Success Stories from the AHRQ Medical Office Survey on Patient Safety Culture
September 16, 2014 – Webinar Transcript

Speakers

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Presentation

Theresa Famolaro

Famolaro (opening), Slide 1
Good afternoon. On behalf of the Agency for Healthcare Research and Quality, I'd like to welcome you to our Webinar entitled, Success Stories from the AHRQ Medical Office Survey on Patient Safety Culture.

My name is Theresa Famolaro and I work for Westat as a Database Manager for the AHRQ Surveys on Patient Safety Culture. I will be your moderator for today's Webinar. We are very excited about today's topic, and glad to see that you share our enthusiasm.

Famolaro (opening), Slide 2
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Famolaro (opening), Slide 3
Before we begin the presentation, I'd like to introduce you to our Webinar console. All the components on the console can be resized to fit your entire browser window. They can also be moved and minimized into the menu dock at the bottom of the console. If the slides are too small, click on the lower right hand corner of the slide window and drag your mouse down to make it larger. We are pleased to offer closed captioning as well.

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your screen, then type your question into the Q&A box, and select Submit. We welcome your question and comments on the upcoming presentation and look forward to an engaging dialogue.

Famolaro (opening), Slide 4
Today's slides are available for download by clicking on the icon at the bottom of your screen that says Download Slides. This will generate a PDF version of the presentation that you can download and save as desired.

We also have additional resources available for you to access under the Resources icon. Here, you will find a link to the Medical Office Survey on Patient Safety Culture Web site where you can download the survey, items and composites, and user's guides.

Also on this Web site is a PDF version of a resource list for users of the AHRQ Medical Office Survey. This document contains references to Web sites that provide practical resources medical offices can use to implement changes to improve patient safety and patient safety culture. So for example, one of the online resources is the TeamSTEPPS® primary care master training course. Also available from clicking on the Resources icon, is a link to the 2014 Medical Office Comparative Database Report which was released this past June.

Famolaro (opening), Slide 5
So I just want to cover some of the objectives that we will cover on this Webinar which will include providing some background information on the AHRQ Medical Office Survey on Patient Safety Culture as part of the safety culture survey family. I'll be providing a brief overview of some of the results both from the 2014 AHRQ Medical Office User Comparative Database Report. And after reviewing highlights from this report, we will have the opportunity to listen to our speakers talk about initiatives and other activities implemented in their organizations to improve their scores on the AHRQ Medical Office Survey.

Famolaro (opening), Slide 6
So you know me, I am Theresa Famolaro and I am the moderator today, and I'll be speaking a little bit about the AHRQ Medical Office Survey results. Then we have Juanita Stroud. She's the Patient Safety Director at Carolinas HealthCare System, located in Charlotte, North Carolina. Juanita has more than 15 years of experience in patient safety performance improvement and patient experience. She has been implementing the safety culture surveys system-wide since 2008 and continues on a bi-annual basis surveying hospitals, medical offices, and long-term care facilities. Juanita will review a number of initiatives implemented to improve and promote patient safety throughout her health system's many medical offices.

Bev Funaro, who is our second speaker, is an RN and Director of Quality and Regulatory Affairs at Yuma District Hospital and Clinics in Yuma, Colorado. Yuma District Hospital and Clinics is a 10-bed critical access hospital and federally qualified rural health center. Bev has been with Yuma District Hospital and Clinic for 28 years; 14 years as a health coordinator, and 14 years in her current position. She has been administering the Surveys on Patient Safety Culture in the Yuma District Health Center for 6 years. Bev will be discussing how she and other facility leaders implemented teamwork-based strategy to improve patient safety and how to transition to a PCMH, or Patient-Centered Medical Home, model has led to improvements in patient safety culture.

Famolaro, Slide 7
So today, I'm just going to give you some background on the Medical Office Survey on Patient Safety Culture. The medical office survey is part of the Surveys on Patient Safety Culture sponsored by AHRQ and it also includes other families of surveys for hospitals, nursing homes, and community pharmacies. This survey and related toolkit are available on the AHRQ Web site that is noted on the slide. You can also link to the Resources icon at the bottom of your console.

Famolaro, Slide 8
Just specifically, the medical office survey was designed to measure the culture of patient safety in outpatient medical offices. It assesses staff and provider attitudes and beliefs about patient safety. And it

also assesses some areas that are different from the hospital survey. The survey items are a little different. For example, we have Work Pressure and Pace which is different than in the medical office survey.

Famolaro, Slide 9
The survey has 10 areas or composites ranging from Teamwork, Patient Care Tracking/Followup, all the way down to Work Pressure and Pace. We also have nine ratings on Patient Safety and Quality Issues, five ratings on Information Exchange With Other Settings, and five Overall Ratings on Quality of Care that match the ION dimensions of care and then one Overall Rating on Patient Safety.

