Value & Efficiency Survey Item Development and Pilot Test Results

Joann Sorra, PhD

Project Director

User Network for Surveys on Patient Safety Culture™ (SOPS™)

Westat, Rockville, MD

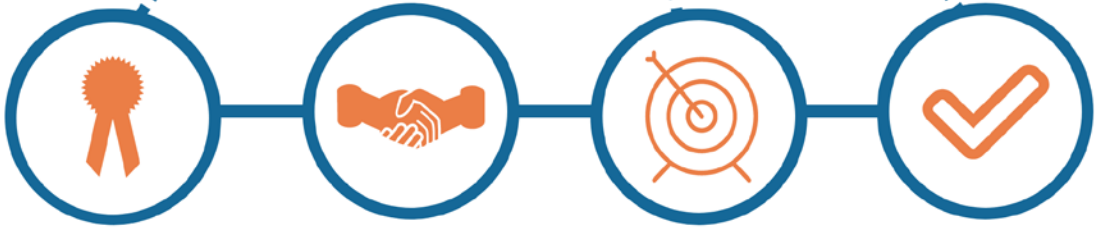
AHRQ Surveys on Patient Safety Culture

Surveys of staff about the extent to which the organizational culture supports patient safety

Organizational Culture

The beliefs, values, norms, shared by health care staff

What is:



Exists at multiple levels:

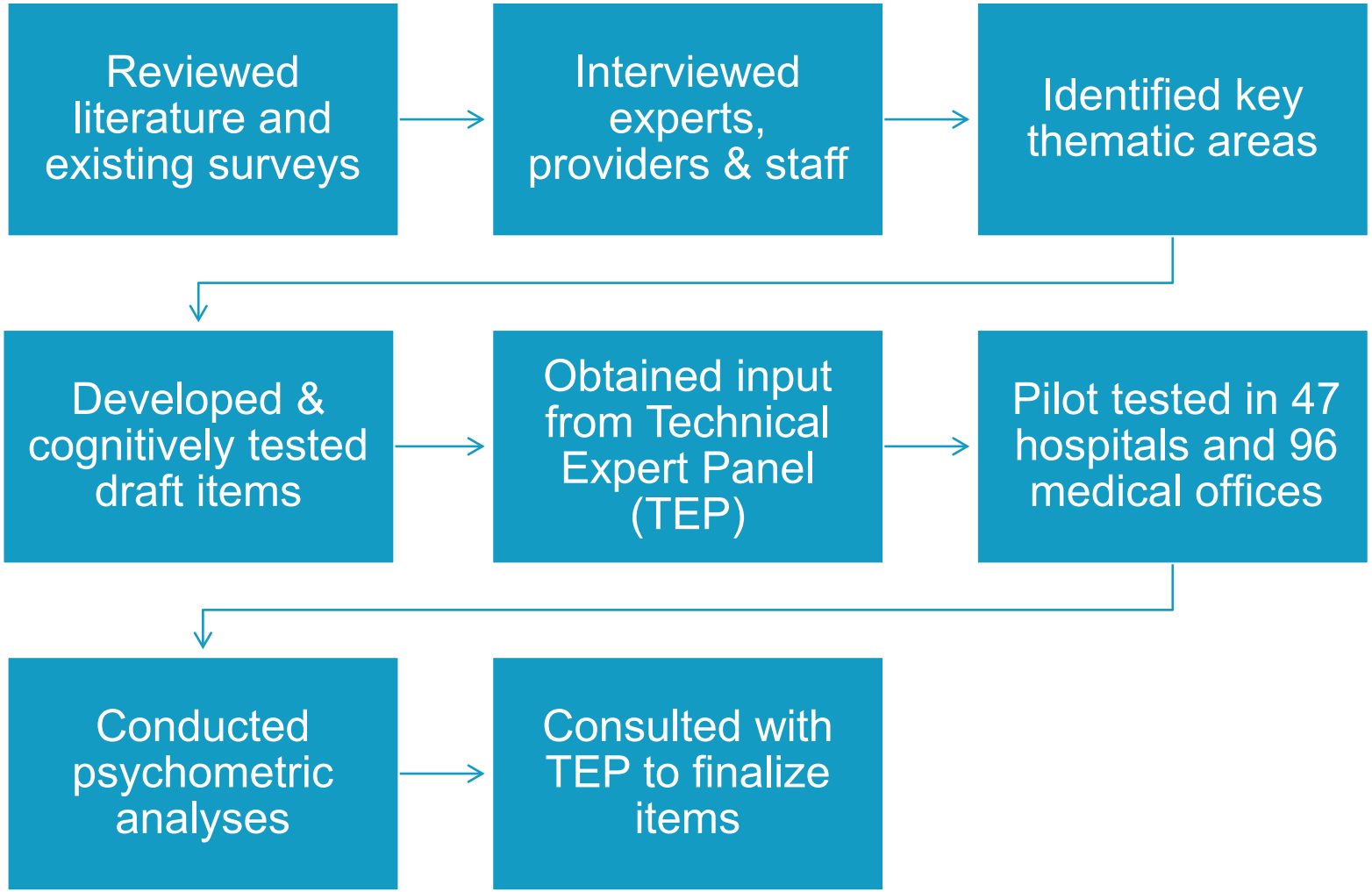
Purpose of the Value & Efficiency Item Sets

