Action Planning for the SOPS Surveys
January 17, 2019 – Webcast Transcript

Speakers:

Laura Gray, M.P.H.
Senior Study Director
User Network for the AHRQ Surveys on Patient Safety Culture (SOPS), Westat (Moderator and Presenter)

Jeff Brady, M.D., M.P.H.
Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality
Rear Admiral, Assistant Surgeon General, U.S. Public Health Service (Presenter)

Naomi Yount, Ph.D.
Senior Study Director
User Network for the AHRQ Surveys on Patient Safety Culture (SOPS), Westat (Presenter)

Presentation:

Laura Gray
Gray (opening), Slide 1
Hello and welcome to today's webcast from the Agency for Healthcare Research and Quality on Action Planning for the Surveys on Patient Safety Culture, or SOPS surveys. My name is Laura Gray, and I'll be your moderator for today's webcast. I am a Senior Study Director at Westat and the project manager for the contract that supports the AHRQ SOPS surveys.

Gray (opening), Slide 2
Before we begin, I have just a few housekeeping details to go over should you need any help today during our webcast. If you have any difficulty hearing the audio from your computer speakers, you can switch the audio selection and have Webex call you at a number you provide and then connect through your phone. In the event that your computer freezes at any point during today's presentation, you can try logging out and logging back into the webcast to refresh the page. Remember though, you may just be experiencing a lag in the advancement of slides due to your Internet connection speed. If you have any other problems during the webcast, use the Q&A icon to ask questions or request help.

Gray (opening), Slide 3
At any point throughout today's presentation you can go ahead and send us a question through this Q&A feature. Depending on the browser you're using, your Webex screen may look slightly different than this slide but just look for that Q&A icon and be sure that the drop down option displays all panelists. That way, when you ask your question, our whole team can see it.

Today's session is being recorded and a replay of today's webcast and the slides will be made available on the AHRQ website.

Gray (opening), Slide 4
I'm really excited to introduce our speakers for today. We are very pleased to welcome Rear Admiral, Jeff Brady, physician and director at the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality. Dr. Brady also serves as an Assistant Surgeon General in the Commission Corps of the US Public Health Service. He has served as the director of AHRQ Center for Quality Improvement and Patient Safety since 2014 and led the AHRQ Patient Safety Research Program from 2009 to 2014.

I'm also pleased to have my colleague Naomi Yount who is a Senior Study Director at Westat and an industrial organizational psychologist with more than 15 years of experience in organizational research and analysis.

Dr. Yount has been involved in developing the database reports for the SOPS surveys as well as analyzing and exploring data from the surveys. Dr. Yount is working on updating the Hospital Survey on Patient Safety Culture to create Version 2.0 and recently worked on the development and release of the Health Information Technology Patient Safety Supplemental Item Set.

As I mentioned earlier, I'm Laura Gray, serving as your moderator and a speaker today.

Gray (opening), Slide 5
Here is our agenda for today's call. We're going to start off with Dr. Jeff Brady giving an overview of AHRQ's patient safety priorities and programs. Then next I'm going to briefly describe the action planning process and introduce you to the AHRQ SOPS Action Planning Tool. Then I'll pass things over to Naomi who will take us from results to action with a practical example for action planning for SOPS users. Finally, we look forward to answering your questions. Thank you so much for joining us today. We're really excited to get started. To do so, I will pass things ever to Jeff.

Jeff Brady
Brady, Slide 6
Great. Well, thank you so much, Laura. Thank you all for joining today. As Laura mentioned, I'm just going to share some background information about AHRQ, our programs, and also some exciting things that are happening in support of patient safety out in the field.

Brady, Slide 7
I'll start by just mentioning hopefully, for many of you reminding you, of AHRQ's core competencies just in a very high level summary. They are research. We invest in research and evidence to make healthcare safer and improve quality. Clearly, all of our tools and resources, the findings we produce are based on this foundation of research that we continue to support. Practice improvement is what we are ultimately trying to get to the actual care that is delivered to patients and support of clinicians who are doing that. Tools and other resources for healthcare professionals to again, to help them improve care for their patients. Then finally, data and analytics. Throughout all of these activities, it's important to continually assess how we're doing. All the things that research has shown should lead to improvements actually resulting in those improvements. As many of you probably know, we have a whole a broad collection of measures and data to track and improve performance and evaluate progress of the US healthcare system.

Brady, Slide 8
Briefly, with respect to our discussion today about the surveys of patient safety, the culture surveys, all three of these core competencies are very well represented in that work. Hopefully, you'll see more clearly how that is, in fact, the case. Next slide. Just a bit about our priorities in the patient safety program that we have at AHRQ. We focus on areas of greatest impact and, over time, culture is certainly one of those foundational factors that we know has a high impact on many different patient safety events and improvements in patient safety. We have a broad based program that is focused on all settings of healthcare including things that happen or unfortunately, in some cases, don't happen between settings of care where transitions may not be as effective as we would all like them to be.