Famolaro, Slide 10
The 2014 User Comparative Database Report is the second edition of the report. It presents data from 27,103 staff within 935 U.S. medical offices, and it contains comparative data from various medical office characteristics, number of providers, specialty ownership in region and staff positions.

Famolaro, Slide 11
Our medical offices collected their surveys by paper, Web, and both paper and Web, and as you can see, the majority of the medical offices, at 83% collected their surveys via Web. The data submitted were collected by our medical offices between November 2011 and November 2013. And the average medical office response rate was 64%, with paper being the highest average response rate across the medical offices. This is consistent in the literature as well. And then we have an average of 29 completed surveys per medical office.

Famolaro, Slide 12
Here are just some characteristics of our medical offices; 44% of the medical offices, so not quite half, were -- had between four and nine providers in their medical offices.

Famolaro, Slide 13
The majority of medical offices that submitted as well were single-specialty at 61% versus 39% that were multi-specialty.

Famolaro, Slide 14
And many of the medical offices that are in the Comparative Database Report are from a hospital or health system. So we have 69% of our medical offices from a hospital or health system.

Famolaro, Slide 15
Looking at the characteristics of respondents, we can see that we have, you know, variation in our characteristics of respondents, with other clinical staff or clinical support staff showing as the highest number of respondents in the database at 34% and admin or clerical staff coming in second at 20%.

Famolaro, Slide 16
And then again, the respondents with their tenure in medical office or their, you know, how long they had worked in that current medical office, we see some, that we see, you know, decent variation there. And 11 years or more is the highest percent, at 24% of our respondents answering that they had worked in their medical office 11 years or more.

Famolaro, Slide 17
And here, the majority of our respondents work 33 to 40 hours, with 61% of our respondents in the database working 33 to 40 hours.

Famolaro, Slide 18
So now I'm going to be going over the next slide which has the medical office survey composites. And on this particular one, I'm not sure if you can see this live, but I'm going to go over, I'm going to go over that right now. So each of our medical office composites contains up to three or four items. The percent positive response is calculated by whether a respondent answers agree or strongly agree to a positively-worded item. And then disagree or strongly disagree to a negative-worded item.

So, just so you know, I'm not sure if you can see this but we will -- I will say it, that Teamwork is coming up at the highest percent positive response in the database. And Teamwork measures the extent to which the office has a culture of teamwork, mutual respect, and close working relationships among staff and providers. And that was at 86%. Another composite that came up at 86% positive response was Patient Care Tracking/Followup. And that measures the extent to which the office reminds patients about appointments, documents, and how well patients follow treatment plans, follow-up with patients who need monitoring, and follows up when reports from an outside provider are not received.

Famolaro, Slide 19
Let's go to the lower scoring composites. And that would be on the next slide. So one composite that stands out as an area for improvement is Work Pressure and Pace with a 50% positive response. And Work Pressure and Pace measures the extent to which there are enough staff and providers to handle the office patient loads and the office work pace is not hectic. So this composite had the lowest average percent positive response. The other one sort of clustered toward -- you know, they had a different cluster anywhere from 68% to 70%. Let's go to the next slide.

Famolaro, Slide 20
On this one we're going to speak about the Overall Rating on Patient Safety. Each respondent was asked to give a rating on patient safety in their medical office. And the majority of respondents answered excellent at 28% or very good at 40%, making it 68% positive.

Famolaro, Slide 21
So we're going to drill down a little bit into the results by medical office characteristics, which I think will help you when you're comparing your medical office to other medical offices in the database. Just to be brief on this slide, I'm just going to point out some large differences in percent positive responses across medical office characteristics.

So for single-specialty medical offices, pediatric offices responded more positively than hematology offices, and showed the largest percent difference across all 10% -- 10 patient safety culture composites. So respondents who worked in a pediatric office responded more positively at 79% while respondents in hematology responded positively at 68%. Respondents in health systems were more positive at 75% while university medical school and academic medical institutions were less positive at 69%. And smaller offices with one provider were positive at 81% while offices with 20 or more providers were less positive at 65%.

Famolaro, Slide 22
The size is a big factor on the hospital survey as well, as smaller hospitals tend to be more positive than larger hospitals, so you can see it affects hospitals, medical offices; size is a big difference.

