**Surveys on Patient Safety Culture™**

*Understanding SOPS Surveys: A Primer for New Users*
*October 23, 2018 – Webcast Transcript*

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**Presentation:**

**Laura Gray**
*Gray (opening), Slide 1*
Hello. Welcome to our webcast today, on Understanding the Surveys on Patient Safety Culture, or SOPS Surveys: A Primer for New Users. My name is Laura Gray. I'll be the moderator for today's webcast. I'm a Senior Study Director at Westat, and the Project Manager for the contract that supports AHRQ Surveys on Patient Safety Culture.

*Gray (opening), Slide 2*
Before we begin, I have just a few housekeeping details to go over. If you are having difficulty hearing the audio from your computer speakers, you may switch the audio selection by having WebEx call you at a phone number you provide, and you can connect through your phone. In the event that your computer freezes at any time during the presentations, you can try logging out and logging back in to the webcast to refresh the page. Remember, though, that you may just be experiencing a lag in the advancement of slides due to Internet connection speed. If you need help any time during the webcast, use the Q&A feature to ask questions or to request help.

*Gray (opening), Slide 3*
At any point throughout today's presentation, if you have any further technical difficulties or you have a question that you'd like to ask our speakers, you may ask a question through the Q&A feature. Depending on the browser that you're using, your WebEx screen may look slightly different than this slide. Look for the Q&A icon, and be sure that the drop down there displays all panelists for you to ask the question so that our team may see it.

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

*Gray (opening), Slide 4*
So now that we have some housekeeping items out of the way, I'm happy to introduce our speakers for today's webcast.

We are very pleased to welcome Rear Admiral Jeff Brady, Physician and Director of 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 Commissioned Corps of the US Public Health Service. He has served as the Director of AHRQ's 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 Theresa Famolaro, who is the AHRQ Surveys on Patient Safety Culture Database Manager. She has more than 20 years of experience in public health research and quality improvement, including data collection, reporting, and dissemination to target audiences. She has managed the suite of Safety Culture of databases since 2006. Theresa also contributes to the development of the survey tools and supporting products for the Safety Culture toolkits.

### Gray (opening), Slide 5
Here's our agenda for today's call. We'll start with Dr. Jeff Brady giving an overview of AHRQ's patient safety priorities and programs, and then, next, I'll give you an overview of the SOPS surveys. After that, I'll pass things over to Theresa to talk to you about SOPS resources, linkages, and technical assistance. And then, lastly, we look forward to answering some of your questions.

Without further ado, I'll pass things over to Jeff.

### Jeff Brady
### Brady, Slide 6
Great. Thank you very much, Laura. We are so thrilled to have so much interest in patient safety culture and these resources that you'll hear more about today.

Before we get into the details of the surveys, as Laura said, I'd like to give you some background information about AHRQ's Patient Safety program, and specifically our priorities. We've made a concerted effort and consistently tried to focus on areas of greatest impact, so the patient safety problems that most of us know about, whether it's medication safety, pressure ulcers, healthcare-associated infections and, unfortunately, several other things that threaten patient safety.

We've also focused on extending patient safety improvement to all healthcare settings that's within the scope of AHRQ's patient safety program. I think you'll hear a little bit more about how the culture surveys follow that interest.

As I said, preventing HAI is a big part of patient safety; we have a single program dedicated exclusively to that, and it works in close collaboration with our other patient safety work. Reducing antibiotic resistance, in particular, is a priority within the HAI program. We really have focused on building capacity in the healthcare system to accelerate patient safety improvements. This priority focused on capacity causes us to think a lot about foundational aspects of safety. A lot of our attention, again, is focused on that, things like culture. Again, you'll hear more about; but also improving communication and engagement between clinicians and patients, whether it's programs like TeamSTEPPS or our suites of patient safety engagement resources.

Ultimately, I think in the end, we try to point all of our research and understanding patient safety better and trying to make the safe thing, the easy thing to do, because we also realize that patient safety is one of many priorities that clinicians have, and we really have to be efficient in what we're trying to do to help support patient safety improvement to help clinicians be efficient.

### Brady, Slide 7
Bear with me a one second here. Sorry, I forgot to advance the slide. This is summarizing what I've just said.

### Brady, Slide 8
[Describer: AHRQ's Center for Quality Improvement and Patient Safety (CQUIPS)]

Just to say a bit more about the agencies home for this work, again, the patient safety culture surveys.
In addition to the three safety programs that are listed here, Patient Safety Research, Healthcare-Associated Infections Prevention program, and our Patient Safety Organization program; this is related to the Patient Safety and Quality Improvement Act and those protections that are afforded through that act.