Some specific topics of focus include healthcare-associated infections and within that work, reduction of antibiotic resistance, a growing problem unfortunately. Not only in our country but globally. We are mindful of the capacity that is needed in healthcare systems at all different levels all the way down to the point of care. How necessary those are to accelerate safety improvements communication and engagement between clinicians and patients critical factors and many different patient safety challenges. Finally, just very simply stated, not always simply done though, but trying to make the safest thing that we can do in healthcare, the easiest thing to do too. This is, of course, related to capacity building and only recommending things that actually will result in care and hopefully, having the evidence to be able to show that. Just to wrap up on the next slide, I want to share with you some work that we're very excited about and we are wholeheartedly supporting and participating in.

Brady, Slide 9
That is the National Steering Committee on Patient Safety. We are co-leading this work with the Institute for Healthcare Improvement. A tremendous partner not only in patient safety but broadly across the whole quality field. Dr. Tejal Gandhi, who you may all know, leads their patient safety work at IHI and she and I are co-leading the Committee, working with just a phenomenal group of individuals representing many different facets of healthcare. Both roles and organizations and the many challenges. Trying to pull together the central body in order to galvanize the multitude of stakeholders that we know are interested in patient safety but where we also know there are opportunities for better coordination. Our hope and this is, in fact, how this work is panning out,

that the Steering Committee and the work that we're doing will serve as a focal point so that we can collectively prioritize patient safety efforts. Our main goal and one of the products that we have in mind and are working to create is a national action plan for patient safety. Just briefly mention relative to our conversation today about patient safety culture that topic has definitely risen to the top as one of the main foundational factors, including leadership which is an important aspect of culture but it's a priority that has been identified within the work of the National Steering Committee. The work that you'll hear about today with not only the Action Planning Tool but, in general, the Surveys on Patient Safety Culture program is absolutely aligned with and supportive of these efforts. With that, I'll turn it back over to Laura. I appreciate, again, you being here and look forward to your questions.

Laura Gray
Gray, Slide 10
Super. Thank you so much, Jeff. Now I'm going to introduce you to the SOPS Action Planning Tool. A little bit of background before we get started on the tool.

Gray, Slide 11
The SOPS program began in 2001 with the development of the Hospital Survey on Patient Safety Culture and that was released in 2004. Since then we've released four more SOPS surveys and that's Nursing Home in 2008, Medical Office 2009, Community Pharmacy 2012, and the Ambulatory Surgery Center 2015. These surveys are for clinicians and staff to assess the extent to which that organizational culture supports patient safety.

Gray, Slide 12
How are SOPS surveys used? Well, there's actually a variety of reasons for using the safety culture surveys. That includes raising staff awareness about patient safety, assessing your organization's patient safety culture, helping you to identify strengths and areas for improvement, evaluating trends over time when you administer the survey more than once and then to evaluate the impact of patient safety initiatives that you might implement from action planning with your SOPS results.

Gray, Slide 13
All right, "one of the biggest mistakes you can make is to administer a company-wide survey and then do nothing with the feedback." We wanted to share this quote with you today because we really agree it's important to take your results from the SOPS surveys and put them into action. This came from a tinypulse blog on the Advanced Guide to Employees Surveys.

Gray, Slide 14
Our focus today here is, what to do with the SOPS data you collected, how to be using it in a meaningful way to drive change. AHRQ has released this Action Planning Tool which is on the website and its intended for use after your organization and administers the survey and you've analyzed your results. It's going to provide some step-by-step guidance to help you develop an action plan and improve your patient safety culture.

Gray, Slide 15
Before you start action planning, you're going to need to secure leadership support and form an action planning team. For leadership, a strong leadership commitment is, at all levels, really essential to the success of your initiative. A good strategy here is to really seek leadership support before you start action planning, and then to confirm that support again during and after action plan development. I imagine you probably had leadership support to do your SOPS survey too.

Then for your action planning team here, their job is to help you develop, implement, and evaluate your action plan. It's best to try to recruit a multidisciplinary team with a mix of roles, expertise, skills, and perspectives. You might already have an existing committee or group whose members can serve as the core of your action planning team. You also want to consider asking a senior leader to join the team and lend support in a visible and ongoing way. Also, think about including some team members whose work will be directly affected by your initiative because they're going to bring to the table a really important stakeholder perspective. Keep in mind that your team membership's often dynamic, so you might want to add more members if needed.

Gray, Slide 16
Our SOPS action planning tool has 10 key questions that you answer to complete it and those are organized into the three sections here: defining your goals and selecting your initiative, planning your initiatives, and communicating your action plan. You do not need to address the 10 questions in the exact order, but you will need to answer all 10 of them in order to complete your plan.

Gray, Slide 17
Let's dive right into section one: defining your goals and selecting your initiative.