We also had some other differences by staff position, so management responded more positive -- most positively across all patient safety culture composites. And the largest differences were seen in these two patient safety composites. So, for Communication About Error, which assesses whether staff are willing to report mistakes they observe and do not feel like their mistakes are held against them and providers and staff talks openly about office problems and how to prevent errors from happening, Management responded on average more positively at 84% while admin and clerical staff responded on average least positively at 66%. And for Communication Openness which assesses whether providers in the office are open to staff ideas about how to improve processes, and staff are encouraged to express alternative view points and do not find it difficult to voice disagreement, management responded on average more positively at 84% while admin and clerical staff responded on average least positively at 63%. So, we really encourage you to look at your results by staff position to view disparities in this positive response across the patient safety culture composite.

Famolaro, Slide 23
So, let's go on -- and just as a reminder you can download this information, I just gave you a splattering of the results from the AHRQ Medical Office Survey on Patient Safety Culture Comparative Database

Report, but if you click on the Resources icon in your Web console you'll be able to download that report there.

Famolaro, Slide 24
So in conclusion, I just wanted to let you all know that our next open data submission for the Medical Office Survey Comparative Database is October 2015 and for more information on submitting data you can go to www.sopsdatabase.ahrq.gov and for further questions on the data submission process you can also contact us anytime at our database mailbox at DatabasesOnSafetyCulture@westat.com or call us on our helpline at 1-888-324-9790.

Stroud, Slide 25
So, now I'd like to thank you and I will turn this presentation over to Juanita Stroud from Carolinas HealthCare System.

Juanita Stroud

Stroud, Slide 25
Okay. Thank you, Theresa. Hi, this is Juanita Stroud and I'm the Patient Safety Director at Carolinas HealthCare System and I'm trying to get the slides caught up. Okay. I think we're here.

Stroud, Slide 26
Just wanted to start out today giving you a little bit of information about our health system. We're one of the nation's largest public not-for-profit health care systems. We have a full spectrum of health care and wellness programs throughout North and South Carolina. We're quite large; we have 41 hospitals and over 900 care locations, 60,000 employees and that includes full and part-time, and approximately 2,500 of those are system-employed positions.

Stroud, Slide 27
The next slide has our mission and our vision. You guys can read through that. I'm going to keep going.

Stroud, Slide 28
And I wanted to get into what we are all here about today, the AHRQ Patient Safety Culture Survey. I wanted to just start with a little background about our survey process. We do participate in the hospital, medical office, and nursing home survey. We conduct our survey every two years. We do survey all sites and we have a goal response rate of 75% of our staff and employed positions will take the survey. Our surveys are Web-based and we coordinate our survey during National Patient Safety Awareness Week which falls in March and so our survey is offered during that time period. Each hospital, long-term care facility and physician network assigns a contact and that too we work within our quality department with that teammate to facilitate the survey. And about in January, we start announcing that the survey is coming in March.

Stroud, Slide 29
This is one of our tools that we use through our communications -- corporate communications -- we have Every Monday Matters. And this is a communication tool that we use and it's sent out to every Carolinas HealthCare teammate. And during the week prior to the survey, we send out this Every Monday Matters and it specifically is talking about the Patient Safety Culture Survey and we give a little bit of information about what can they do and to ask is that they take the survey.

Stroud, Slide 30
We also, in preparation for our Medical Office Survey, we provide a toolkit. The medical offices have a SharePoint site where we're able to upload all of our documents so that they have access to them. And what's included in our toolkit is the copy of the medical office survey so that they can share that, so people are familiar with it. We give past results typically from the previous survey. So in 2013, we provided 2011 results, where were they. We also give talking points. And the types of things that we cover in our talking points are the -- some of the questions are negatively worded. We tell them that the survey is confidential. We explain what "neither" means. So those are some of our talking points. We

provide that and then each office manager during their leader meetings or their team meetings, they talk about -- they use these talking points to help people become more familiar with the survey. We also provide a template for the Medical Director or the VP to announce the survey and we ask that they include in that letter the actions that they've taken since last survey to improve the patient safety culture. And then finally in the toolkit, we also have some printable flyers that announce the survey.

Stroud, Slide 31
And I'm not sure if you guys can see the flyers, but the next few slides are a copy of the survey announcement and we provide this electronic so that they can talk about the survey.

Stroud, Slide 32
It provides the link where they will take the survey, with the Web-based, and also it just gives them why are we taking it, to improve patient safety awareness, identify strengths in areas for us to improve. We just really want our teammates to understand that -- why we're taking the survey, the benefit of it and that we do use the data for improvement.

