

# Action Planning Tool for the AHRQ Surveys on Patient Safety Culture



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## Purpose and Use of This Tool

This *Action Planning Tool* was designed primarily for users of the Agency for Healthcare Research and Quality (AHRQ) [Surveys on Patient Safety Culture™ \(SOPS®\)](#), as well as the SOPS supplemental item sets.

The SOPS surveys enable hospitals, medical offices, nursing homes, community pharmacies, and ambulatory surgery centers to assess how their providers and staff perceive various aspects of patient safety culture. The surveys and supplemental item sets are an important source of information for healthcare facilities striving to improve patient safety. However, administering a SOPS survey is not the end of the improvement process. It is important to develop and implement action plans, which use survey data for improvement. Action plans can be developed at the unit, department, or facility levels, and progress can be tracked over time.

This tool provides step-by-step guidance to help you develop an action plan to improve patient safety culture after your facility administers a SOPS survey and analyzes your results. It includes an *Action Plan Template* to identify and document areas to improve, decide on the initiative you want to implement, and communicate your action plan. Note that the steps in the *Action Planning Tool* are iterative and do not need to be completed in sequence.

## Form an Action Planning Team

Form an action planning team to help develop, implement, and evaluate your action plan. It is vital to include leadership on the action planning team. Leverage the leadership support garnered from SOPS survey administration to continue momentum and progress forward. Leadership involvement is needed to provide buy-in, input, and support throughout the action planning process.

Consider the following suggestions when identifying potential team members:

- Recruit a **multidisciplinary team** with a mix of roles, position levels, expertise, skills, and perspectives. Key skills might include data analysis, quality improvement, human resources, or project management.
- You may already have an **existing committee or group** whose members can serve as the core of your action planning team.
- Your team may include **influential individuals** who may not be in formal leadership positions but whose influence could help your action plan succeed.
- Once you identify the initiative you plan to implement, add to your team **key people whose work will be directly affected** by the planned initiative. They will bring an important perspective to the development and implementation of the action plan. Consider the providers and staff who will be directly affected by changes in processes or policies. Change often has a domino effect in other departments or work areas. Make sure you consider such possible indirect effects.

Hold a kickoff meeting to review team members' roles and responsibilities and hold regular team meetings. Think about ways to promote collaboration within the team and encourage all members to speak up and share their opinions.

## Develop Your Action Plan

This *Action Planning Tool* offers guidance to help you develop an action plan for your unit, department, or facility. You can use the *Action Plan Template* at the end of the tool to document your answers to the questions below.

### 1. Identifying Areas To Improve:

- a. What areas do you want to focus on for improvement?
- b. What are your "SMART" goals? (Specific, Measurable, Achievable, Relevant, Time bound)

### 2. Planning Your Improvement Initiative:

- a. What initiative will you implement?
- b. What resources will you need?
- c. What are possible barriers and how can you overcome them?
- d. How will you measure progress and success?
- e. Will you pilot test the initiative?
- f. What is the timeline?

### 3. Communicating Your Action Plan:




- a. How will you share your action plan?
- b. How will you provide progress updates on your action plan?

# 1. Identifying Areas To Improve

## 1a. What areas do you want to focus on for improvement?

Identifying areas to improve can be challenging. Use your SOPS survey and supplemental item set results as a starting point. Explore your survey scores to understand where you may have opportunities for improvement, as well as areas that are strengths for your facility.

There are many ways to look at your data. You can look at your lowest-scoring results, compare your results with the SOPS Database, or compare your results with other facilities with similar characteristics. You can also examine your results by respondent characteristics or work areas (see **Table 1**). Examining your data in these various ways will help you identify areas for improvement to focus on for action planning.