Gray, Slide 18
Our first question in this section is, what areas do you want to focus on for improvement? Here we want to start with reviewing your organization's SOPS survey results. How do they compare within your organization? Are there any differences among staff positions or across units that might be worth investigating? If you've administered the survey more than once, you can identify areas for improvement by looking at changes in your scores over time. How do your current survey results compare to your previous results? You may also want to see how your results compared to others.

The really good news is that we have resources available to help you review and compare your survey data in order to identify what areas you might want to focus on. For example, the Data Entry and Analysis Tool is a Microsoft® Excel® based tool that allows you to input your individual survey data, and it automatically produces charts to show you your results compared to the most recent database results. This Excel tool is available by email request and I'll share that slide with our technical assistance email address at the end of the presentation, so you'll have that available.

You're hopefully also aware that AHRQ supports databases for each of the safety culture surveys and these intake data from organizations who voluntarily submit their SOPS survey data for improvement purposes. We have databases for every survey, including the Ambulatory Surgery Center, which is going to open later this year. If you participate in the database, you will also be able to take advantage of our free customized feedback and summary reports that are produced for every submitting organization.

Gray, Slide 19
Question two here, what are your goals? Next you're going to want to describe your goal is for each improvement area that you've identified. Your goals could be at the organization level or if applicable at the unit or department level. They need to be easily understood by everyone, from your senior leader to the staff implementing the change down to those who are affected by the change. For every improvement area that you identify, you may have one main goal or several smaller goals.

Remember these should be SMART goals. SMART stands for specific, measurable, achievable, and realistic, and timely. Starting with Specific you want your goal to state exactly what you want to accomplish. This is the what, why, how. M is for measurable - how will you demonstrate and evaluate the extent to which this goal has been met? A, achievable, make sure that you have stretch and challenging goals within reach. Can you actually achieve them? Then R realistic - how does this goal tie into your key responsibilities? T, timely, set target dates by when to guide your goal to successful and timely completion. This is again having deadlines, dates, and frequency noted.

Gray, Slide 20
Question three asks, what initiatives will you implement? These are going to be the actions you are taking to reach your goals, and there are several different ways that you can identify potential initiatives. You might see what others are doing. For example, you could review the AHRQ Case Studies or talk with other organizations to learn about some initiatives that they've had success with. Also other past SOPS webcasts feature success stories from those who have improved upon the survey, and you can revisit those slides and replay videos for more ideas. Another source for ideas are the SOPS resource lists, and these contain references to free publicly available initiatives that healthcare organizations can use to improve their patient safety, and those are also posted on AHRQ website. You may also identify some initiatives through things like brainstorming sessions with our staff, via walkarounds or safety huddles.

After coming up with a list of initiative you'll want to evaluate each by asking several questions. For example, what's the evidence that this will be effective in helping you achieve your goals? How much support will leaders, stakeholders, clinicians, staff provide for us? What's the overall likelihood of success? Then think about the scope. Will your selected initiative start small scale like a pilot before you expand it, so that way you can kind of learn from your result to make changes before you invest a large amount of resources? Then lastly just a friendly reminder that leadership buy-in and involvement is key to success.

Gray, Slide 21
Alright, so now we're at section two, planning your initiative. Next we want to talk about the key players for your initiative.

Gray, Slide 22

Question four is, who will be affected by your initiative and how? Consider both those who will be directly affected by whatever changes in processes or policies that you're making but, also understand that when you're changing one thing it often has a domino effect in other units. Make sure you kind of think about and consider these indirect effects on other staff and units as well.

Gray, Slide 23

Question five, who can lead the initiative? As you may know it's essential to have that strong leader and or champion for your initiative with skills to manage the project and to be accountable for timely deliverables. This person needs to be enthusiastic and have the energy to see it through despite difficulties. A leader or champion might be someone in a high-level position whose strong support can make it easier to get resources and implement the initiative. Or this person might not be in a high-level position, but they've demonstrated interest in it and they be an enthusiastic supporter and might have influence with other clinicians and staff.

Gray, Slide 24

Question six, what resources will be needed? In addition to your team, what other staff will you need to help with this initiative? Think about administrative support, information system, trainers, or outside consultants. Try to think about how much of each person's time will be needed and for how long. You're also going to want to consider the other required resources and cost that might be incurred such as those related to supplies, materials, equipment, or training.

Gray, Slide 25

Question seven, what are some possible barriers? As we know barriers are things that make it difficult to implement your initiative. Think about barriers that could stall the initiative and then develop some strategies for overcoming or minimizing them. What are some potential reasons this might not get the support it needs? Staff might not support it because they're just fine with how things are and they don't see a need for change. They might not fully understand the initiative or its goals, or maybe they had a negative experience with other failed attempts. It's so important to talk to these naysayers, to hear more about the potential issues. Listening to their concerns might give you insight into reasons that that past efforts have failed and it could help you actually avoid similar mistakes. Potential barriers could be some more basic issues simply like meeting logistics. Have you made sure that staff can leave their work area to attend trainings or meetings related to your initiatives? Then, again, strong leadership support here is essential because that can help you remove barriers.