Stroud, Slide 33
And then once we take the survey, our next step is the sharing of the results. And we typically try to share within two months, so that we can give that immediate feedback as much as possible. We have a very large number of medical offices, so it's a real task for us to get these results pulled together so quickly. And what we provide are statistics from the CHS Medical Office. And that's an aggregate of all of our physician networks, so as a whole, what do we look like. And then we break it down into each physician network and then further, we break it down into each medical office. Also we work with the Patient Safety Group. And by doing that, we have access to survey results for each medical office and they can customize additional reports to do a deeper drill down so they can look at things such as what Theresa was talking about. They can look at it from their different providers, their different teammates within the network. We could look at hematology clinics across the various physician networks. So we have a real advantage there to be able to drill down that data. And then finally our results are reported to frontline staff all the way up to the board, so we find that it's very important that we share these results and that we're transparent with it.

Stroud, Slide 34
And so once we get our data, then what do we do with it? We start to identify trends. If there's opportunities for us to celebrate, we celebrate those trends. And then if we find opportunities for improvement, we began our Management Action Plan for us to address those opportunities. The Management Action Plans are shared at what we call QSOCs, and they're Quality and Safety Operations Councils. And this is what we have within Carolinas HealthCare System where we're able to do across-the-network learning; we share best practices. So representatives from our various physician networks meet via video conference and they began to share best practices of what they're doing to improve their scores.

Stroud, Slide 35
And these are some of our scores. And again, we take our survey every two years, so from 2011 to 2013 in Teamwork, we improved from 80% positive to 93% positive.

Stroud, Slide 36
In Communication About Error, we improved from 53% to 72% positive.

Stroud, Slide 37
And then in Communication Openness, we improved from 50% to 76%.

Stroud, Slide 38
And some of the things that we implemented to help us with our improvement; at our Sanger Heart and Vascular medical offices, we implemented TeamSTEPPS and that's through the Agency for Healthcare Research and Quality and it's team strategies and tools to enhance performance and patient safety. And with this, our CMO actually required all our MDs to attend the training and the MDs also assisted us. They

became train the trainers and they assisted us with the presentations along with the other teammates within the area. The strategies that we chose from TeamSTEPPS were chosen by the frontline supervisors. We did provide training to all staff and physicians. And then our leaders supported the use of the skills and strategies that were chosen. And if -- I think probably the first time that it was utilized, the MD did not support the employee's decision, but the leadership supported the staff because it was the correct strategy that they utilized. And the MD came back later and said, "You know, you were right." And that just really helped move the initiative and they really became a team and really worked together really well. And in that, Sanger Heart and Vascular, they have improved their survey, all composites.

Stroud, Slide 39
And then in the next slide is for Leadership Support for Patient Safety. And with that, we improved quite a bit from 45% to 80%.

Stroud, Slide 40
And some strategies that we implemented there, we've created something called Patient Safety Champions and others may have this as well. But each site has a Champion and that Champion is the patient safety expert. And their role is to spread patient safety information. So if we come up with some best practices through the QSOC, then the Champion's role would be to help spread that through their medical office. And then also the staff that are the Champions are approachable and people can come to them about patient safety concerns that they may have. And then another role that they have that's not on here is that they do assist with the rollout of the Patient Safety Culture Survey.

Stroud, Slide 41
An additional strategy is called the Good Catches. And a Good Catch is an error that is caught before it reaches the patient or a "near miss." And this is something that we utilized to promote a culture of patient safety where we encourage and then support non-punitive reporting of near misses. And we can submit our Good Catches electronically and the Good Catches are shared for learning and then they're celebrated as well. So we really try to make a big deal about the Good Catches and also we want to look at those so that if there's processes that we don't want to reach a patient, if we start seeing trends, we'll address that.

Stroud, Slide 42
And then to keeping our pulse on the Patient Safety Culture Survey, this is something that we do so that we know even though we only take our survey every two years, we do look at how we're doing. And the pulse survey is conducted periodically. It takes about four minutes to take the survey. And it concentrates on specific domains where we believe we have some opportunity based on our results. There's 21 multiple choice questions and this helps us to gauge our progress and areas to celebrate. It identifies areas where focus efforts are needed and it maintains an awareness of the Patient Safety Culture Survey.

Stroud, Slide 43
And this just helps us to -- the next slide is for the flyer that is presented, posted -- sorry, I'll take it there. Okay. This is the flyer that is posted to announce that the survey is coming. We also have a toolkit with this as well and it's posted on the SharePoint site.

Stroud, Slide 44
And our toolkit includes a timeline for implementation of the pulse survey; it's a Vice President letter of support. There's a medical office leader letter that they can give to their staff and a brief PowerPoint about the pulse check survey.

And this is just an example of questions in the pulse check survey. And this again just allows us to, as it's called, keep our pulse on to how we're doing and it helps us to know if we need to have some additional strategies to improve before we take the survey. And also it allows us to celebrate and continue to announce what we are doing to improve. And I believe that's my slide deck. So I think we're ready to go to Bev.