We also have some robust measurement activities that exist in the Center, and all of these work collaboratively as well with the Patient Safety Research program. In fact, very soon we'll be releasing our patient safety chart book that is a specific product of the National Healthcare Quality and Disparities Report program, so be on the lookout for that and some recent data that we have about patient safety.
As well, on the Consumer Assessment of Healthcare Providers and Systems, the CAHPS program, lives in this Center as well. Lots of intersections and collaborations that we tried to take advantage of and, ultimately, support general quality improvement in the field.

**Brady, Slide 9**

The last thing that I want to mention just to provide some context, additional context for the work that you'll hear about today. A very recent activity over the past year or so, is this National Steering Committee on Patient Safety, that we are working in close collaboration with the Institute for Healthcare Improvement, IHI, which as most of you probably know merged a little over a year ago with the National Patient Safety Foundation, and so IHI now the parent organization that we're working with.

Our idea with this collaboration is to serve as a central body to help galvanize stakeholders and act as a focal point to prioritize patient safety efforts at the national level, but ultimately, in support of local improvement. That's really a key part of our program and of this nationwide effort.

One product that we're focusing on is a national action plan for patient safety. That's an important reminder for me to make sure that you're aware that, just as I mentioned, the AHRQ patient safety program gives a lot of attention to foundational issues such as leadership and culture, measurement, patient and family engagement. That foundational interest will be reflected in the national action plan.

The work that you're hearing about today, the culture surveys, surveys for patient safety culture, is very much in line with these recent activities that we're working on to try to help continue to raise interest and, ultimately, improve patient safety.

With that, I'm going to turn things over to Laura, and we'll get into the surveys themselves.

**Laura Gray**
*Gray, Slide 10*
Great. Thank you so much, Jeff. That was really helpful overview. All right, so let's get started here. What is patient safety culture?

*Gray, Slide 11*
Patient safety culture can be defined as the beliefs, values, and norms that support and promote patient safety within an organization. These beliefs, values and norms are shared by healthcare providers and staff in the organization. Patient safety culture determines behaviors that are rewarded, supported, expected and accepted within an organization as it relates to patient safety.

It's also important to note that culture exists here at multiple levels, from the unit level within an organization, to the department, on up to the hospital or organization level, and sometimes even higher to system level.

*Gray, Slide 12*
[**Describer:** *Surveys of providers and staff about the extent to which the organizational culture supports patient safety*]

More about the AHRQ SOPS program. It began in 2001 with the development of a hospital survey on patient safety culture, which was released in 2004. There are now four more SOPS surveys for nursing homes, medical offices, community pharmacies, and ambulatory surgery centers. These surveys are for providers and staff to assess the extent to which their organizational culture supports patient safety.

*Gray, Slide 13*
This slide here shows some areas of patient safety culture that are assessed across each of the SOPS surveys, although the survey items are tailored to be specific to each setting.

You'll see here we have teamwork, communication openness, communication about error, organizational learning -continuous improvement, response to error, staffing, supervisor and management support for patient safety, work pressure and pace, and overall rating on patient safety.

Each of the SOPS surveys also assess patient safety culture areas that are unique. For example, the medical office survey assesses an area called patient care tracking and follow-up. Then, the community pharmacy also has an area called patient counseling. The ambulatory surgery center survey assesses communication in the surgery or procedure room.

*Gray, Slide 14*
How are the SOPS surveys used? Healthcare organizations can use the SOPS survey to raise staff awareness about patient safety, assess the current status of patient safety culture, identify strengths and the areas for

improvement, evaluate trends and patient safety culture change over time, and evaluate the cultural impact of patient safety initiatives or intervention.

***Gray, Slide 15***
***[Describer:*** *The Value of SOPS Surveys]*

On the ARHQ website, there are four impact case studies, which feature the use of SOPS surveys and healthcare organizations' improvement efforts. I've included a link at the bottom of this slide, and the next couple of slides, if you'd like to go read some real-life examples for how SOPS is used.

***[Describer:*** *AHRQ's Patient Safety Culture Survey Integral to MedStar Washington Hospital Center's Quality Efforts: https://www.ahrq.gov/news/newsroom/casestudies/201414.html]*

I just wanted to highlight a couple of quotes here. The Vice President of Outcomes Management for MedStar Washington Hospital Center said, "The results of our survey were a huge help for us to guide our improvement." She went on to say, "The survey is an integral part in moving toward our goal of becoming a high-reliability organization. It laid the groundwork for us. If we didn't have that, it would be much more difficult."

***Gray, Slide 16***
Here's another example from a case study featuring Yuma District Hospital and Clinics, a 15 -bed hospital with two rural health clinics in northeast Colorado.

***[Describer:*** *AHRQ's Medical Office Survey Helps Colorado Hospital Provide Better Care: https://www.ahrq.gov/news/newsroom/case-studies/201525.html]*

The Director of Quality and Regulatory Affairs said, "We knew the survey would be a critical tool for improving patient care, but what we did not foresee was how valuable it would be in strengthening a team perspective among staff." She went on to say, "It's helped us build on areas of strengths, identify areas of weakness, and implement important changes that are improving patient care system-wide."

