



Introducing the AHRQ Medical Office Survey on Patient Safety Culture

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11th CAHPS & 1st SOPS User Group Meeting

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Objectives



- Introduce the new AHRQ Medical Office Survey on Patient Safety Culture
- Present results from a pilot test of the survey with staff and providers in outpatient medical offices in the U.S.
- Describe toolkit materials and free technical assistance available for the survey

Medical Office SOPS



- Hospital systems with outpatient medical offices adapted the hospital survey
 - The adapted HSOPS does not directly address issues in the medical office setting
- AHRQ funded the development and pilot testing of a version of the HSOPS for outpatient medical offices

Medical Office SOPS



- Same development steps as the hospital survey
 - Reviewed literature & existing surveys
 - Conducted background interviews with medical office providers and staff
 - *Staff less familiar with term “patient safety”*
 - Identified key areas of safety culture in the MO setting
 - Developed survey items
 - Conducted cognitive testing of survey items
 - Obtained input from over two dozen researchers & stakeholders
- A major goal for the survey was raising awareness and education about patient safety

Medical Office SOPS Dimensions



- Different from the hospital survey—
dimensions specific to medical offices
 1. Patient safety and quality issues
 - » Access to care
 - » Charts/medical records
 - » Medical equipment
 - » Medication
 - » Diagnostics & Tests
 2. Information exchange with other settings
 3. Office processes and standardization
 4. Work pressure and pace
 5. Patient care tracking/follow-up
 6. Staff training

Medical Office SOPS Dimensions



- Dimensions similar to the hospital survey—
 7. Teamwork
 8. Organizational learning
 9. Overall perceptions of patient safety & quality
 10. Owner/managing partner/leadership support for patient safety
 11. Communication about error
 12. Communication openness
- Pilot data factor structure and reliabilities were examined (Cronbach's alpha reliabilities: .75 to .86)

Medical Office Pilot Test



- Pilot tested in 182 medical offices with 4,174 provider & staff respondents
- Worked with partners:
 - John Hickner, MD—Univ of Chicago
 - AAFP National Research Network
 - AAP Pediatric Research in Office Settings
 - MGMA
 - Allina Hospitals and Clinics
 - Baylor Health Care System—HealthTexas Provider Network
 - Cleveland Clinic
 - Michigan State University Health Team
 - Other health system

Pilot Test Medical Office Characteristics



- 63% single specialty / 37% multispecialty
- 37% family practice/family medicine
27% pediatrics
23% internal medicine
10% OB/GYN or GYN
- Office sizes (# of providers & staff)
 - 3 to 10 15%
 - 11 to 20 30%
 - 21 to 30 20%
 - 31 or more 35%

Pilot Test Medical Office Characteristics



- 69% had only one office location
- Ownership
 - 59% – a hospital or health care system
 - 25% – physicians or providers, or both
 - 14% – a university, or academic medical institute
- Use of electronic tools
 - 21% fully implemented electronic ordering of meds
 - 45% in the process of implementing
 - 32% fully implemented electronic medical records
 - 37% in the process of implementing

Pilot Test Survey Administration



- Administered to all providers and staff
- 71% of medical offices used paper surveys; 29% used Web surveys (all in a single health system)
 - The health system using Web surveys had experience with online employee surveys and had IT staff and analysts onsite.
- Provided remuneration of \$300 for most sites
 - To promote high response rate – needed for psychometric analysis of data
 - Used for benefit of medical office staff and providers
 - ❖ *Do not recommend cash incentives for medical office employees but do recommend that medical offices consider the use of refreshments, parties, raffles, or token gifts to promote survey response*

Pilot Test Survey Administration



- Paper Survey Protocol: publicity, survey with cover letter, thank you/reminder, second survey
 - Web survey: publicity and prenotification / one reminder/thank you to all providers and staff / reminders to office administrators to promote response
 - ❖ *May be helpful to send special thank you/reminders to physicians*
- Tracking: Used IDs to track response by office, by respondent (in most medical offices)
 - ❖ *Concerns about confidentiality*
 - *Do not use individual identifiers*
 - *Various ways for systems to track by medical office*
 - *Allow respondents to return surveys to offsite location / drop boxes in the medical office*