Theresa Famolaro

Stroud, Slide 44
Yes. So let's go to Bev Funaro.

Funaro, Slide 45
Thank you, Juanita that was a great presentation. Let's go to Bev Funaro from the Yuma District Hospital and Clinics.

Bev Funaro

Funaro, Slide 45
Hi, everybody. As Theresa explained earlier we're a 10-bed Critical Access Hospital with two rural health clinics.

Funaro, Slide 46
And we have participated in both the clinic and hospital medical office survey. We're small enough that I hand delivered the surveys to each of the staff, including the physicians, explained why we participated and requested that they please take the time to do the survey. I put a large manila envelope at the nurse's station so it would be anonymous. When we received our results I gave a copy to each of the providers and did a PowerPoint presentation with the nursing and office staff.

We were pleasantly surprised by the significant improvements in several areas, but most notably Patient Care Tracking/Followup, Organizational Learning, Work Pressure and Pace, which is what we're focusing on today.

Funaro, Slide 47
This slide shows our Patient Care Tracking/Followup increased 38% between 2011 and 2013 which we attribute to the clinic staff's heightened awareness of the importance for tracking patient care and the implementation of Patient-Centered Medical Home in both of our clinics.

Funaro, Slide 48
The key factors with regard to the implementation of PCMH were -- excuse me, the development of health care teams as opposed to a single physician and nurse, developed a patient navigator position, and the use of templates and tools for the patient navigator to use for patient tracking purposes.

Funaro, Slide 49
Next slide please. We formed three health care teams. Each team consists of physicians, a nurse or MA, patient navigator, scheduler, and for the red and blue teams a physician assistant. The blue team is Akron clinic which is a small satellite, rural health clinic. The green and the red teams are both Yuma clinic. And the green is the part-time providers and red full-time providers.

Funaro, Slide 50
Next slide please. As a rural community several of our physicians live in the Front Range and practice here part-time. At any given time patients may see a different provider each time they come to the clinic. There was not a hand-off protocol between the providers, so occasionally the patient's information between the patient providers was not being communicated to the patient's PCP. But the team concept, in the event of a patient's PCP is not available for an appointment the patient will consistently see a member of the same health care team. The team concept ensures the continuity and quality of care for the patient and improves communication and hand off between the providers.

Along with the health care team concept was the implementation of morning huddles, involving the provider, nurse, patient navigator, and scheduler. And they review and discuss the day's schedule of appointments. They discuss whether or -- I'm sorry; they discuss what the patient is being seen for. If there are labs, imaging reports or reports from referrals and if the patient is having a procedure and what

the doctor will need for that procedure. This helps to ensure the appointment goes smoothly and all the necessary reports and information is available and decreases delays by being prepared.

Funaro, Slide 51
Next slide please. Our patient navigators play a very vital role in the continuity of care, tracking, and follow up for our patients. The patient navigator conducts a pre-visit preparation. Typically, the navigator runs a report of the scheduled patients for the week, which is reviewed with the providers so the doctor can order the lab work, X-rays, et cetera before the next appointment. Navigator places the orders and contacts the patient to let them know the doctor wants him to have the lab work before the next appointment. Navigators are involved in the morning huddles and they work closely with the physician and patient to develop an individual care plan including treatment goals, educational materials, and additional support that's available through community services. The navigators help track the patients by reviewing and updating treatment goals at each relevant visit. Assess and address barriers when goals are not met, inform the patients of tests prior to the appointment and monitor that results are received and a follow up with the patient who have not kept important appointments.

Funaro, Slide 52
This is hard to read, but it's just an example of the patient navigator template which the navigators use for the pre-visit preparation for patients with chronic conditions. And this template captures a lot of the information. But briefly you see the reports that are posted at are chronic problems, diabetes, hypertension, et cetera, the level of self-management, barriers, referrals, educational tools, a summary of the encounter.

Funaro, Slide 53
This is what we've referred to as the "Pink Sheet" which is actually pink. And this was recreated by the navigators for patients with chronic conditions, currently diabetes and hypertension and is used for tracking purposes. The navigator identifies if the patient hasn't been seen for a while, documents the date of the last diabetic or hypertension visit and the current date. Then, they document the data of the last hemoglobin A1c and lipids, the results, last blood pressure. And if a foot exam was done, the doctor would also likes to know the date at the last basic or metabolic panel. The doctor reviews this sheet before seeing the patient. Then, following the encounter the doctor, text the time the next time that he wants to see the patient, what labs will be needed and any instructions for follow-up. The navigator uses the "Pink Sheet" then, to document all this information into a spreadsheet, she's created specifically for tracking diabetic and hypertensive patients.