***Gray, Slide 17***
***[Describer***: *St. Jude Children's Research Hospital Uses AHRQ Survey to Promote Patient Safety: https://www.ahrq.gov/news/newsroom/case-studies/201709.html]*

Then, my final example here is from St. Jude's Children Research Hospital, where the hospital Chief Patient Safety Officer reported that they use the survey for patient safety assessment and action planning. He said, "The entire survey process opens opportunities to discuss patient safety, and the results helped shape our improvement efforts, ultimately, improving patient care."

***Gray, Slide 18***
Next, I wanted to note that the Surveys on Patient Safety Culture or SOPS is a registered trademark of AHRQ. The trademark signifies that the surveys and the items were developed in accordance with principles and standards established by the agency.

Organizations that administer an existing SOPS survey either with or without the supplemental items, may use the SOPS name as long as they have not changed, omitted, or reordered any of the core items and response options for the survey.

More guidance is available on the AHRQ website for using the SOPS name and making changes to the survey, including how you may still modify the background work areas or staff positions, as well as how to add supplemental items to the end of a SOPS survey before the background questions.

***Gray, Slide 19***
I just mentioned the core items, and I wanted to explain that a little bit more. All SOPS surveys are composed of standardized questions referred to as "the core items" that support the comparability of survey content across users.

Now, we also have optional supplemental items sets that users may add to assess content in areas not included in the core questionnaire. The cover page for the supplemental items provides instructions such as where to place the items in respect to each core survey.

*Gray, Slide 20*

The first items that I wanted to tell you a little bit about was the value and efficiency supplemental items. In 2017, AHRQ released this item set assessing value and efficiency to help hospitals and medical offices assess the extent to which their organizations place a priority on and adapt to practices to permit efficiency, waste reduction, patient-centeredness, and high-quality care.

The four topic areas that you can see here on the slide are empowerment to improve efficiency, efficiency and waste reduction, patient-centeredness and efficiency, and management support for improving efficiency and reducing waste.

*Gray, Slide 21*

Then, released in 2018, the SOPS Health Information Technology, or Health IT, patient safety culture supplemental items, assess how organizational culture influences health IT and patient safety. As you may know, health information technology has enabled our healthcare system to become much safer in many ways.

However, given healthcare's increasing reliance on information technology, it's also important for hospitals to understand the effects of health IT use on patient safety, including the unintended consequences of health IT.

The topic areas for the supplemental items that are listed on this slide, and I'll read them, patient safety and quality issues, EHR system training, EHR system support and communications, EHR and workflow or work process, and overall EHR system rating.

*Gray, Slide 22*

Then, a new item set coming soon... Well, not too soon but we're working on -- is the existing medical office SOPS questions address areas of culture important to diagnostic safety, but they do not specifically focus on diagnostic safety. Therefore, AHRQ has sponsored the development of a new supplemental item set on diagnostic safety for the medical office survey.

As noted on this slide here, the goals for this item set are to measure the extent to which the organizational culture in medical offices supports accurate diagnosis, and to conduct research to assist in identifying processes and sources of error in diagnosis.

*Gray, Slide 23*

The diagnostic safety supplemental items set follows the same item development process as all of the SOPS surveys as illustrated on this slide. That is, we start with a review of the literature and existing surveys. We establish and convene a technical expert panel or TEP, conduct background interviews with experts, providers and staff. Identify key thematic areas. Develop and cognitively test draft survey items. Obtain input from our technical expert panel. Conduct a pilot test and psychometric analyses, and then, consult with the TEP to finalize these items.

For the timeline, here, this work just began in June 2018. After working through this process and doing the pilot testing, we anticipate that this item set will be available in early 2021.

*Gray, Slide 24*

Also new is an update of the Hospital SOPS survey. Since 2016, we have been working on an update of the Hospital Survey on Patient Safety Culture, which we are calling HSOPS 2.0.

The goals of this new version are shown here on the slide and include: adding a "Does not apply/Don't know" response option, rewording complex or difficult to translate items, testing new items with new areas of focus such as Just Culture, reducing the survey length, and revising and expanding upon the staff positions and work areas reported in background questions of the survey.

*Gray, Slide 25*

In 2017, after conducting rounds of cognitive testing of new survey items, we conducted a pilot test and a bridge study in 44 hospitals. For the split-sample bridge study, we administered the original version of the survey, that is Hospital SOPS 1.0, to half of the providers and staff within each hospital, and then we administered the revised version Hospital SOPS 2.0 to the other half, and we compared those scores.
The goal of this bridge study was to determine the extent to which changes in scores were due to changes in the survey rather than true changes in culture. We wanted to provide some guidance to hospitals because we know that hospitals trend their scores over time.