<b>Ways to examine your survey data</b>		<b>Questions to ask</b>
	<b>Look</b> at your lowest-scoring results	<p><b>Do your survey scores highlight areas for improvement?</b></p> <ul style="list-style-type: none"> <li>• What are the lowest scoring composite measures?</li> <li>• What are the lowest scoring items?</li> </ul>
	<b>Compare</b> your survey scores to other facilities or to your prior scores	<p><b>How do your scores compare with:</b></p> <ul style="list-style-type: none"> <li>• SOPS Database results?</li> <li>• Other facilities like yours? You can examine SOPS Database results by bed size, geographic region, number of operating/procedure rooms, ownership, single specialty vs. multispecialty, teaching status, and other characteristics.</li> <li>• Your facility's scores from a previous survey administration (if applicable)? Have your scores improved over time?</li> </ul>
	<b>Investigate whether</b> any areas within your facility contribute to lower scores	<p><b>Do your survey scores vary based on respondent characteristics or work areas? For example, look for high- or low-performing groups based on:</b></p> <ul style="list-style-type: none"> <li>• Job title.</li> <li>• Staff position.</li> <li>• Tenure.</li> <li>• Hours worked per week.</li> <li>• Interaction with patients/residents.</li> <li>• Work areas, units, departments</li> </ul>

## Look at Your Lowest Scoring Results

If, for example, your facility's lowest composite measure score is for *Handoffs and Information Exchange*, you may want to examine several types of comparisons:

- If your facility's score is **higher than the SOPS Database**, that's good. However, you may want to then investigate how your score compares with other, similar facilities (e.g., same size or region).
- If your facility's score is **higher than similar facilities**, you may decide that you don't need to improve "Handoffs and Information Exchange" and focus efforts in another area where your composite measure score is lower than similar facilities. On the other hand, you may still want to improve "Handoffs and Information Exchange," especially if you note that the score from your facility has decreased over time.
- You could also examine what might be driving the low score (e.g., certain work units or staff positions).

### Resources for Identifying Areas To Improve

- SOPS Database Reports
- Your facility's customized SOPS feedback report
- Your SOPS data entry and analysis tool results
- Your prior year's results, if applicable

## Decide on the Areas To Focus on for Improvement

Examining your data to understand your results will help you determine not only the area to try to improve, but also whether you should focus your efforts on certain groups in your facility or apply them more broadly.

The goal is to identify one or two areas for improvement. While your analysis may identify many more areas with potential for improvement, it is best to begin with just a few. It will take time to implement improvement initiatives, and focusing on more than a few areas for improvement may require too many resources or staff time. Thus, it could be harder to determine which initiative is working.

For each improvement area you identify, you will develop a separate action plan. To prioritize where to begin, consider selecting areas for improvement that align with your facility's mission or regulatory or accreditation requirements. Also consider the expected positive impact that improvement in an area would have on patient safety culture and patient outcomes.

Complete Item 1a in the Action Plan Template

## 1b. What are your “SMART” goals?

### SMART goals should be:

- Specific
- Measurable
- Achievable
- Relevant
- Time bound

Describe your goals for each improvement area. Your goals could be at the unit, department, or facility level. Your goals need to be easily understood by leaders, staff implementing the change, and staff affected by the change.

For each improvement area you identify, you may have one main goal or several goals. An example of a high-level goal related to improving patient safety may be, “Increase our *Handoffs and Information Exchange* scores by five percentage points within two years.”

Remember to set “SMART” goals that will help you see the gap between where you are and where you want to be.

Complete Item 1b in the Action Plan Template

## 2. Planning Your Improvement Initiative

Gather information about the possible improvement initiatives that could be implemented in your facility and decide what will work best.

Thinking through these next sets of questions will help you make informed decisions on picking the right initiative and will give you the information needed for leadership buy-in. It will also answer key questions related to resources needed, barriers, and progress and success measures, which will be important for implementation.

### 2a. What initiative will you implement?

Consider the following methods to identify initiatives to achieve your goals.