- Develop parallel survey items for both hospitals and medical offices
- Assess the extent to which the organizational culture places a priority on and adopts practices to promote
  - Efficiency
  - Waste reduction
  - Patient centeredness, and
  - High-value care
    - High-quality care at a reasonable cost

Definitions Used in the Survey Item Sets

- **Waste**
  - Anything that does not add value or is unnecessary for patients, clinicians, or staff
- **Efficiency**
  - Care delivery systems and work processes that are as streamlined and simplified as possible
- **Value**
  - High-quality care at a reasonable cost and positive patient experiences with care.
  - Efficiency and removing waste are necessary to achieve value

Survey Item Development Process



Pilot Test

- 40 survey items pilot tested
  - Plus 1 additional item in hospital survey
- After the pilot test and analysis of the pilot data, survey items were dropped
- Final survey item sets
  - 25 items for hospitals
  - 22 items for medical offices

Final Composites

Groups of related items measuring a particular concept

1. **Empowerment to Improve Efficiency** (3 items)
2. **Efficiency and Waste Reduction** (3 items)
3. **Patient Centeredness and Efficiency** (3 items)
4. **Management Support for Improving Efficiency and Reducing Waste** (4 items)
   - Supervisor, Manager, or Clinical Leader (Hospitals)
   - Owner, Managing Partner, or Leadership (Med offices)

1 Empowerment to Improve Efficiency

1. We are encouraged to come up with ideas for more efficient ways to do our work.

2. We are involved in making decisions about changes to our work processes.

3. We are given opportunities to try out solutions to workflow problems.

2 Efficiency and Waste Reduction

1. We try to find ways to reduce waste (such as wasted time, materials, steps, etc.) in how we do our work.
2. In our unit/office, we are working to improve patient flow.
3. We focus on eliminating unnecessary tests and procedures for patients.

3 Patient Centeredness and Efficiency

1. [In our unit,] we take steps to reduce patient wait time.

2. We ask for patient or family member input on ways to make patient visits more efficient.

3. Patient and family member preferences have led to changes in our workflow.

4 Management Support for Improving Efficiency and Reducing Waste

My supervisor, manager, or clinical leader...[Hospital]

The owners, managing partners, or leadership of my medical office…[Medical Office]

1. Recognize us for our ideas to improve efficiency.
2. Provide us with reports on our unit/office performance.
3. Take action to address workflow problems that are brought to their attention.
4. Place a high priority on doing work efficiently **without** compromising patient care.

Additional Items: Experience with Activities to Improve Efficiency (8 items)

1. I received training on how to identify waste and inefficiencies in my work
2. I helped to map a workflow process to identify wasted time, materials, steps in a process, etc.
3. I shadowed/followed patients in this hospital/medical office to identify ways to improve their care experience
4. I looked at visual displays or graphs to see how well my unit/office was performing

5,6. I made a suggestion to management about improving...