After the 2017 pilot test and bridge study, we found that there were big differences in scores due to changes in the 2.0 version of the survey. Working closely with AHRQ and the SOPS technical expert panel, we decided to continue further development and cognitive testing for HSOPS 2.0. We plan to conduct another pilot test and bridge study in 20 to 25 hospitals in the next month or two, and we expect to release Hospital SOPS 2.0 in the summer of 2019.

We will roll out the new survey along with updated toolkit materials, guidance, and technical assistance to make sure Hospital SOPS users are well informed about the new 2.0 version.

Speaking of resources, I'd now like to turn things over to my colleague, Theresa, to tell us a little bit more about resources that are available.

**Theresa Famolaro**
*Famolaro, Slide 27*
Thank you so much, Laura. I'm Theresa Famolaro. I'm going to talk to you today about SOPS resources. To support the SOPS survey, AHRQ provides a variety of toolkit materials and resources for each survey setting mentioned earlier. You can download these materials on the SOPS website mentioned here at the top of this slide.

*[**Describer:** SOPS Web Site: https://www.ahrq.gov/sops]*

*Famolaro, Slide 28*
The toolkit materials include guides on how to administer the survey and record your result, an Excel tool that allows you to enter your data and view your results, resource lists that contain patient safety improvement initiatives organized by survey composite, a research reference list that contains published articles for all of the SOPS surveys, an action planning tool that helps you improve patient safety culture, webcast and podcast replays, database reports and materials.

*Famolaro, Slide 29*
The survey user's guides discuss issues and major decisions involved in conducting a survey and reporting the results. There is a guide for each survey. The guides include information on getting AHRQ started, selecting a sample or conducting a census, data collection methods, establishing data collection procedures, conducting web and paper-based surveys, how to optimize your response rates, preparing and analyze data, and producing reports.

*Famolaro, Slide 30*
For each survey setting and supplemental items set, there are data entry and analysis tools that use Microsoft Excel to assist you with entering your survey data to create tables and graphs of your survey results.
Users can hand-enter their data, or copy and paste values from their web survey output into the data entry sheet, and then see their results. To use the tool, users must have Excel macros enabled on their computer.

These tools are the only resources that are not available directly on the AHRQ website. However, you can request these tools by contacting our help desk, which I will provide towards the end of this presentation.

*Famolaro, Slide 31*
Here is an example of types of results you will see in the hospital data entry and analysis tool.

*[**Describer:** The bar graph shows the % positive response for these composites: Teamwork within Units, Supervisor/Management Expectations & Actions Promoting Patient Safety, Organizational Learning--Continuous Improvement, Management Support for Safety, Overall Perceptions of Patient Safety, and Feedback & Communication About Error.]*

In this example, Sample Hospital A is viewing some of their composite level results against the 2018 hospital results. The database minimum and maximum scores are also shown.

*Famolaro, Slide 32*
For each survey setting and supplemental item set, there is a resource list for users of the SOPS survey. These documents contain links to practical resources that are free and publicly available to improve patient safety culture and patient safety. Here is a page from the hospital resource list for the organizational learning composite.

*Famolaro, Slide 33*
We also have a research reference list that provides citations for published articles using the AHRQ surveys on patient safety culture, and is organized by survey setting.

It includes references on the use of the surveys, references about patient safety culture improvement, psychometric analysis of the surveys which describe the reliability and validity of SOPS survey, analysis linking the SOPS survey to outcome data, systematic review of patient safety culture instruments, and international studies about the SOPS survey.

*Famolaro, Slide 34*
The action planning tool, also available on the AHRQ website, assist users of a SOPS survey to develop an action plan to improve patient safety culture in their organization. The action planning tool is designed for all survey studies and is intended to use after your organization administers the survey and analyzes the results. It provides step-by-step guidance to help users develop their action plan.

The tool includes an action plan template that your organization can use to document goals, initiative, needed resources, process and outcome measures, and timeline. It's important to remember that the first step in action planning is to share your survey results broadly within your organization. It is also really important to share unit level results along with hospital level and SOPS database results so that your units and departments can also develop their own action plan.

*Famolaro, Slide 35*
One way in which we promote the work we do on SOPS is through our webcasts. Webcast recording, transcriptions, and the PowerPoint slides are available on the AHRQ SOPS website. Our most recent webcast on the Health IT Patient Safety Supplemental Item Set for Hospitals, also contains an infographic of three key takeaways for easy reference.

*[Describer: Other topics include: Success Stories from the Medical Office SOPS, Using Just Culture To Improve Hospital SOPS Results, Using the Medical Office SOPS, Using the Community Pharmacy SOPS, and Improving Response Rates (podcast)]*

*Famolaro, Slide 36*
AHRQ also supports the SOPs databases that intake data from facilities that voluntarily submit their served SOPS survey data for patient safety culture improvement purposes. The number of sites, and provider, and staff respondents included in the latest databases are shown here on this slide. The hospital database is our largest database with over 300,000 respondents in 2018.