Gray, Slide 26

Question eight, how will you measure progress and success? Your action plans should clearly state the measures that you're going to be using to monitor the implementation of this initiative and then those that you use to assess whether you met your goals. Keep these measures as simple as possible and make sure that their data collection will fit into your daily workflow. Process measures are going to be those that will help you see whether your initiatives being implemented according to plan. Is it progressing a scheduled? For example, we've trained X number of people this month, was that on track with what we intended? Outcome measures are going to help you see whether your initiative has been successful in achieving its overall goals, and you might not be able to set this right away since it can take some time to see effects of the change. Think about here when it's best to measure these and then plan accordingly. An outcome measure could be the change in the number of patient safety events reported from time X to time Y, and also outcome measures could be something that you're already tracking for other purposes, such as infection rates, or other quality measures. Communicating during the entire process provides transparency and can add to staff engagement.

Gray, Slide 27

Question nine, what's the timeline? Develop an overall timeline that includes time to assess whether goals have been met and to enable you to tell an informative story about what you did and how well it worked. Your timeline should be realistic and break it down into smaller steps. You want to flag all the major milestones to help you easily see what target dates should be met and plan to provide routine progress updates to your team, your leadership, and also those affected by your initiative. Adjust your timeline if you see the schedule to start.

Gray, Slide 28

Section three, communicating your action plan.

Gray, Slide 29

Our last question 10, how will you share your action plan and with whom? Once you've drafted it, review your action plan and discuss it with leadership and others whose support you might need. Incorporate their feedback and then present the final plan for their approval. Think about some effective ways to communicate your action

plan to your clinicians and staff. You want to explain all the big questions here: the who, what, where, when, why and how. Consider using a mix of communication methods and that could be meetings, newsletter, email, posters. You want to allow time to address staff concerns before you begin your initiative and always be flexible with adjusting your action plan as needed. Remember for transparency and engagement to communicate early and often.

Gray, Slide 30

All right, this slide here displays a screenshot of the action plan template. This is included at the end of the SOPS Action Planning Tool that you can use to document your responses to those 10 key questions that I just walked through. When we did some testing on the Action Planning Tool, we heard overwhelmingly from users they wanted something simple and straightforward with space to write some additional notes and comments. They also wanted this to be available electronically so they could easily update it and share it with others. We've provided this template as a standalone Word file that you can also download from the AHRQ website. I'm now going to turn it over to Naomi who's going to give us an example and show us how we can take our SOPS results to action with this tool. Naomi.

Naomi Yount
Yount, Slide 31

Thanks, Laura. Okay. I'm going to walk you through an example of an action plan and I'm going to start with some sample survey results from a SOPS survey.

Yount, Slide 32

As Laura mentioned, the first question in the Action Planning Tool is, what areas do you want to focus on for improvement? The first thing we would do is review our percent positive scores on the surveys composite measures. For those of you who aren't familiar with the SOPS surveys, we show percent positive scores, which is the percentage of respondents answering strongly agree or agree or always or most of the time for positively worded items. In other words, a higher score means that more people are answering positively or agreeing with the item and that a higher percent positive is better. When we get the results, we can examine how we're doing just overall. What are our top and bottom scoring composites? We can also examine where the largest differences are between our results and other results. Such as those from the database, similar facilities or organizations, and if applicable our previous results. In the next few slides, again, I'm going to go over some sample results.

Yount, Slide 33

For this example, let's assume we work in a hospital, but if you're in a different setting, you could simply swap out the composite measures from that setting. The first thing we're going to do is say how are we doing? In this example, the top three composites are Supervisor/Manager Expectations at 86% positive, Teamwork Within Units at 81% positive and Management Support for Patient Safety at 75% positive. The bottom three composites are Handouts and Transitions at 37% positive, Nonpunitive Response to Error at 41%, and Staffing at 50%. While this is informative to show how we're doing, it may also be helpful to compare these results to other data available to us. For example, how are other hospitals doing in the same composites? Before I move to the next side, for the purpose of this example moving forward, I'm just going to focus on six of the composites so that we're not looking at a bunch of numbers on a PowerPoint slide.

Yount, Slide 34

Here we see I've added a column that is comparing the data to the 2018 Hospital SOPS database. For ease in interpretation, I've also added an up arrow, a green up arrow to denote our scores that are five percentage points or more above the database and a red down arrow for scores that are five percentage points or more below the database. I chose first five percentage points here but that's just a rule of thumb. I just want to say you could choose three percentage points. You can go up if you have a lot of things being highlighted. You could choose 10 percentage points but for this sake, this example, is just five percentage points. We are above the database on Supervisor/Manager Expectations by six percentage points. Our score is 86% and the database is at 80%.