#### Look Within Your Facility or System

- **Find out what other initiatives are occurring within your facility.** What initiatives have high-performing units implemented to improve patient safety culture? Consider building on the success of these initiatives. Be sure to capture their lessons learned.
- Ask individuals within your facility for ideas on how to improve.
  - **Brainstorming sessions.** Hold brainstorming sessions to gather as many improvement activity ideas as possible. Encourage everyone to speak up. Don’t let senior staff or more forceful personalities dominate the sessions. Consider allowing people to provide suggestions anonymously. Do not analyze or criticize the usefulness of any particular idea. Just write down all the ideas that people offer.
  - **Walkarounds or safety huddles.** Conduct walkarounds, safety huddles, or one-on-one talks with clinicians and staff to learn more about their concerns and potential solutions.

## Resources for Identifying Improvement Initiatives

- [SOPS Improving Patient Safety Resource Lists](#)
- [AHRQ Impact Case Studies on the SOPS Surveys](#)
- [SOPS Bibliography](#)
- [SOPS Webcasts](#)

## Look Outside of Your Facility or System

Find out what other facilities have done and what other initiatives exist to improve the areas you identified. Review the [AHRQ SOPS Improving Patient Safety Resource Lists](#), which reference initiatives healthcare facilities can use to improve patient safety culture and patient safety. You can also find ideas in the [AHRQ Impact Case Studies on the SOPS Surveys](#), [SOPS Bibliography](#), and [SOPS Webcasts](#).

The goal of this step is to identify one or two initiatives you may want to implement. Answer the next few questions in this section for each initiative you identify.

## Decide Which Initiative To Implement

To decide which initiative to implement, review items 2b through 2f. It is important to obtain support from leaders, stakeholders, providers, and staff. Leadership may narrow down or focus on one initiative due to cost, staff time, and facility priorities. Their buy-in is key to the success of your project and completing this action plan will prepare you for this crucial step. With leadership support and information gathered throughout the action planning process, you can move forward with your initiative.

## Identify a Leader or Champion

It is also essential to identify a leader or champion for your initiative. The leader should have the skills needed to manage the project and should be accountable for timely deliverables. This person should be enthusiastic about the initiative and have the energy to see it through, despite difficulties. The person should also be respected by others. A leader or champion might be:

- A person in a high-level position whose strong support can make it easier to get resources and implement the initiative.
- A person who may not be in a high-level position but has demonstrated interest in the initiative, would be an enthusiastic supporter, and has influence with other staff.

Complete Item 2a in the Action Plan Template



## 2b. What resources will you need?

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### What staff will you need and how much of their time will be needed?

In addition to action planning team members, what other staff will you need to help implement each initiative you identified? Think about administrative support, information systems, trainers, or outside consultants who may be needed. Identify staff who have the skills needed to assist with implementation. Estimate how much of each person's time will be needed for the initiative (e.g., hours per week, percentage of time, or hours per month) and how long they will be needed.

### What supplies, materials, equipment, or training will be needed?

Think about the required resources and the costs that will be incurred. If resources need to be purchased, consider how you will justify the need for them.

If your initial cost estimates seem high:

- Revisit your initiative and consider whether they should only be implemented with certain staff or in certain areas of your facility or system.
- Build a strong rationale or business case for why funding the initiative will ultimately benefit the facility and be worth the upfront costs (e.g., has it been successfully implemented in other similar facilities?).
- Investigate additional public or private sources of funding, including grants, within and outside your facility.

Complete Item 2b in the Action Plan Template

## 2c. What are possible barriers and how can you overcome them?

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Identify barriers that could stall the initiative and develop strategies for overcoming or minimizing them. Consider the following questions.

### What are potential reasons an initiative might not get the support it needs?

The following are reasons people might not support a change:

- Satisfaction with things the way they are and not seeing a need for change,
- Not fully understanding the proposed initiative or its goals,
- Experience with previous failed attempts at change or with failure to sustain change,
- Inadequate plans for training or inadequate preparation of staff for the change,
- Competing priorities, and
- Lack of management or senior leadership support.

Strategies for overcoming these barriers include sharing details about your initiative and listening to staff who have expressed concerns. Their opinions and experiences may give you insights and

bring to light the reasons previous efforts failed. Analysis of past failures can help you avoid making similar mistakes in implementing your initiative.

