



Development of the AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture

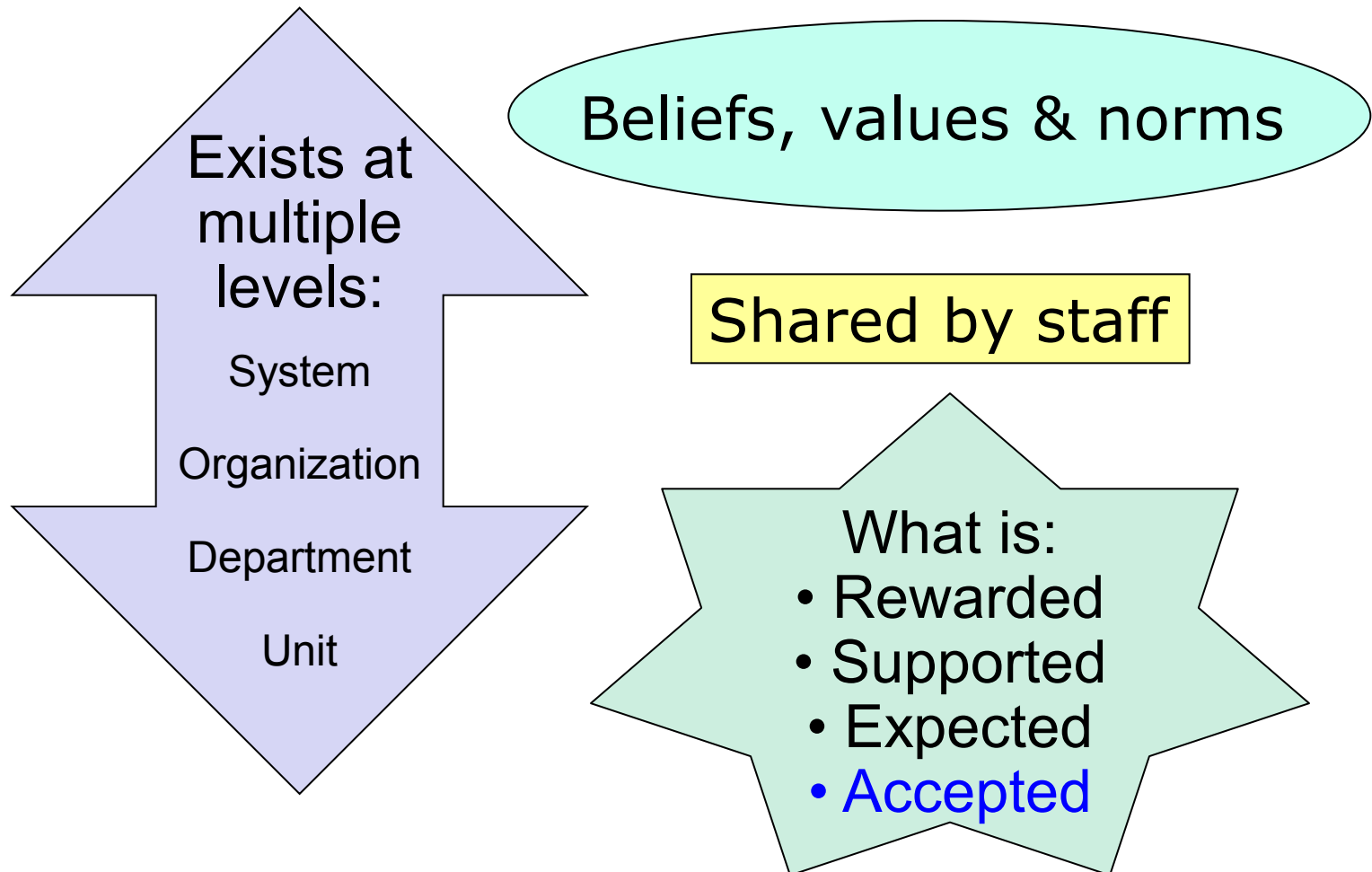
**Scott Smith, PhD
Senior Study Director**



What is Patient Safety Culture?