*[Describer: ...from 630 hospitals. Also shown are 2,437 Medical Offices with more than 35,500 respondents; 209 Nursing Homes over 12,000 respondents; and 255 Community Pharmacies with 1,603 respondents]*

New, in 2019, is the SOPS Ambulatory Surgery Centers database.

*Famolaro, Slide 37*
Here is the SOPS database submission schedule through 2020. In gray are the current and past data submissions. We conducted data submission on the hospital and medical office surveys in 2017, and the nursing home and community pharmacy databases this year in 2018. In fact, the community pharmacy database is closing very soon.

Because we can only conduct data submission on two databases per year, we have typically done data submission every other year. We also know that most hospitals do not administer the surveys annually, but every 18 to 24 months, because it takes time to administer the survey, distribute the results, and develop and implement action plans for improvement.

In June of 2019, we will be conducting a new data submission on the Ambulatory Surgery Center database. We will also accept data on the Medical Office Survey including the value and efficiency supplemental items, for the first time, in September of 2019.
Another important change to point out about the SOPS database submission schedule is that, instead of accepting data in June 2019 on the hospital surveys as we would typically do, we are delaying data submission until 2020. The reason for the delay is that we will be releasing version 2.0 of the hospital survey in the summer of 2019 and want to give hospitals time to adopt and administer the new 2.0 survey. In June 2020, we will resume data submission of the hospital survey accepting data from versions 1.0 and versions 2.0.

In addition, I just want to mention one other thing, is that hospital users can submit data from both the health information technology supplemental item set and the hospital value and efficiency supplemental item set, for the first time, in 2020.

**Famolaro, Slide 38**
There are benefits for participating in the SOPS databases. First, facilities that submit to the database are part of the results in our database report with all the identified facility-level statistics. Second, participating organizations also receive a feedback report for each site submitted comparing their results to the database.

Here is a sample of a feedback report graph.

[**Describer:** the sample feedback report graph has categories of Teamwork within Units, Supervisor/Management Expectations, Organizational Learning, and Management Support for Safety. The "Your Hospital" results, in blue, average 10 points higher than 2018 results]

These feedback reports can easily be shared with your organization or used in a PowerPoint presentation. We recommend that you share the results so that your leadership, department managers, and frontline staff understand their areas of strengths and opportunities for improvement. They can also see how their facility compares to other participating organizations.

**Famolaro, Slide 39**
So here are the requirements for participation in the SOPS databases. First of all, your organization must have administered the SOPS survey in its entirety without modifications or deletions. This ensures comparability across healthcare facilities when submitting to the SOPS databases.

Your facility must be in the US or US territories, and you need to sign a data use agreement that indicates how the data will be used, and it also protects the confidentiality of your organization. You need to complete data collection before the end of the data submission period, and then you need to submit data files per specifications. If you're in a health system each facility must be identified in your data file as we conduct analysis at the facility level and then average results across participating facilities. Last, you need to upload your survey data through secure online data submission system.

We have extensive support for SOPS database submission, and we will share the database help desk information towards the end of this presentation.

**Famolaro, Slide 40**
Here is the executive summary to the 2018 hospital database report.

[**Describer:** the sample report uses a mixed-chart infographic for areas of strength, potential improvement, a region map and comparing results in percentage trends.]

For each database, we create a free database report that provides aggregate facility-level statistics. The documents do not include any information identifying participating facilities. Facilities can also see where they fall in the distribution of the database as well as feed breakouts of results by facility and respondent level characteristics.

**Famolaro, Slide 41**
[**Describer**: SOPS Research Datasets]

In response to requests from researchers interested in using data from AHRQ Surveys on Patient Safety Culture, AHRQ has established a process where researchers can request de-identified and hospital -identifiable data files from the SOPS databases. The datasets are for research purposes only.

Researchers interested in obtaining de-identified SOPS survey data from the SOPs databases, must submit a completed de-identified research abstract form and sign data release agreement. For the Hospital SOPS database only, hospital-identifiable data files may be made available. Identifiable data allows for the linking of SOPS data to other datasets. Westat works with hospitals to get their approval. Westat reviews all research requests, and then AHRQ provides further review and approval. Database hospitals must agree to the request via their SOPS data use agreement, also known as the DUA, or provide Westat written authorization to release their data.

*Famolaro, Slide 42*

We also offer free technical assistance to both the SOPS surveys and SOPS databases. Staff from the general TA help desk can review your SOPS survey to make sure that it aligns with the SOPS trademark, provide information on how to administer your survey or use any of the toolkit materials, help with ideas on action planning. International users of SOPS can also request permission to use any of the SOPS surveys in their respective countries.