Additionally, the navigator created a spreadsheet to track what we called ticklers, which is an alert for the navigator or a nurse that the doctor wants the patient to have a type of specific service and this is not disease specific. The navigator keeps the ticklers spreadsheet so she can track if the patient has been sent a letter, if they responded or if a second letter is needed. If there is still no response, she calls the patient to see if there's a barrier preventing them from getting the service, all of this tracked through a color coded, very detailed spreadsheet.

Additionally, the clinic nurses get their own spreadsheets for tracking patients that have been referred outside the patient. This system has greatly decreased patients falling through the cracks.

Funaro, Slide 54
Next slide. Organizational Learning, obviously, there was a lot of learning as we worked through new processes. We attribute our 30% rate of improvement on communication, training, teamwork, and weekly PCMH meetings.

Funaro, Slide 55
We have weekly PCMH meetings where we review and discuss new or tweaked processes. We ask each other what worked, what didn't, and why didn't it work. We review the data which has been abstracted from the electronic health record to monitor how we are doing and areas that may need improvement. In looking at what didn't work or what may need improving, we do a process map to identify where processes may be breaking down or bottlenecked. From here we discuss possible solutions, develop new

processes to be taken back to the clinics for implementation. During our next weekly PCMH meeting, we'll follow up on those new processes implemented during the week, review the data, and go to the same process again. Reports are presented to the quality council and are shared with the clinic staff providers and board.

Funaro, Slide 56
By implementing health care teams and fine-tuning our processes, we've seen positive results in the area of Work Pressure and Pace, they improved by 29%.

Funaro, Slide 57
The health care team concept and implementation of patient navigators alleviated some of the pressure on the clinic nursing staff by allowing them to work at the top of their license. Before this, the nursing staff was responsible for all the phone calls, tracking reports, putting in the lab and X-rays, and follow up on ticklers, et cetera, for all clinic patients. To the processes we implemented, we have seen improvement in our working relationships between clinic staff and providers, our staff are working at the top of their license, and our morning huddles have our teams prepared for the patients coming in that day. Our patient navigator focuses on tracking and monitoring patient information, allowing our nurses to follow -- focus on the clinical aspects of care. The team concept is very important, and no one person is responsible for the care of the patient. The patient is the team's responsibility.

Funaro, Slide 58
In closing, by implementing patient centered medical home concepts, we've seen improvement in our safety culture survey results, improved continuity and quality of care, improved communication, increased patient satisfaction, and increased employee satisfaction. Care coordination does require additional resources such as health information technology and appropriately trained staff. Obtaining PCMH recognition would not have been possible without the support of administrative staff and our Board of Directors.

Funaro, Slide 59
And, thank you.

Theresa Famolaro

Famolaro (closing), Slide 60
Great. Well, this concludes the presentation portion of our Webinar. We are looking to respond to any questions that you may have regarding the presentation and any aspects of the Medical Office Survey on Patient Safety Culture. So as I mentioned at the beginning of this Webinar, you may click on the Q&A icon, at the bottom of your console to submit questions. And also at the bottom of your screen, there is a Survey icon. You can click on this at any time to access the Webinar evaluation survey. So before we get to your questions, we have a few additional items to review.

Famolaro (closing), Slide 61
If you were interested in receiving email updates about the Surveys on Patient Safety Culture including announcements about future events, visit the AHRQ Web site at www.ahrq.gov and select Email Updates from the top navigation bar and you'll be able to sign up to receive updates for any or all of the safety culture surveys.

Famolaro (closing), Slide 62
And lastly, please feel free to contact us by email or phone with any questions you have about the medical office survey. You could see that we have our email and phone line up there on the slide for you.

And we're now ready to begin our question-and-answer session of today's program. So let me go over, and I'm going to start asking you some questions.

Here's a question to both Juanita and to Bev. Do you report the safety culture results to the public? If not, any plans to do so in the future?

Juanita Stroud
This is Juanita. At this time, we don't report our survey results to the public. And to be honest, I'm not sure that we thought about it so I think that's a good point that I can take that to my leadership so that we can determine if that's something we would want to do.

Theresa Famolaro
Okay. Great. So that's good to know. The next one would be, to both speakers again, did you use incentives to get -- to increase response rate?

Bev Funaro
This is Bev. And we did not. We just -- by sharing results we hoped that they'll participate and recognize the value of participating in those surveys.

Juanita Stroud
For Carolinas HealthCare System, at the end of the survey, they can print a participation form, and turn that into their Champion or their office and then have a drawing for a prize.

Theresa Famolaro
Okay. And then here's another question to both of you. If a mistake was made that may possibly affect the well-being of a patient, does your organization actively share this issue with the patient? Is openness to patients being stressed by your employees?