We are below the database on Feedback and Communication About Error, Nonpunitive Response to Error and Handoffs and Transitions. At a quick glance, I can see where we are doing well and where we might have room for improvement. Then there's two composites, Teamwork Within Units and Staffing, where are within five percentage points of the database. Based on this, I might say wow, let's celebrate our success here and our strength in Supervisor/Manager Expectations. I may stop and say let's just focus our action planning on one or more of these three composites that have the down arrow but this is just one comparison point. We can drill down into the database and examine scores for hospitals that are most like us.

Yount, Slide 35

For this example, I've added a column for 50 to 99 bed hospitals. Let's pretend we fall in that bed size category. These scores are available in the SOPS database report appendices. There's also other hospital characteristics that might be of interest. For example, maybe you want to compare to teaching hospitals or hospitals within your region. In fact, all the SOPS database reports include these types of appendices. If you're in a medical office maybe you want to see oh, I don't want to compare to all medical offices but just those that share my specialty. I encourage you to go to those appendices to see results that are most like yours.

By examining the results for 50 to 99 bed hospitals, we can confirm we're still doing well on Supervisor/Manager Expectations. We're five percentage points above like hospitals but we're below similar size hospitals now on four composites, not just three: Feedback and Communication About Error, Staffing, Nonpunitive Response to Error, and Handoffs and Transitions. Here we see now Staffing we're five percentage points below hospitals that are similar sized.

Yount, Slide 36

Again, there are other characteristics we could add but for our last comparison point, let's add our facilities previous results. When adding your previous results, we can see that we have increased on Teamwork Within Units by the up arrow. We were in previous administration at 75% and now we're at 81% positive. We've also increased our Nonpunitive Response to Error from 30% positive to 41% positive. While we're below the database and similar sized hospitals on Nonpunitive Response to Error, we have increased. We can celebrate that and hopes of still increasing but we have done some wonderful things on that composite. There are two composites, however, that we have decreased: Staffing and Handoffs and Transitions. We may ask, why do we decrease on these composites? What may have changed to cause this decrease? It's by compiling all this data that we get a fuller picture of how we, as a hospital or any facility, are doing. Armed with your survey results, you can easily create a table like this in Excel, look at your composite scores, and compare them to the available data in the database reports. For action planning purposes though, I want to focus on anything that's in red. For those of you not familiar with the SOPS composites, let me quickly define. Feedback and Communication About Error is the extent to which staff are informed about errors. Staffing is the extent to which there's enough staff to handle the workload. Nonpunitive Response to Error is the extent to which staff feel like their mistakes are not held against them, and Handoffs and Transitions is the extent to which important patient care information is transferred across hospital units and during shift changes.

Yount, Slide 37

For this example, I would go into the tool and I would write, "We will focus on Handoffs and Transitions." I might actually even include the data here and the table to help justify this response and say look I'm picking this. I'm recommending we focus on Handoffs and Transitions because we are 12 percentage points below similar-sized hospitals. Our previous score was 46%. We dropped down 9 percentage points to 37. Those are something we really need to focus on. Then I might take it to leadership and say, however, there are these other three composites we could focus on and give them and get by and right away. Saying show them the data show them some justification and say this is what we're recommending. How does that align with your priorities? Again, in reality, you can argue to increase on any one of them. There's always room for improvement.

Yount, Slide 38

We can go to the second question now is, what are your goals? Once you can buy in on the composites, now we have Handoffs and Transitions. Our goal here I wrote in is to increase Handoffs and Transitions by at least 5 percentage points, in our June 2019 survey results. Is this a SMART goal? Well, is it specific? Yes, some saying I want to increase my score by five percentage points and I've named the measure. Is it measurable? Yes, on the SOPS survey I want to increase Handoffs and Transitions. Is it achievable and realistic? Well, I hope so because before we were 46% positive. I really am just saying let's get us halfway back there. I think it's achievable and I think it's realistic. Is it timely? Well, I provided a time frame for when I think we should be able to achieve this by, by June 2019.

Yount, Slide 39

The question everybody wants to know is what initiative will you implement? I did what's quick and dirty. I went to AHRQ's hospital resource list. As Laura mentioned, this is a great resource that is organized by composites. I could quickly go to this resource and say all right, now I know I'm really focusing on Handoffs and Transition. I open up that list, there are seven tools listed. One of which is SBAR, Situation Background Assessment and Recommendation. There are six other options. I picked this one because I thought it would be-- I just randomly picked it but you would want to evaluate each of them. For example, see how long they would take, will leaders support it? Will frontline staff use it? Will it cost a lot to implement? You might also talk to other hospital leaders, look at the case studies on these different resources and look at articles and see what might work within your

organization. You might also investigate what's currently being done. How are staff handling handoffs and transitions? If you move to this tool SBAR, will that disrupt the workflow or will the staff get buy-in? This tool is again it's a technique that standardizes communication between healthcare team members about a patient's condition and can be used during shift changes and also patient handoffs between units.