Our database TA help desk provides you with SOPS data entry and analysis tool, provide instructions on how to use these tools, help with submitting to the various databases, answer questions about the database reports, and respond to special analytic requests from data included in the SOPS databases.

*Famolaro, Slide 43*

Now, I'm going to speak to you about linking SOPS to other outcomes.

*Famolaro, Slide 44*

Westat has conducted a number of analytic studies linking SOPS survey data to other outcomes as shown in the slide, and I'll be discussing each of these.

*Famolaro, Slide 45*

First of all, we examine the relationship between Hospital SOPS and Hospital CAHPS, also known HCAHPS, measure the patient experience.

*[Describer: scatterplot diagram, with r=.41 increase; source: Sorra, J et al. (2012). Exploring relationships between patient safety culture and patients' assessments of hospital care. Journal of Patient Safety.]*

We control for hospital bed size and ownership. Analysis was conducted at the hospital level using data from 73 hospitals that administered both surveys during similar time periods. Our analysis found that higher Hospital SOPS scores were associated with better HCAHP patient experience scores after controlling for bed size and ownership.

*Famolaro, Slide 46*

In this analysis, we linked Hospital SOPS scores to patient safety indicator adverse event rates. In this scatterplot, we are showing the relationship with the average Hospital SOPS composite score and average adverse event rates from the AHRQ PSI.

*[Describer: with r= -.36 decrease; source: Mardon, Khanna, Sorra, Dyer & Famolaro. Dec 2010. Exploring Relationships Between Hospital Patient Safety Culture and Adverse Events. Journal of Patient Safety, Vol 6]*

We found that higher patient safety culture scores were associated with lower adverse event rates.

*Famolaro, Slide 47*

In this analysis, we conducted the relationship between Nursing Home SOPS and CMS Nursing Home Compare 5-Star ratings. Analyzing data from 219 nursing homes, we found that all 15 nursing home measures were positively associated with the health inspections rating.

*[Describer: diagram, r=.35 increase; source: Dyer, Sorra & Khanna. Sept 2011. Is Patient Safety Culture Related to Nursing Home Quality? Linking Nursing Home SOPS Scores With CMS Five-Star Quality Ratings. AHRQ Annual Meeting, Bethesda, MD.]*

Also noted, they were also popularly associated with the overall Nursing Home 5-Star rating. However, none of the Nursing Home SOPS measures were significantly associated with the quality measures and staffing ratings.

*Famolaro, Slide 48*

I'll just go over quickly on the SOPs technical assistance and SOPS updates.

*Famolaro, Slide 49*
*[Describer: General TA email: SafetyCultureSurveys@westat.com or phone 1-888-324-9749 and the Database TA email: DatabasesOnSafetyCulture@westat.com or phone 1-888-324-9790]*

As a reminder, if you have any questions about any of the SOPS surveys toolkits or databases, please feel free to email or call us the SOPS technical assistance helpline shown here, and also found on the AHRQ website. We are happy to assist you with your questions.

***Famolaro, Slide 50***
We also periodically send email announcements through SOPS email updates about various SOPS products such as webcast, data submission timeline, database reports, and other products.

You can sign up for the email updates by going to the AHRQ website and clicking in the right hand corner, and choosing the email updates associated with the surveys on patient safety culture as shown on this slide.

***Famolaro, Slide 51***
I think that's it for me. I'm going to send it over to Laura.

**Laura Gray**
***Gray (closing), Slide 52***
Thank you, Theresa. It's now time to switch to our Q&A portion of the webcast.

As a reminder, you can type a question in the Q&A box, which is shown on this slide. To access that Q&A box, you may need to select the bottom button with the three dots, the bottom panel there, and select the question mark Q&A for it to appear on the right panel of your screen. Again, be sure to send your question to all panelists so our team can see it. Also, just a reminder, depending on the browser you're using, your WebEx screen may look slightly different than this slide.

I see we actually got a few questions already coming in during the webcast, so I'll begin reading those aloud and directing them to the other speakers or myself to provide some answers. Hopefully, we can get through a lot of these. All right.

The first question that came in here, I'll direct that to Theresa, is there a data entry and analysis tool for each type of survey, or was that just for the hospital survey?

**Theresa Famolaro**
Yes, there are data entry and analysis tools for each survey, and also two as well as the supplemental items, so the value and efficiency items and the health information technology items for hospitals. Yes, you can request those.

**Laura Gray**
They get updated, right?

**Theresa Famolaro**
Yes, and they also get updated. After every data submission, once AHRQ has released those results, we do update the database results in those tools. If you are looking for the 2018 Excel tool for the hospital database or for the medical office database, feel free to do that. The nursing home tool will be updated once the nursing home report is released.

**Laura Gray**
Great. Thanks, Theresa. Here's another one coming your way.

Are there SOPS tools for skilled nursing facilities, long-term care facilities that use the Nursing Home SOPS?