"The way we do things around here"



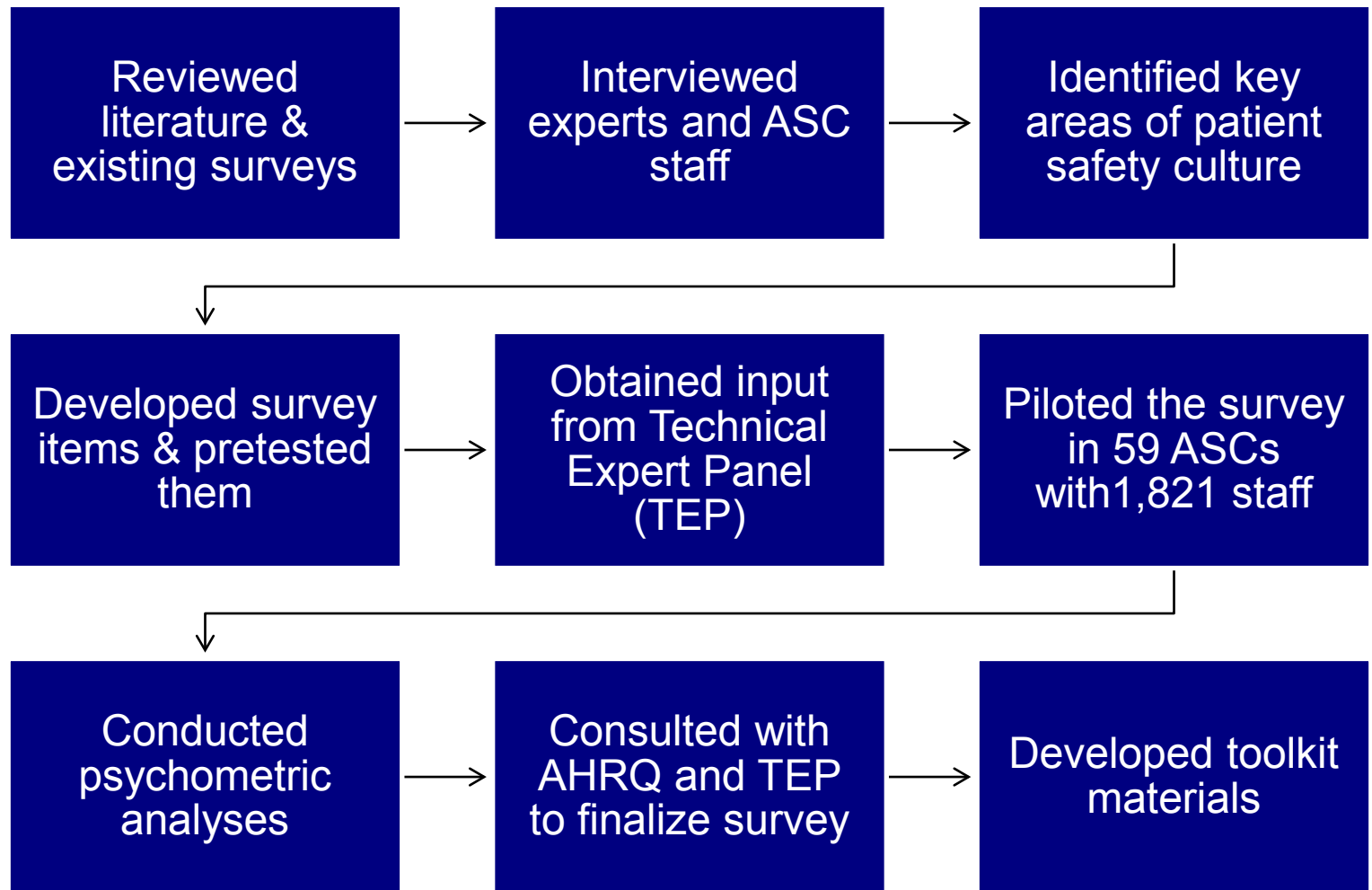
Technical Expert Panel



Bill Berry, MD	Ariadne Labs/Harvard School of Public Health
Jan Davidson, MSN, RN, CNOR, CASC	Association of periOperative Registered Nurses
Atul Gawande, MD	Ariadne Labs/Harvard School of Public Health
Caren Ginsberg, PhD, MA	Centers for Medicare & Medicaid Services*
Elizabeth Goldstein, PhD	Centers for Medicare & Medicaid Services
Janice Izlar, CRNA, DNAP	American Association of Nurse Anesthetists
Marcia Patrick, MSN, RN, CIC	Association for Professionals in Infection Control and Epidemiology
Bill Prentice, JD	Ambulatory Surgery Center Association
Michael Rose, MD	McLeod Regional Medical Center
Daniel Schwartz, MD, MBA	Centers for Medicare & Medicaid Services