### **What other possible barriers should you think about?**

Other potential barriers could be more basic issues, such as ensuring staff can leave their work area to attend training or meetings or selecting convenient meeting locations for team members, including those who are offsite. Draw on the experiences of those within your facility to help you identify other possible barriers and develop strategies for dealing with the anticipated barriers.

Complete Item 2c in the Action Plan Template

## **2d. How will you measure progress and success?**

Identify process and outcome measures before you begin implementation. Keep the measures simple and make sure data collection on these measures can fit into daily work processes.

### **What process measures will you use to monitor implementation of the initiative?**

Process measures help you see if your initiative is being implemented according to plan. Is the initiative progressing as scheduled? Are actual costs in line with budgeted costs? The information you collect may include quantitative data as well as qualitative data, such as stories or anecdotes.

Examples of process measures to assess at specific milestones in your timeline include:

- Number of staff trained;
- Interim results for the activities, processes, or behaviors you are trying to encourage;
- Status of implementation progress at specified times;
- Results from short surveys asking staff how the initiative is going; and
- Information about implementation from walkarounds, safety huddles, focus groups, or interviews with those involved.

### **What outcome measures will you use to assess the success of the initiative?**

Outcome measures help you see if your initiative has been successful in achieving its goals and answer the question, “What were the effects of making this change?” In many cases, it takes time to see the effects of change, so you will not be able to assess goal achievement immediately. Think about when it will be best for you to measure outcomes, and then plan accordingly. Measures can focus on immediate, short-term, intermediate, or longer term outcomes.

Examples of outcome measures to assess at specific milestones in your timeline include:

- Change in the number of patient safety events reported from time X to time Y;
- Reduction in the amount of time it takes to do or accomplish something;
- Reduction in the number of unsafe conditions, near-misses, or errors;

- Reduction in the use of shortcuts that put patient safety at risk;
- Improvements in data you already collect for other purposes, such as infection rates and other quality measures; and
- Improvement in your SOPS survey scores from time X to time Y.

Complete Item 2d in the Action Plan Template

## 2e. Will you pilot test the initiative?

Consider whether the initiative should be implemented on a small scale first before expanding it on a broader scale. You can use a Plan-Do-Study-Act (PDSA) cycle, which is a cyclical model for improvement, to test initiatives on a small and rapid scale and iterate to make adjustments as needed before rolling out the initiative on a larger scale. While this step is optional, PDSAs can help you determine whether the change led to improvement and help you make decisions about whether to adopt, adapt, or consider alternative initiatives. Multiple PDSAs can be used to support a single initiative:

- **Plan** – Plan the test of change. What initiative will be tested or implemented? Outline the timeline, people responsible, how the initiative will be implemented, and how progress and success will be measured.
- **Do** – Carry out the plan on a small scale. Document observations and problems and start collecting data.
- **Study** – Study the results. Look at your data and summarize what was learned.
- **Act** – Act on what was learned from the test and prepare for the next test or rollout on a larger scale. Will you adopt, adapt, or consider an alternative initiative?

If the initiative is not enacting the change desired, you can “Act” and prepare for the next cycle. The initial planning stage may take some time during the first cycle, but PDSAs are meant to cycle quickly, be modified, and run through again and again. “Failed” cycles are part of this process and help with building knowledge. PDSAs can help determine if your overall timeline needs to be adjusted or if you are on an achievable track.

Complete Item 2e in the Action Plan Template

## 2f. What is the timeline?

Develop an overall timeline to implement each initiative, identifying key milestones. Timelines are important in keeping up momentum and tracking all the moving parts of your initiative. Timelines provide a picture of what needs to be accomplished overall and help you discover which activities depend on the completion of prior activities. Identifying these dependencies will help you prioritize tasks and keep your project on track.

Closely monitoring the timeline will help you avoid costly delays by identifying activities that are not progressing as expected. Find out why some activities are getting stuck and problem solve solutions to move forward.