Yount, Slide 40

I might select the tool, I might put in SBAR and I might then also put in some justification. Look at this evidence that it would be--it would work in our setting. I might provide some case studies. I might list other hospital settings that have used it successfully.

Question four, who will be affected and how? Again, for this since it's as a training technique, it's a standardized communication technique, the question really becomes, do I want to implement it hospital wide or in select units or select staff? There are pros and cons to each. As Laura mentioned, maybe you want to do a pilot test. Or maybe you want to do it hospital-wide. Since our entire hospital was scoring low and as far as a well-used technique and there's case studies and articles available, I would put in proposing to do it hospital-wide.

Yount, Slide 41

Then we can go to question five. Who can lead the initiative? As an action planning team, we may or may not be the ones leading the initiative. It depends on what it is. We have to consider who has time to do the training or the champion for the implementation. Do we need an outside trainer? Are internal resources enough? The SBAR actually has a lot of resources including facilitation guides, slides, handouts, and other supplemental materials. Maybe we would nominate individuals from each service line including senior leaders, again, to get senior leader buy-in and also to get staff buy-in. By getting individuals from each service line that can help develop the implementation plan and also figure out where there might be some barriers in implementing it and transferring that training over.

Yount, Slide 42

Question six, what resources will be needed? Now, again, I know what my initiative is, it's SBAR. I go through all the documents I can find and I estimate, okay, this is going to take me about one hour of training time. We have 200 staff. I'm going to suggest we do 40 staff in each session for 5 sessions. We need two trainers and two assistants for each training. We're going to need copies and supplies. We'll need a training room, projector and screen, and maybe we want some equipment to record the training so staff who aren't there can still view the training.

Yount, Slide 43

Question seven, what are possible barriers? The first one, of course, that would probably come to everybody's mind is the cost and time to train all 200 staff. The others would be will staff actually use SBAR on the job? Who will monitor to ensure it is used? How can we keep the training fresh in everyone's mind? Again, if you list these barriers out, then you have to think through how you're going to address them. That's really helpful to get buy-in from leadership to say, "Hey, we've thought this through and this is why we think it's important." If you get push back here maybe you say, "Okay, we're going to pilot it. If the cost is the problem, the time is the problem, we'll pilot it. We'll pilot it and then we can also see the staff actually use it." Does it transfer over? And we can start monitoring issues throughout.

Yount, Slide 44

Which gets to the next question, how will you measure progress and success? There are process measures and outcome measures. We want to make sure we list each one. We might say, okay, great. Here's our process measures. Are we staying on target? Hey, how many staff have we trained this week? Are we 50% done, 25% done? We can look at training evaluation forms. Look, everybody really love this training and they think it could be useful on the job. You can also do huddles and walkarounds to see how are they perceiving the training? That way if you do that, you can make tweaks throughout your training sessions to improve it. Your outcome measures could also be feedback from huddles and walkarounds to see are they actually using SBAR? Of course, going back to our goal, our goal is increasing Handoffs and Transitions by five percentage points, your final outcome measure would be your score on Handoffs and Transitions.

Yount, Slide 45

Next question is, what is the timeline? You want to flesh yourself more but in initially filling out the Action Planning Tool, you could just do a high level timeline. I just said okay, how about weeks one through four? You're developing the implementation plan, you're reviewing the training materials and you're walking through what's needed. Weeks five and six you're going to start communicating to staff about the upcoming training.

Maybe scheduling the training sessions and getting really familiar with those materials for training. Weeks 7 through 11, you're conducting the training. Maybe you do five training sessions, one session a week or maybe you do one session the first week and do some walkarounds, get some feedback, do any tweaks and wait another week and then do the rest of your training sessions. Then you might spend one or two weeks at the end doing wrap up and walkarounds to see how it's going.

Yount, Slide 46
Then finally, question 10. How will you share your action plan and with whom? I think I would say share it as often and as much as possible with as many people that you can reach. You, of course, want to share the plan with leadership. You have to get their buy-in first because it's going to cost money, especially for this initiative of the SBAR with training. You also want to share why you're doing the training. You're going to promote the training with all staff but just not saying, "Hey we're going to now do SBAR here." But you would want to say, "Hey we're doing SBAR because we didn't score well in Handoffs and Transitions. We're going to try and increase the score and we believe this initiative will work. We have evidence that will work and we're really excited to implement this on our hospital." We're going to promote the training and explain why and be transparent about it.

Again, they took the survey to begin with and it's showing them that you listened and you're doing something about it. You can also provide updates every other week on how the training is going. "Hey, we're 25% done now." Share results from the evaluation form and, of course, share results from your SOPS survey. This is a quick overview of the 10 questions from the Action Planning Tool and a sample of how you might complete it.

Yount, Slide 47
Again, as Laura mentioned, there is a template you can use. You can take it fill in the questions, you can make it bigger, you can make it go to more than one page for the first three questions.