David Shapiro, MD, CHC, CHCQM, CHPRM, LHRM, CASC	Ambulatory Surgery Center Association
Ann Shimek, MSN, RN, CASC	United Surgical Partners, Intl
Diann Simms	Patient
Donna Slosburg, BSN, LHRM, CASC	Executive Director, ASC Quality Collaboration
AHRQ Staff	

* Dr. Ginsberg is now at the Agency for Healthcare Research & Quality (AHRQ)

Survey Development Process



ASC Survey

Patient Safety Culture Composites



27 items assess 8 composites of patient safety culture

1. Communication About Patient Information
2. Communication Openness
3. Staffing, Work Pressure, and Pace
4. Teamwork
5. Staff Training
6. Organizational Learning—Continuous Improvement
7. Response to Mistakes
8. Management Support for Patient Safety

Near-Miss Documentation

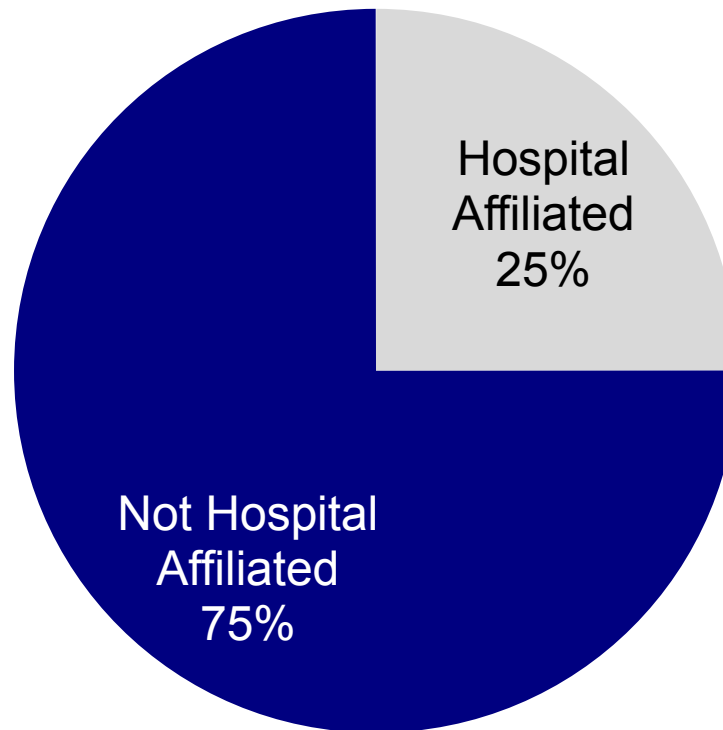
Overall Rating on Patient Safety (Excellent to Poor)