**Theresa Famolaro**
If you're if you're talking about the nursing home SOPS survey, that can definitely be used in skilled nursing facilities and long-term care facilities. We just recommend that you do not use the Nursing Home Survey in assisted living facilities, it is not meant for that type of facility.

Like all of these surveys, all of the nursing home survey tool also has a nursing home database, which we are now in the process of doing analysis, and we plan on having that report sometime in the spring release. There's also a user's guide, there's resource lists, all of those tools are all on the AHRQ website.

**Laura Gray**
Great, thanks. All right.

Then another question to talk more about the submission timeframe for Hospital SOPS. I'm wondering if we can walk through that again for folks.

**Theresa Famolaro**
Yes, we can definitely walk through that. If you recall the last time that the hospital database was open, for submission, was open in June 2017, and we typically do that every two years.

*[Speaker navigated back to previous Slide 37]*
However, because we expect that the Hospital 2.0 Survey will be released in June, the summer of 2019, we want to give people ample time so that they can actually submit or actually administer the survey and then be able to submit their 2.0 data if they used a 2.0 survey.

*[Describer: (previously shown Database Submission Schedule)]*

And then the other reason...so that's pretty much why we're removing it just to allow for that time.

*Laura Gray, Slide 52*
Okay, great. Thanks, Theresa. Let's see here.

Our next question that we've received is, asking if the SOPS tools are free.

**Theresa Famolaro**
Absolutely. All of the SOPS tools are free and publicly available on the AHRQ website. I can read the URL where you can go, it's www.ahrq.gov/sops, and you should be able to download all of those things for free. The data entry and analysis tool is the only thing that you need to ask by going to our technical assistance helpline.

*Laura Gray, Slide 37*
Thanks, Theresa. I'm actually going to jump back to that slide again just one more time because it seems like we are getting a couple of questions about this.

*[Describer: (show Database Submission Schedule again)]*

Just to check that I understand correctly, this person is asking if the next opportunity for hospitals to submit their data in June 2020?

**Theresa Famolaro**
That's correct. So as you can see here, we will be accepting in June 2020 version 1.0 and 2.0 along with the Health IT, and value and efficiency supplemental items. If you've done those as well, you also have the opportunity to submit them.

*Laura Gray, Slide 53*
Perfect. Thank you. A related question that I can answer here is, someone is asking more specifics about when HSOPS 2.0 will be released.

Again-- I'm sorry here, I just lost my place.

The HSOPS 2.0 is scheduled to be released in the summer of 2019. Again, we're just doing another pilot test bridge study starting in November here, and analyzing that data, conferring with AHRQ and our technical expert panel, and then again, looking to release that in summer of 2019.

As Theresa mentioned earlier, we have that SOPS email listserv, we would love for you to sign up if you haven't already, and we use that to get periodic updates and announcements.

So when Hospital SOPS 2.0 is released, we will be sure to announce that via our listserv, as well as putting out announcements to let you know about a webcast that we will have to provide some information about what's different, and also just how to help you interpret the change in scores.

Thank you for that question.

Here's another one that came in.

What type of analyses does AHRQ provide if you submit to the database? Are results provided with data submission, or do we purchase results separately, for example, results by your unit, your workforce, by responder?

Maybe we can talk a little bit through what the database request feature is.

**Theresa Famolaro**
Yes. So I want to say, one thing, for sure, is that submitting to the database is completely free and the feedback reports are completely free. So there is no charge for participating in the database and receiving your results from us.

First of all, we do provide composite level and item level percent positive results as well as percent positive neutral and negative on your items. What we're comparing to the database, we only show percent positive results of the item in composite level.

*[Speaker navigated back to previous Slide 52]*
Then we also provide a percentile distribution, well not in your feedback report but in the database report, of where you would fall in the distribution.

On the hospital and medical office databases, we do now provide your percentile distribution, what we call "a two-page summary"--a two-page summary of high level results for your organization.

Then when it comes to the breakouts, we do break out our results by staff physician or staff respondent. So for example, staff physician, their work area unit as noted on the survey. So it wouldn't be for your specific hospital -- I want to make that clear. If you are going to want to see your results by your specific hospital, I am sure that you would be able to structure it in a way that you could crosswalk your unit to the work areas that are on the AHRQ survey.

We also do provide in the database report percent positive results by bed size, by ownership, teaching, status, et cetera, and region.

**Laura Gray**
Thanks, Theresa. And again, just reiterating that this is free, so you do not have to purchase your result.

**Theresa Famolaro**
That's right.

**Laura Gray**
Wonderful, thank you. All right, let's see.

The next question, actually another-- Let's just piggyback off that with another data submission question. If we want to submit our survey results to the SOPS database for analysis, where or how do we upload that?