Yount, Slide 48
The Action Planning Tool and the resource list and past webcasts and database reports and appendices are all available on the SOPS pages of the AHRQ website, www.ahrq.gov/sops.

Yount, Slide 49
We also periodically send email announcements through SOPS email updates. You can sign up for the email updates by going to the AHRQ website and selecting Email Updates at the top associated with Surveys on Patient Safety Culture.

Yount, Slide 50
We actually just when it-- did send out an email about a call for SOPS improvement stories. AHRQ is really interested and wants to showcase organizations that have improved scores on SOPS survey - on any of the SOPS surveys. The question for you since you're all here and you're thinking about or have done action planning, has your organization made improvements on your SOPS scores? Have any of you used the Action Planning Tool? We'd like to hear from you, we'd like to hear feedback and we'd like to hear your stories.

Yount, Slide 51
Please feel free to contact us to share your stories or for any technical assistance questions at safetyculturesurveys@westat.com or our phone number is 1-888-324-9749. You can also visit AHRQ website for this contact information at www.ahrq.gov/sops. I'm going to turn this back over to the Q&A portion of —

Yount, Slide 52
— the webcast for Laura.

Laura Gray
Gray (closing), Slide 53
Thank you, Naomi. Okay, as a reminder, you can go ahead and send us your questions in the Q&A box. To access that you may need to select a button at the bottom of your screen with these three dots and then select the question mark Q&A and it'll appear at the side of your screen. Just a friendly reminder to send your question to all panelists so that we can all review those. Depending on the browser that you're using, again, your screen might look slightly different but just look for that Q&A.

I see that we've actually gotten a handful of questions coming in already throughout the webcast. We really appreciate you submitting those and I will begin reading them aloud and directing them to the other speakers or myself as we provide some answers for you.

It looks like a few of you have been asking about the slides and the recording from today's webcast if those will be available. Yes, absolutely. We will have the slides and a video replay of today's webcast available later on the AHRQ website. The same URL that's in the slide deck that Naomi just mentioned is where we will be finding those materials for you.

It looks like I can actually answer another one of these here myself. That's about if I have to use the actual template included in our action plan. The answer here is, no. You're absolutely not required to use this exact template at the end of your Action Planning Tool. However, we would recommend that you answer the questions in the plan the best you can so that your planned initiative that you've outlined and respond to these questions and thought through them. That will be really helpful to have documentation for your record keeping and sharing with others in your organization. You don't have to use this exact same one but we would recommend thinking through and answering those questions and that documentation is helpful.

One more specific question about the Action Planning Tool is, if I need to answer every single question. Some don't seem applicable to me. Again, this is not a requirement to answer everyone by any means but by answering each question you might be better prepared to address some of the barriers, handle your resources and stay on track. Overall, we really think it will help your likelihood of success if you carefully think through and answer these questions. At a minimum, you can use this tool just to become aware of the steps that are involved in action planning.

All right, it looks like I can direct this next question to you, Naomi. The question posed is, how do I get leadership support?

Naomi Yount
I think it really just depends on the type of support you're looking for. If leadership supports the administration of the survey, it is imperative that before you even administer a survey they're willing to do something with the results. As Laura noted, it's better not to do a survey at all than to do nothing with those results. Getting buy-in from them in the beginning that, "Hey and we're going to do something about it," will be helpful. However, if you're talking about support for a specific initiative, again, it would help to show the completed Action Planning Tool. And any evidence from case studies or the literature could demonstrate to leadership that the initiative is worthwhile and will actually lead to improvement. You may also negotiate to just do a pilot of the initiative in one area or your facility first to show that we'll actually do something. In which case, you might administer the SOPS survey, do the initiative and then administer it again within that pilot area unit or work area and show that it has made an effect.

Laura Gray
Thank you. All right. It looks I have a question for Dr. Jeff Brady. Can Dr. Brady tell us more about what the National Steering Committee on Patient Safety is doing? Dr. Brady, can you take that?

Jeff Brady
Sure, Laura. Thanks, I'm happy to do that. Just a little bit more detail, I mentioned that the Steering Committee is focused on culture and along with culture, leadership, so it relates to the last question that Naomi just answered about leadership buy-in. I think the committee has recognized culture and leaderships' responsibility for setting the right culture and then supporting the different activities that are necessary to cultivate the right culture that those are linked and important. There are a total of four major topics that the subcommittee is taking up.

Again, one is leadership and culture. The second is also represented within culture. It's the concept of learning health systems or, as it's referred to in the SOPS family of tools, organizational learning and continuous improvement. That's the second one this this concept of learning health system concepts and related concepts. The third item is patient and family engagement. I think that not only recognizes the important role of focusing on the patient and the family but the fact that they have many things that they can and are interested in doing to help ensure their own safety, the safety of their own care. Then the final is I think also closely related to culture and that's the safety of the healthcare workforce itself. It's important to point out that as the Committee has focused on this particular topic. It's not only the physical safety of the healthcare workforce but also their psychological safety. I think that concept is also well represented not only in patient safety culture generally but in the surveys. I appreciate the interest and I look forward to telling you all more about that as the work continues of the National Steering Committee.