Communication in the Procedure/Surgery Room

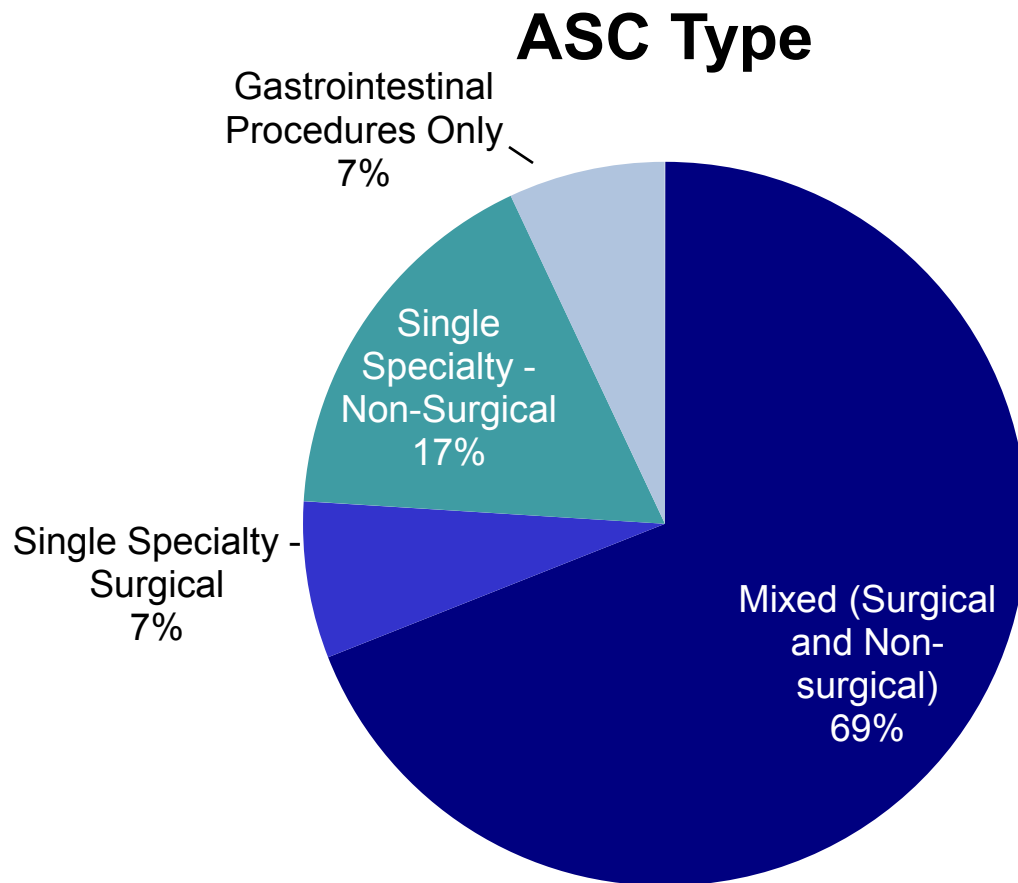
ASC Survey Pilot Test



ASC Ownership



ASC Survey Pilot Test



ASC Survey Pilot Test



- Average ASC response rate: 77% (479 out of 635)
 - Range: 50% to 100%

- Average number of completed surveys per ASC: 31
 - Range: 5 to 90

ASC Size



Size	Number	Percent
1 to 2 rooms	14	24%
3 rooms	11	19%
4 rooms	13	22%
5 rooms	5	9%
6 rooms	7	12%
7 or more rooms	9	15%
Total	59	100%

- ASCs represented 20 states across the United States
- Largest proportions were from the Pacific (29%) and the West Central regions (15%)

Staff Position



Staff Position	Number	Percent
Doctor/Physician (excluding anesthesiologist) or Surgeon	389	21%
Anesthesiologist	138	8%
Certified Registered Nurse Anesthetist (CRNA)	62	3%
Physician Assistant or Nurse Practitioner	42	2%
Management	134	7%
Nurse	592	33%
Other	458	26%
Total	1815	100%

Note: 6 staff positions were not identified

ASC Composite Results

■ % Positive Response

Organizational Learning–Continuous Improvement 92%

Communication About Patient Information 91%

Management Support for Patient Safety 89%

Teamwork 86%

ASC Composite Results

■ % Positive Response

Communication Openness

85%

Response to Mistakes

82%

Staff Training

78%

Staffing, Work Pressure, & Pace

76%

Top Performing Items

■ % Positive Response

Communication About Patient Information

Important patient care information is clearly communicated across areas in this facility

96%

Within this facility, we do a good job communicating information that affects patient care