Juanita Stroud
At Carolinas HealthCare System, we do have a policy, we work with our risk management and typically it's Risk Management and the provider or a leader would share that with the patient.

Bev Funaro
And this is Bev. And we have a transparency policy as well, and it's the provider is the one to share that information with the patient.

Theresa Famolaro
Okay. Let's see. Let's go to something for Juanita. Here is a question for Juanita. This is, is the survey mandatory and do offices receive a notification to comply?

Juanita Stroud
It is not mandatory. We do encourage that we have a 75% participation rate goal, and so it's highly encouraged but it is not mandatory. And what was the second part of the question?

Theresa Famolaro
Is the survey -- and do offices receive a notification to comply?

Juanita Stroud
We do have the VP letter that we would send out to encourage their participation and then the office manager also has a letter that they would send out to encourage participation.

Theresa Famolaro
Okay. Here's another question. I think it actually applies to both of you. What prompted your decision to do the survey every year or every two years -- every two years, for example, with you, Juanita, instead of annually? And then, Bev, if you could also respond to that as well.

Juanita Stroud
For Carolinas, part of what our research and actually it was on the AHRQ Web site was that culture change typically takes 18 months to 3 years. And so since we felt like offering the survey annually, we may not have enough time to actually implement our changes and to see the fruit of that labor, we decided to offer the survey every two years.

Bev Funaro
And the same with us, we decided that there wasn't enough time in between getting our results back and then doing the survey again. And the -- every two years seems work well for us.

Theresa Famolaro
It gives you time to put in the initiatives and to see the fruits of your initiatives, sounds like?

Bev Funaro
Yes.

Theresa Famolaro
Okay. So here's a question for Bev. Bev, what are the qualifications to be a patient navigator?

Bev Funaro
Well, our patient navigators are medical assistants so they need to have some medical knowledge and have worked with the patients before. One of our navigators is bilingual, and they need to be pretty team focused.

Theresa Famolaro
Okay. Let's see. This is a question for both. Regarding the gap in management versus frontline perspective on communication, what does this mean to each organization? What are the next steps?

Bev Funaro
We don't specifically have anything. We take -- the results are shared with the leadership team to kind of break down and look for barriers and issues that can be easily resolved. The results are also shared with all of the staff that are involved in those surveys and we request their input as well.

Juanita Stroud
At Carolinas, I believe that by having the Patient Safety Champions and allowing staff to go to them to share concerns and that they can bring that forward to help bridge that gap, and also the pulse survey. And on the pulse survey again, we have a free text opportunity where they can communicate additional concerns that maybe the frontline people are seeing that our leaders may not be aware of.

Theresa Famolaro
Got it. So -- it sounds like you're trickling these results down to everyone. You said something about a pulse survey -- go ahead.

Bev Funaro
We -- this is Bev. We -- oh, sorry. We also have an employee committee which is no managers allowed and it's one employee from every department is required to participate in that. And they also looked at some of this and the -- especially the gap between leadership and employees, and time, and look for ways that they think will bridge that gap, and then share that result -- those results with the leadership.

Theresa Famolaro
Okay. Well, that's great. So, this is a question for Juanita. Besides Every Monday Matters, what types of publicity communication flyers have you used and can you share them for other organizations to use?

Juanita Stroud
Yes, I can share. And we really used a variety of tools that we had. We have intranet where we were able to put post a patient safety page. And we would go -- on that page we would list some things that we've done for improvement of patient safety within our organization. We'd also -- because we get tied into Patient Safety Awareness Week, we would post videos that we've created on hand hygiene, medication safety, some things such as that. We create flyers that we sent out in the toolkit. We placed it on the SharePoint site, so that the office Champions or the office leaders can print those and post them. And then, just within the various department meetings or medical office meetings, again they talk about the

survey and share information there. And typically, most clinics will post the actual survey prior to the time period that we offer it, just so people can become more familiar with it.

Theresa Famolaro
That's great. You have a great dissemination strategy going on there.

Juanita Stroud
Yes.

Theresa Famolaro
So, Bev, getting back to you. What is the ratio of patients to navigators?

Bev Funaro
Oh, that is a really a good question. And I don't think I can answer that right now. But I can get that information and send it back to the safety culture email address, and see if I can get a response for you. How's that?

Theresa Famolaro
Okay. That would be great. Here's a question for both of you, and I think this is really a very good question. It's how do you manage involvement of physician response rates in the survey? Or what -- manage involvement of physicians and how do you increase their response rate in the survey?

Juanita Stroud
Historically, ours has been -- oh, go ahead, Bev.