Pilot Test Response Rates and Number of Respondents



- Overall response rate = 70% (4,174 / 5,931)
- Paper response rate = 78% vs. Web = 65%
- Average no. of respondents per office = 23
(5 to 192)
- Average office response rate = 74%
(33% to 100%)

Medical Office Respondents



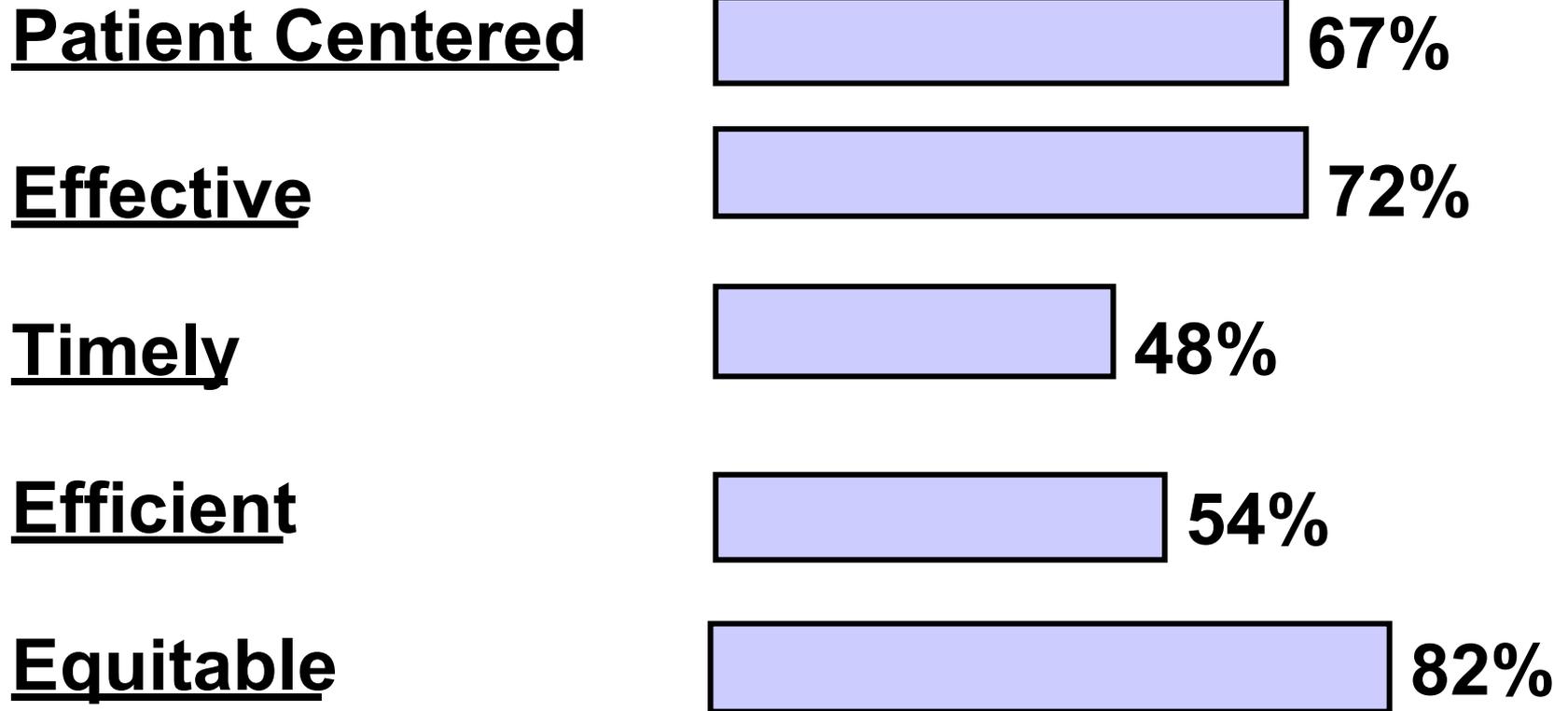
Administrative or clerical	– 28% (1,153)
Physicians	– 20% (826)
Other clinical staff	– 19%
Nurse (RN, LVN, LPN)	– 16%
Management	– 8%
Other	– 5%
Physician assistant, Nurse practitioner	– 4%