95%

Bottom Performing Items



■ % Positive Response

Staff Training

Staff feel pressured to do tasks
they haven't been trained to do

72%

Staffing, Work Pressure, & Pace

We feel rushed when
taking care of patients

58%

Open-Ended Comments



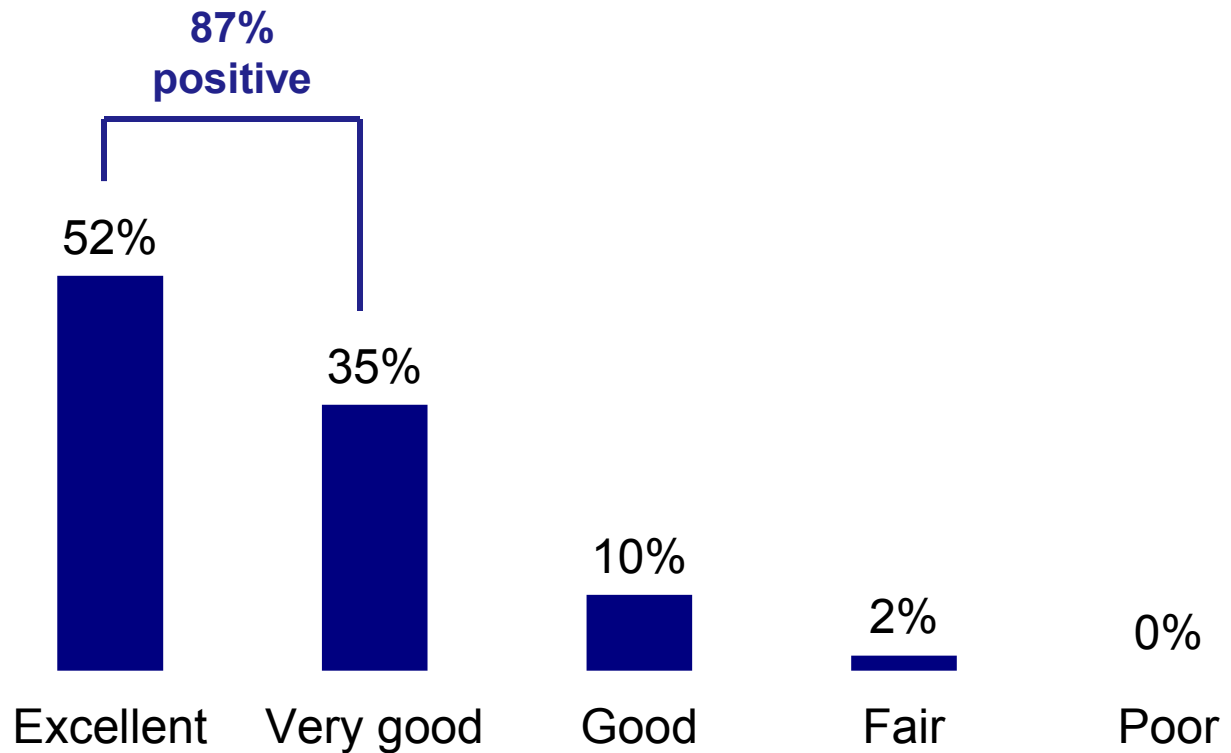
Communication About Patient Information

Hand off report between RNs has improved with face to face report given.

Staffing, Work Pressure, and Pace

Sometimes I feel some of the doctors are all about how fast you can turn over the OR and I feel pressured if I am not going as fast as they want me to.