Laura Gray
Thank you so much, Jeff. All right. Another question we've received here is asking what resources are there for people who are administering the survey for the first time? That's a great question and we are happy to say that

for every SOPS survey, there is a survey User's Guide. This is, again, available on the AHRQ website, www.ahrq.gov/sops and the User's Guide gives you all the information you need to help you administer the survey. There's different chapters on there about selecting a sample and deciding between doing web survey or paper survey. It's a really great guide to walk you through getting started and administering the survey. All right, let's see.

Next question is I heard that there is a new version of the Hospital Survey on Patient Safety Culture that's being developed. When will HSOPS-2 be released? As I mentioned in the very beginning, Naomi is doing some work on this. I'm going to go ahead and punt this question to her. Naomi?

Naomi Yount
Okay, thanks. We are currently completing a pilot test for version two at Hospital SOPS survey and we'll be analyzing the data soon. We're then going to consult with the SOPS Technical Expert Panel. We expect to release the updated version of the hospital survey or version 2.0 in early summer of this year. Its release will be announced from the SOPS email listserv which you can sign up for on the AHRQ website. Once HSOPS 2.0 survey is released we'll plan to host a webcast provide information about what's different and how to interpret changes in scores.

Laura Gray
All right, great. Thank you. The next question that came in here is asking us if we have identified a particular domain that is harder to improve. Naomi, do you have any thoughts on that?

Naomi Yount
Yes, I would say the Nonpunitive Response to Error we have heard is--and that's on the hospital survey--is a hard domain to improve. There are resources out there that can help but we have heard that that is a domain that's harder to improve on.

Laura Gray
All right, thank you. Let's see the next question I have here is, who can we contact to share the action plans that we've implemented in our organization? Again, if you're asking about sharing your story of how your organization used the SOPS Action Planning Tool, please feel free to email us and share your experience. Once again that email address is safetyculturesurveys@westat.com and we'd love to hear more about that.

This is a great question. It says, no one wants to help on action planning, how do I develop a team? Naomi, do you have any thoughts on that?

Naomi Yount
Sure. All right, if no one wants to help you might want to ask people why? If it's because they don't believe anything will work or nobody will use it, that's something you need to address but if it's a time issue, see if you can negotiate with leadership to help free up their time for the purpose of the initiative and provide a time frame. It can't be can they help? But say, "Over the next three months can I have five hours a week of this person's time to help improve our scores?" Oftentimes people don't volunteer and if they don't volunteer, you may speak with department or unit heads or individuals who would know who would be a good champion or who would be good to lead that effort. We found sometimes that individuals are more likely to help and feel really included and buy into it, if they've been chosen rather than asked to volunteer.

Laura Gray
Super. Thank you. All right, another question that we have here is about, what tools do you have to improve on the difficult domain? I'm not sure if this is referring to the Nonpunitive one in particular or just any domains that might be a little bit more challenging, but again, we do have a number of tools available on the AHRQ website, the SOPS pages. One of which are the resource list that we've been plugging away today on. When you open up that resource list, you can go ahead and search for the composite Nonpunitive Response to Error or any domain that you deem a little challenging. You should find some publicly available resources there that you can look into and decide if those might be great initiatives for you to implement. Then also the second to Nonpunitive Response to Error, I did want to put in a plug for a webcast replay that we have on that one. Again on the AHRQ SOPS website, you can go back and find the presentation slides from that and actually watch that video replay from that webcast. It features a story from a user and how she improved upon her composite Nonpunitive Response to Error. I highly recommend checking that out. Then again, AHRQ Impact Case Studies are another great source for some success stories and ideas for improvement efforts.

Another question here we have is, do you find using multiple criteria for prioritization leads to better and deeper improvements? I think this is probably getting at, in Naomi's example how she pulled up comparing. It wasn't just looking at her results by themselves but that she was also looking at her results to the database and her results to other ones. All that different criteria that helped out. Naomi, could speak a little bit more to that?

Naomi Yount
Sure. I think that if you look at multiple criteria, it helps prioritize just in general. Does it lead to better and deeper culture improvements? Possibly. It depends. I think it helps you focus. If you put the scores of similar size hospitals or similar characteristics hospitals, yes, that gives you a basis for comparison and helps you prioritize which area to focus on.

Gray (closing), Slide 54
All right, thank you. I just want to say I think that's all the time we have for questions right now. A brief webcast evaluation will pop up when you close out from today's webcast. Please take a moment to give us your feedback. It really helps us improve our offerings and plan some future events that will meet your needs. We invite you again to visit the AHRQ website and contact us any time by email or phone. Thank you so much for joining us.

This concludes today's presentation.