔ Correct Site Surgery.

The High 5s project aims to facilitate the implementation and evaluation of standardized patient safety solutions to these problems within a global learning community to achieve measurable, significant, and sustained reductions in these high-risk areas.

Netherlands and Taiwan Studies Find Staff Less Positive About Patient Safety Than in U.S.

At the December 2008 SOPS User Group Meeting in Arizona, two international researchers presented their results from administrations of the AHRQ Hospital Survey on Patient Safety Culture. Ms. Marleen Smits from the Netherlands Institute for Health Services Research (NIVEL) found that Dutch hospital staff were less positive overall about patient safety culture compared with U.S. hospital staff. However, Dutch staff were more positive on the Nonpunitive Response to Error dimension of the survey (67% versus 44% for the U.S.); Dutch hospital staff were less likely than U.S. staff to feel that their mistakes were held against them and that their mistakes were kept in their personnel files.

Similarly, Dr. Chiu-Chin Huang from Minghsin University of Science and Technology found that staff from Taiwan hospitals were less positive overall about patient safety culture than staff from U.S. hospitals except on the survey dimension Organizational Learning—Continuous Improvement (81% versus 70% for the U.S.). Taiwan staff were more likely than U.S. staff to agree that they were actively doing things to improve patient safety and that mistakes had led to positive changes in their hospital.

Ms. Smits and Dr. Huang both suggested that the less positive opinions from staff in their countries may be attributable to differences in national culture rather than to real differences in patient safety between the U.S. and their countries. Literature on cross-cultural comparisons of survey findings suggests that caution is needed when interpreting differences across countries because some cultures are less likely to provide highly positive responses to survey questions.

Presentation slides from Ms. Smits and Dr. Huang can be downloaded from the following web site: https://cahps.ahrq.gov/content/community/events/comm_events_UGM11.asp. Then click on 'Download presentations.'

User Feedback

How Can We Better Serve Your Needs?

As the support contractor for the AHRQ Surveys on Patient Safety Culture, Westat welcomes your feedback on how we can better serve the SOPS user community. We are interested in your comments, suggestions, or lessons learned—especially in the following areas:

- Survey content.
- Survey administration.

- Data analysis and interpreting survey results.
- Presentation and use of survey results.
- Hospital SOPS Comparative Database (Data submission process, Database Reports).
- Toolkit materials (User's Guides, PowerPoint® templates, Data Entry & Analysis Tools, etc.).
- Action planning & implementation of patient safety improvement initiatives.
- Networking/connecting SOPS users with one another.

Please send us your comments by e-mailing SafetyCultureSurveys@ahrq.hhs.gov and typing "SOPS User Feedback" in the subject line.

Spotlight on CAHPS®

AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys

This spotlight focuses on the program activities and products of the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys. AHRQ sponsors both CAHPS and SOPS as part of its portfolio of surveys to measure and drive improvements in the quality and safety of health care. To learn more about CAHPS, visit www.cahps.ahrq.gov.

June Webcast Focuses on CAHPS Clinician & Group Survey

The CAHPS User Network is hosting a Webcast on June 23 to update users on upcoming enhancements to the CAHPS Clinician & Group Survey and a new component of the CAHPS Database for organizations fielding that survey.

Date and Time: June 23, 2:00-3:30 pm ET

For more information and to register, visit https://www.cahps.ahrq.gov/content/community/events/COMM_EVENTS_webcast2009-06-23.asp.

Future Webcasts to support users of the CAHPS Clinician & Group Survey include:

September/October: How physician practices are using the CAHPS Clinician & Group Survey to improve their performance.

November: Alternative scoring approaches for the CAHPS Clinician & Group Survey.

AHRQ Launches CAHPS Database Online Reporting System

The new CAHPS Database Online Reporting System makes it easy to generate and view comparisons of CAHPS survey results. The system is available to the public at <https://www.cahps.ahrq.gov/CAHPSIDB/default.aspx>.

All users of the reporting system can obtain one-way and two-way frequencies for composite scores and individual items in the CAHPS Database. Trend data are also available. In addition, organizations that submit data to the CAHPS Database can log into a private, password-protected section of the system to view their own results and compare them to national, regional, and other relevant benchmarks.

Data are currently available for the CAHPS Health Plan Survey only. The CAHPS Database staff are developing similar reporting abilities for the CAHPS Clinician & Group Survey and the CAHPS Hospital Survey.

For More Information

For more details about the SOPS program, copies of the surveys, and toolkit materials go to the AHRQ web site at www.ahrq.gov/qual/patientsafetyculture/.

If you have questions about the SOPS surveys or need technical assistance, e-mail SafetyCultureSurveys@ahrq.hhs.gov or DatabasesOnSafetyCulture@ahrq.hhs.gov.