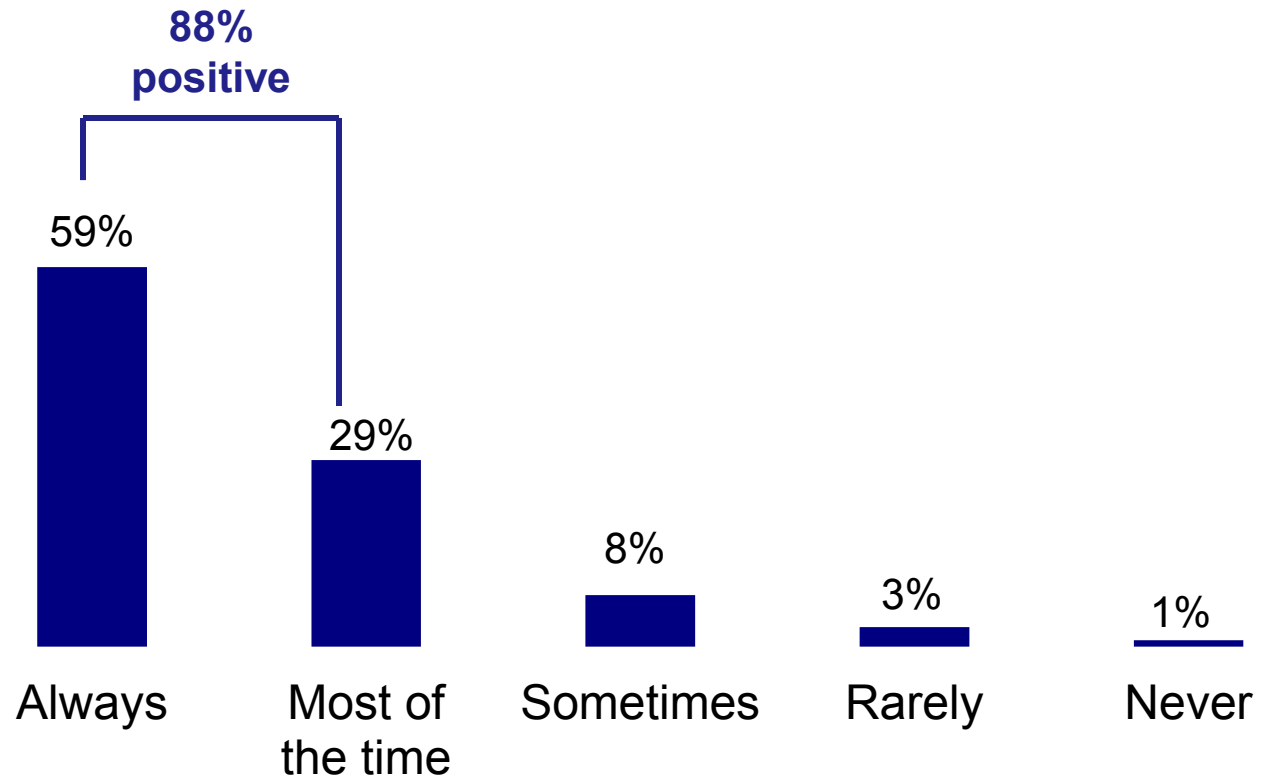
Overall Rating on Patient Safety



Frequency of Near-Miss Documentation



When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?



Communication About Patient Information

■ % Positive Response

Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done

92%

Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns

65%

Immediately after procedures, team members discussed any concerns for patient recovery

73%

Results by ASC Characteristics



- No differences between Multispecialty vs. Single Specialty ASCs
- Hospital affiliated ASCs were more positive (86%) than Not hospital affiliated ASCs (80%) on Response to Mistakes
 - Staff are told about patient safety problems, learning rather than blame is emphasized, and staff are treated fairly when they make mistakes
- Smaller ASCs (1 or 2 Rooms) were more positive than larger ASCs (6 Rooms or More) on Response to Mistakes and Staffing, Work Pressure and Pace
 - Staff do not feel rushed, they have enough time to properly prepare for procedures, and there are enough staff to handle the workload

Results by Staff Position



- Doctors/Physicians (excluding anesthesiologists) or Surgeons were more positive than other staff positions on all composites
- Largest differences:
 - **Staffing, Work Pressure, & Pace**
Doctors/Physicians (excluding anesthesiologists) or Surgeons (94%) vs. Nurses (64%)
 - **Staff Training**
Doctors/Physicians (excluding anesthesiologists) or Surgeons (93%) vs. Nurses (73%)

Relationship with Overall Rating



- All composites are significantly related to the Overall Rating on Patient Safety
 - The strongest correlation is with Organizational Learning – Continuous Improvement ($r = 0.80$)

AHRQ Support



- Toolkit materials
 - Survey
 - Data Entry and Analysis Tool
 - Pilot study preliminary comparative results
 - Technical assistance



- There is no comparative database for the ASC survey at this time.