Timelines enable you to assess progress toward your goals, identify milestones that have been achieved, and tell an informative story about what you did and how well it worked.

- Make your timeline realistic. Include start dates and the expected time it will take to complete the initiative.
- Break down your timeline into activities or steps.
- Flag the major milestones to help you easily see when target dates should be met.
- Visually present your timeline in a Gantt chart or spreadsheet.
- Adjust your timeline as needed if you see the schedule start to slip.

Complete Item 2f in the Action Plan Template

## 3. Communicating Your Action Plan

### 3a. How will you share your action plan?

Now that you've received leadership buy-in and decided on your initiative to implement, it's time to share your action plan with your facility and those affected. Before communicating your plan, first ensure that it is complete, accurate, and in a finalized format. Make sure you receive feedback on your draft action plan, revise as needed, and obtain final approval.

#### Use Multiple Communication Methods

- Meetings
- Newsletters
- Email
- Web pages
- Posters
- Flyers
- Bulletin boards
- Staff representatives

When communicating your action plan, be clear and concise. Begin by explaining the problem, reasons the action plan is being implemented (why it's needed), the goals of the action plan, and the benefits of implementation. Also include:

- Who will be involved and how staff will be affected;
- What its goals are and the change you expect to see in the future;
- What initiative will be conducted; and
- What the expected timelines are.

Think about effective ways to communicate your action plan to your facility's providers and staff to ensure information is received and understood. Consider using a mix of methods to share your action plan, using different modes of communication. Allow time to address any concerns and make adjustments as needed before you begin your initiative.

Review the Institute for Healthcare Improvement's resource for additional [communication strategies for spreading changes](#).

Complete Item 3a in the Action Plan Template

### **3b. How will you provide progress updates on your action plan?**

Plan to provide routine monthly or quarterly progress updates to senior leadership and facility providers and staff. Progress updates should include a description of:

- What activities and work have been accomplished to date;
- How well activities are going compared with the plan and timeline;
- What issues have come up and what is being done to address them; and
- What activities are planned.

If you have interim data on process or outcome measures, include those data in your update. Highlight any notable accomplishments or milestones achieved. You can even include anecdotal stories about how implementation is progressing or how providers and staff are responding to the changes.

Progress updates will hold the action planning team accountable and are a proactive way to keep stakeholders informed and engage their ongoing support.

Complete Item 3b in the Action Plan Template

Facility name: \_\_\_\_\_

Date last updated: \_\_\_\_\_

## Action Plan for the AHRQ Surveys on Patient Safety Culture

### 1. Identifying Areas To Improve

1a. What areas do you want to focus on for improvement?

1b. What are your "SMART" goals?

Notes or Comments

Facility name: \_\_\_\_\_

Date last updated: \_\_\_\_\_

## Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

### 2. Planning Your Improvement Initiative

#### 2a. What initiative will you implement?

#### 2b. What resources will you need?

Types of staff and required time and estimated costs:

Supplies, materials, equipment, and other resources needed and estimated costs:

#### 2c. What are possible barriers and how can you overcome them?

Barriers	Strategies for Overcoming Barriers
1.	1.
2.	2.

Facility name: \_\_\_\_\_

Date last updated: \_\_\_\_\_

## Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

### 2. Planning Your Improvement Initiative (continued)

#### 2d. How will you measure progress and success?

Process  
Measures

Outcome  
Measures

#### 2e. Will you pilot test the initiative?

PDSA Plan:

Area within the facility where pilot test will be done:

#### 2f. What is the timeline?

Task/Milestone	Start Date	End Date



Facility name: \_\_\_\_\_

Date last updated: \_\_\_\_\_

### Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

#### 3. Communicating Your Action Plan

##### 3a. How will you share your action plan?

Whom action plan will be shared with:

Communication methods:

##### 3b. How will you provide progress updates on your action plan?

Whom progress updates will be provided to:

How often progress updates will be provided:

Notes or Comments