RESULTS



- Overall ratings for quality of health care and patient safety
- Percent positive scores for dimensions and selected items
- Pilot test comparison scores — calculated at the office level, then averaged across the 182 pilot medical offices

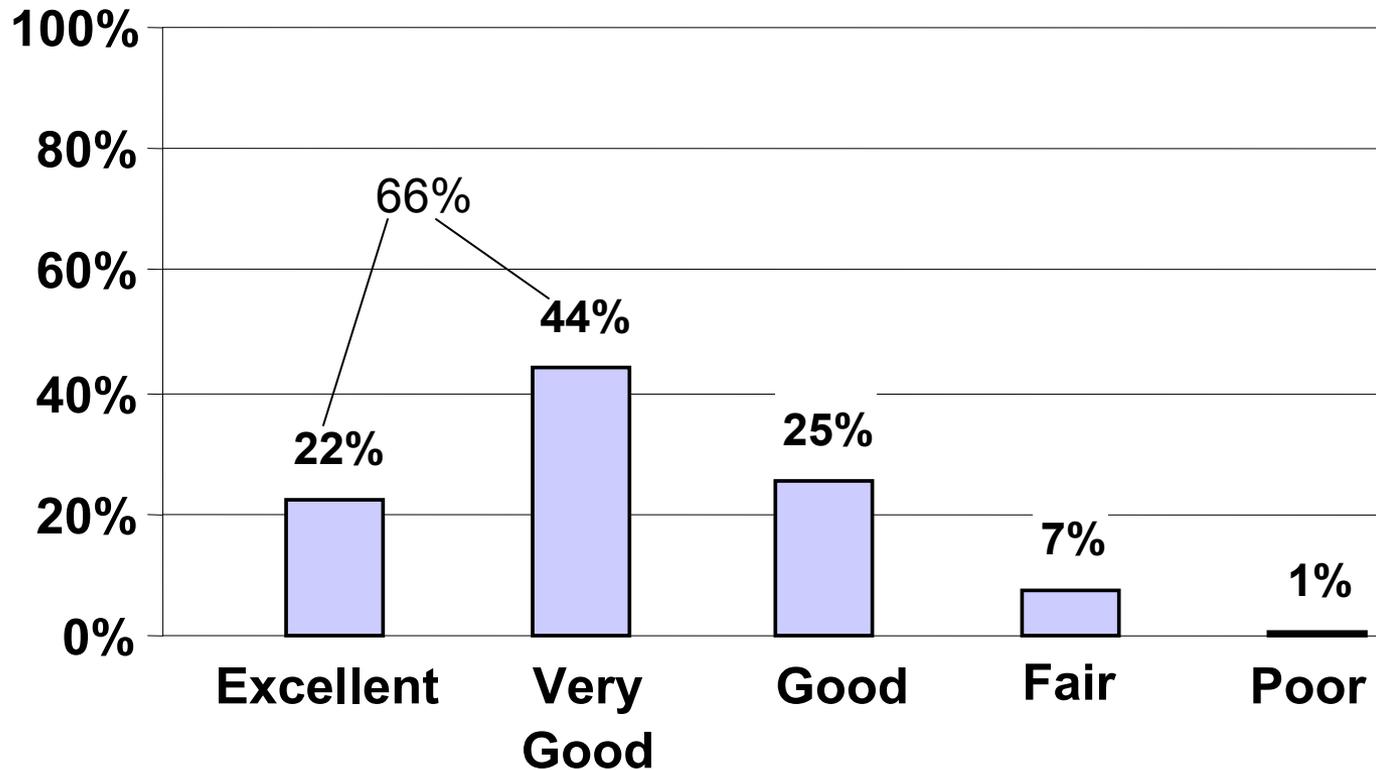
RESULTS: Overall Ratings on Quality



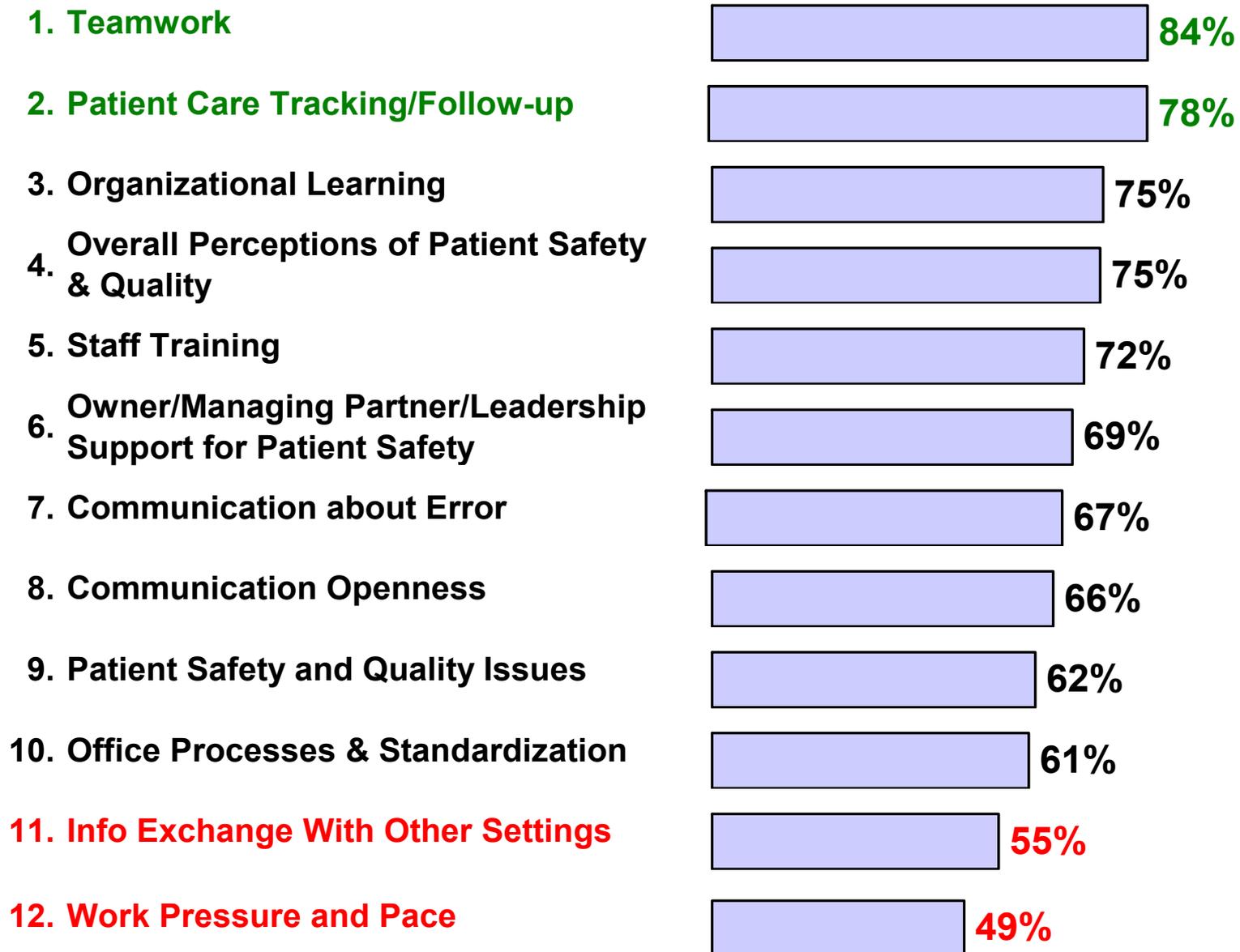
Average % Responding “Excellent” or “Very Good”
across 182 pilot test medical offices

RESULTS: Overall Rating on Patient Safety

Rate the systems and clinical processes your medical office has in place to prevent, catch, and correct problems that have the potential to affect patients



Patient Safety Culture Composites	Average % Positive Response
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Item Results: Strengths

Teamwork

% Strongly agree or Agree

In this office, there is a good working relationship between staff and providers.