**Theresa Famolaro**
Generally, what happens is that when we are open for database submission, we will be sending out an announcement through AHRQ email update listserv which you can sign up for. You will be contacted, and so you'll know when the database will be open, and then we will provide a link to the SOPS database. I would say, extranet for you, or website for you to upload your data.

**Laura Gray**
Okay, great. Thanks. Again, we have a fantastic technical assistance team that's happy to help you if you have any questions or need any assistance walking through that process.

Again, another fantastic question about databases. This one said for the database requirements, it states that the survey has to be given in its entirety without modifications or deletions, but if you add supplemental questions at the end of the original survey, does this disqualify you?

**Theresa Famolaro**
It absolutely does not disqualify you. We don't want you to make changes to what we're calling the core survey, as Laura mentioned. For example, like in the hospital version 1.0 survey, it starts from A1 all the way down to

G1, we don't want you to make any changes in that section. But if you want to add questions after that, before the demographic questions, feel free to do so.

**Laura Gray**
Great, thanks. Here's another question that came in.

Hi, I was wondering if it's appropriate to use the SOPS survey at the department level instead of higher at the hospital level.

**Theresa Famolaro**
We think that patient safety culture is everyone's responsibility. If you just focus on one unit that, could be good for patient safety culture improvement just for that unit, but you might be missing some of the other patient safety culture areas like handoffs and transitions across different units. So if you only focus on just one unit, you may be limiting yourself.

**Laura Gray**
Okay, thanks. All right, let's see.

Here we got another question about administering the supplemental items set, so I think I can go ahead and take this one. The question here is can we administer a SOPs supplemental item set like the Health IT or the Value and Efficiency as a stand-alone survey?

The supplemental items were actually designed for use with the core SOPS surveys, not as stand-alone instruments. They should be added toward the end of the relevant SOPS surveys. Again, there are specific instructions for where to place the supplemental items, and those are provided for each supplemental items set. Thank you for your question.

Here's a question for Jeff. Jeff, it says, "I wonder if Dr. Brady could speak more about the actions of the national group working on identifying a national patient safety agenda?"

**Jeff Brady**
Sure, I'll be happy to say a little bit more about that. Can you hear me okay?

**Laura Gray**
We sure can. Thank you, Jeff.

**Jeff Brady**
Sure, yes. As I mentioned, a really important principle that this group is working under is recognition of foundational topics within patient safety. As I mentioned, patient safety culture is one of those.
Another is a leadership that goes hand in hand with culture.

Still another concept is this learning healthcare system concept, which involves the use of data to inform practice, and this virtuous learning and improvement cycle that results from that perspective. As you might remember from today's presentation, that concept is also represented to some extent within the culture survey. A lot of relationship between these foundational principles, patient and family engagement recognizes the importance of patients and families participating in patients' safety improvement, and again being engaged in their own care. There are subgroups for each of these major areas.

The fourth subgroup is focused on the safety of the healthcare workforce to include psychological safety, which again, has connections to Patient Safety Culture and Just Culture. Those foundational principles of the group, realizes, work hand-in-hand with more specific aspects of patient safety, and you might think more about the technical issues related to, for example, medication safety, or infection prevention and HAIs.
We found in our program, and I think others in many improvement activities throughout the country and the world, in fact, that recognition of, again, these foundational principles working hand in hand with more kind of targeted, focused, specialized, aspects of safety. That's been the formula that's been successful.

And so I think one of the things that you can expect to see from our group--and I should also mention that right now we have 28 members representing 28 different organizations that are on the steering committee, and we're building out these subgroups that are taking up a more specific, they're looking more specifically at the subgroup areas that I mentioned. I think one of the things that you can expect to see is clear articulation of how we really need to focus more on these foundational principles in conjunction with specific issues for targeted areas.

I think, ultimately, aligning not only our thinking but our actions in that regard, and that's going to help us all be I think more efficient with patient safety improvement, working with the same principles in mind. I'm excited for our program that will help drive our research agenda even more clearly. There's a lot that we're expecting that will come out of this steering committee activity, and I would just invite you to continue to watch the space.

For information, you can look on both the AHRQ website, you just search National Steering Committee on Patient Safety, and as well the IHI website has information, so you can sign up for updates, et cetera. Thank you for that interest. I appreciate that.

**Laura Gray**
Thank so much, Jeff. Very exciting, and look forward to watching and hearing more about that.

*Laura Gray, Slide 53*
*[**Describer:** Thank You, Please complete the webcast evaluation.]*

That brings us to the end of our time here, today. If we did not get a chance to get to your question, please don't hesitate to reach out to us, the technical assistance, and we'll be happy to answer that for you.

A brief webcast evaluation will pop up when you close out from this webcast today. Please take a moment to provide us with your feedback, it really helps us to improve our offerings and plan future events that meet your needs. We invite you to visit the AHRQ website. Again, please don't hesitate to contact us at any time by email or phone. Thank you so much for joining us, today.

This concludes today's presentation.