Bev Funaro
No -- sorry. For us, we had a pretty good physician response rate and -- because, again, we're small enough and I know all the providers. And I hand-deliver it to them and ask them if they would please make sure and do it and that's anonymous. And that -- then I kind of check in a week later or so to see and kind of just remind them to make sure and get it in if they haven't done it yet. And so far they're -- they've been participating pretty much 100%.

Theresa Famolaro
Great.

Juanita Stroud
Yes. For us, basically the same thing, there was a lot of reminding, a lot of don't forget to take your survey. But because ours is electronic, we did find that many surveys asked to have the survey sent to their home address. So we would send the link to their home email address, and they would take the survey on their own time at home. So I think that was really helpful. We started getting their requests and then we started getting more requests. So they just maybe they have more time at home.

Theresa Famolaro
Okay. This is a question for both of you as well. Since both of you do participate in both the medical -- hospital and medical office survey, do you think that the staff that are in the medical offices feel that the medical office survey better addresses patient safety issues that they may see, for example, using the hospital survey? So we just want to know how was your staff's reaction, basically to the medical office survey.

Juanita Stroud
For me, for Carolinas Healthcare System, we do -- it is challenging at times because we may have someone that provides services within the hospital setting and then they provide services in the medical office as well. So, we typically ask that they take the survey that is most relevant to them where they spend majority of their time. And if they spend the majority of their time in the medical office, I believe they feel that's a better survey for the services that they provide. If they spend more time in the hospital, then we would ask them to take the hospital survey.

Theresa Famolaro
That's great.

Juanita Stroud
I'm not sure if that really answered the question.

Bev Funaro
Our providers do work for the hospital as well. They cover ER. They admit the patients and take care of their patients as well seeing them in a clinic. And I have them actually participate in both because the challenges between the two are -- there's going to be a difference. And they're pretty good about participating.

Theresa Famolaro
Yes, because culture is really -- if not always -- it's not necessarily the person level it's really at the unit or the location level. So that could also -- that approach could also work as well.

Bev Funaro
Right.

Theresa Famolaro
And then, I do have a question for both of you. You did mention on your presentations how you shared results with your staff. Do you ever focus on one domain at a time or one patient safety culture area at a time, or you just go over the whole thing or do you ever revisit the results?

Juanita Stroud
It depends on the audience. If we're presenting to our Board, then it's a very high level focus. If we're presenting to the frontline staff within a medical office, then we do start breaking -- drilling down into the domains even to the type of staff that may have scored higher or lower. So, for us, it depends on the audience. But we would do it both ways.

Bev Funaro
And we just -- should go to the entire report with the staff and the Board gets a copy of the entire report, as well as the leadership.

Theresa Famolaro
Okay. Well, let's see. I think we have some other more questions still coming in. So, this is great. This is a question for Bev. As somebody wanted to know how you refined your processes because they like how you scored based on your improvement on work pressure and pace. But she wanted to understand a little bit more -- basically how you refined your processes to increase that -- that domain specifically?

Bev Funaro
Well, they all kind of do tie in together and I think that the patient navigator has been pretty essential in that because after the implementation of that -- having the patient navigators is when we started seeing the improvement in that as they took on more of the responsibilities for tracking the patients and thus, the clinic staff is working at the level of their license. And they're not having the responsibility of all of that for the patients. And so, that kind of took the pressure off the clinic staff while the navigator assumed some of those responsibilities. And there's also good communication between everybody in the clinic. And the morning huddles have helped with that as well.

Theresa Famolaro
That's great. Here's a question, I think, for both of you. Did you -- I just wanted to just double check, I think some of them, initiatives, you were talking that you did across the board, but did you pilot test your initiatives before you rolled them out?

Juanita Stroud
With our TeamSTEPPS, we did do a sub group and then we'll -- had the success and then rolled it out. So, some we piloted and some we went full throttle.

Theresa Famolaro
Okay.

Bev Funaro
And ours was -- I guess you could call it a pilot -- it would be implemented and having weekly meetings to discuss those initiatives. And looking at what -- and looking at what is not and then trying to fine-tune those is how we were able to get those through or not, change processes because it wasn't working.

Theresa Famolaro
Okay. Well, there's -- I'm afraid, at this point, we're out of time and we have to bring the Webinar to a close. I'd really like to thank our presenters, Juanita Stroud and Bev Funaro and our audience for being on the call. Please remember to complete the Webinar evaluation. It'll help us to improve our offerings and future events. And that will be the meeting. So, thanks again for joining on us -- joining us today. Thank you. I also would like to say that Juanita's flyers will be available afterward as well. And we'll be contacting her and getting those flyers to share. Thank you.