When someone in this office gets really busy, others help out.



Patient Care Tracking/Follow-up

This office follows up with patients who need monitoring.



Item Results: Areas for Improvement

Information Exchange With Other Settings

The office has had problems exchanging information with other medical offices/outside physicians.

% Not a — Has been a
problem problem once
or twice



Office Processes & Standardization

We have problems with workflow in this office.

% Strongly disagree/Disagree



Work Pressure and Pace

In this office, we often feel rushed when taking care of patients.

% Strongly disagree/Disagree



Patient Safety and Quality Issues: Areas for Improvement

How often has this been a problem in the past 12 months?

% Not at all—Once or twice

A patient's medication list was not updated during his or her visit.



The results from a lab or imaging test were not available when needed.



A pharmacy contacted our office to clarify or correct a prescription.



Comments



- **15% of all respondents provided comments**
- **Some positive comments—mostly general**
“I think there is always room for improvement, but in general we have excellent staff focused on excellent quality of care.”
- **Most comments were negative—focused on perceived problems in the medical office**
“This office needs better teamwork with nurses.”
- **Prominent themes**

Comments: Charts/Medical Records



- **Positive comments**

“The quality of care has improved greatly since our remodel and switch to electronic medical records.”

“Our EMR has greatly assisted with our overall performance and with patient satisfaction.”

- **Negative comments**

“We are always looking for charts.”

“Information technology errors have created daily problems with labs not being seen automatically or not being seen at all. Reports from outside sources can also be electronically misfiled or not received.”

Comments: Work Pressure/Pace



- **Negative comments**

“Almost all errors made are due to the ‘rush’ factor.”

“We are so pressed for time we cannot focus on safety or changing unsafe clinic workflows.”

“With being continually understaffed we have to do things in a hurried fashion, which is a huge potential for mistakes.”

Comments:

Office Processes & Standardization



- **Negative comments**

“The physicians in the practice are very resistant to change and each have their own way of doing things.”

“If we all have a standard for patient care, we would be able to work closer together and adjust to overload, which would benefit patient care, which should be our #1 priority.”

“I think we could provide excellent care to our patients if our providers could all get on the same page and embrace the new changes and workflows.”

Comments: Communication Openness



- **Negative comments**

“Oftentimes I feel belittled for questions I ask...”

“In this office, the doctor does not allow for staff input concerning patient safety or anything else. Several attempts have been made to address safety issues and the doctor refuses to make changes.”

“I think that communication between providers and staff needs to improve greatly.”

Technical Assistance & Future Activities



- Toolkit materials on AHRQ Web site www.ahrq.gov/qual/hospculture
 - Survey User's Guide
 - Preliminary Comparative Results From Pilot Test
 - PowerPoint Survey Feedback Template
 - Microsoft Excel Data Entry & Reporting Tool
- Comparative database ~ 2010
 - Voluntary & confidential data submission
 - Will provide information for national comparisons with other medical offices

Long-Term AHRQ Support for SOPS



- AHRQ recently released the Nursing Home Survey on Patient Safety
- AHRQ will support all 3 surveys for hospitals, medical offices, and nursing homes over next 4 years
- In-person SOPS User Group Meetings
 - Combined with CAHPS User Group Meeting
 - Free registration
 - April 2010 in Baltimore MD

Long-Term AHRQ Support for SOPS



- Free technical assistance & national conference calls
- SOPS user network
- Gathering information about medical office interventions to address areas for improvement
- Questions?
 - databasesonsafetyculture@ahrq.hhs.gov
 - safetyculturesurveys@ahrq.hhs.gov