   [5] an inefficient work process

   [6] patients' care experiences

7. I served on a team or committee to make a work process more efficient
8. I monitored data to figure out how well an activity to improve efficiency was working

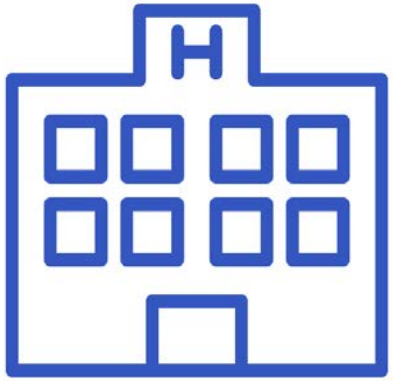
Additional Items: Overall Quality Ratings

4 overall rating items based on IOM health care aims

1. **Patient centered**
   - Is responsive to individual patient preferences, needs, and values
2. **Effective**
   - Provides services based on scientific knowledge to all who could benefit
3. **Timely**
   - Minimizes waits and potentially harmful delays
4. **Efficient**
   - Ensures cost-effective care (avoids waste, overuse, and misuse of services)

Pilot Test

February – August 2014



47

Hospitals

96

Medical Offices

Pilot Hospitals

Bed Size	Number of sites (%)
Small (50-99)	17 (36%)
Medium (100-299)	18 (38%)
Large (300+)	12 (26%)

Teaching Status	Number of sites (%)
Teaching	11 (23%)
Nonteaching	36 (77%)

Pilot Medical Offices

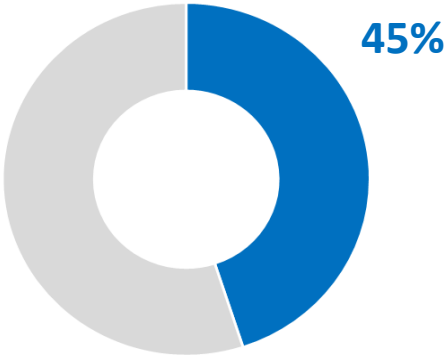
Practice Size (Clinical Staff)	Number of sites (%)
Small (3-5)	12 (13%)
Medium (6-10)	25 (26%)
Large (11+)	59 (61%)

Practice Type	Number of sites (%)
Primary Care	31 (32%)
Non-Primary Care Single Specialty	42 (44%)
Multi-Specialty	23 (24%)

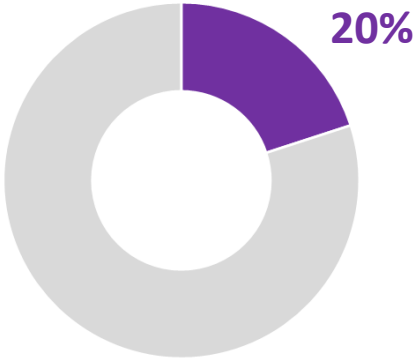
Site Characteristics: Value and Efficiency Training

% of sites that provided some type of value and efficiency training for their staff

Hospitals



Medical Offices



Response Rates

Hospital

Respondents 3,951

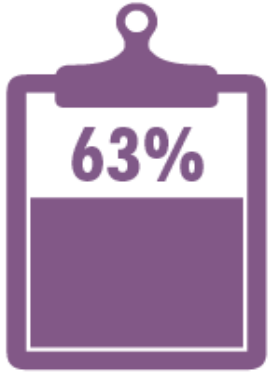
Surveys Administered 9,375

Response Rate

Medical Office

Respondents 1,458

Surveys Administered 2,321



Response Rate

Hospital Respondents

Hospital Staff Positions	N (%)
Nursing Staff	1,272 (34%)
Other Clinical Staff	959 (26%)
Other Support Staff	797 (21%)
Department Managers, Senior Leaders	348 (9%)
Medical Staff	197 (5%)

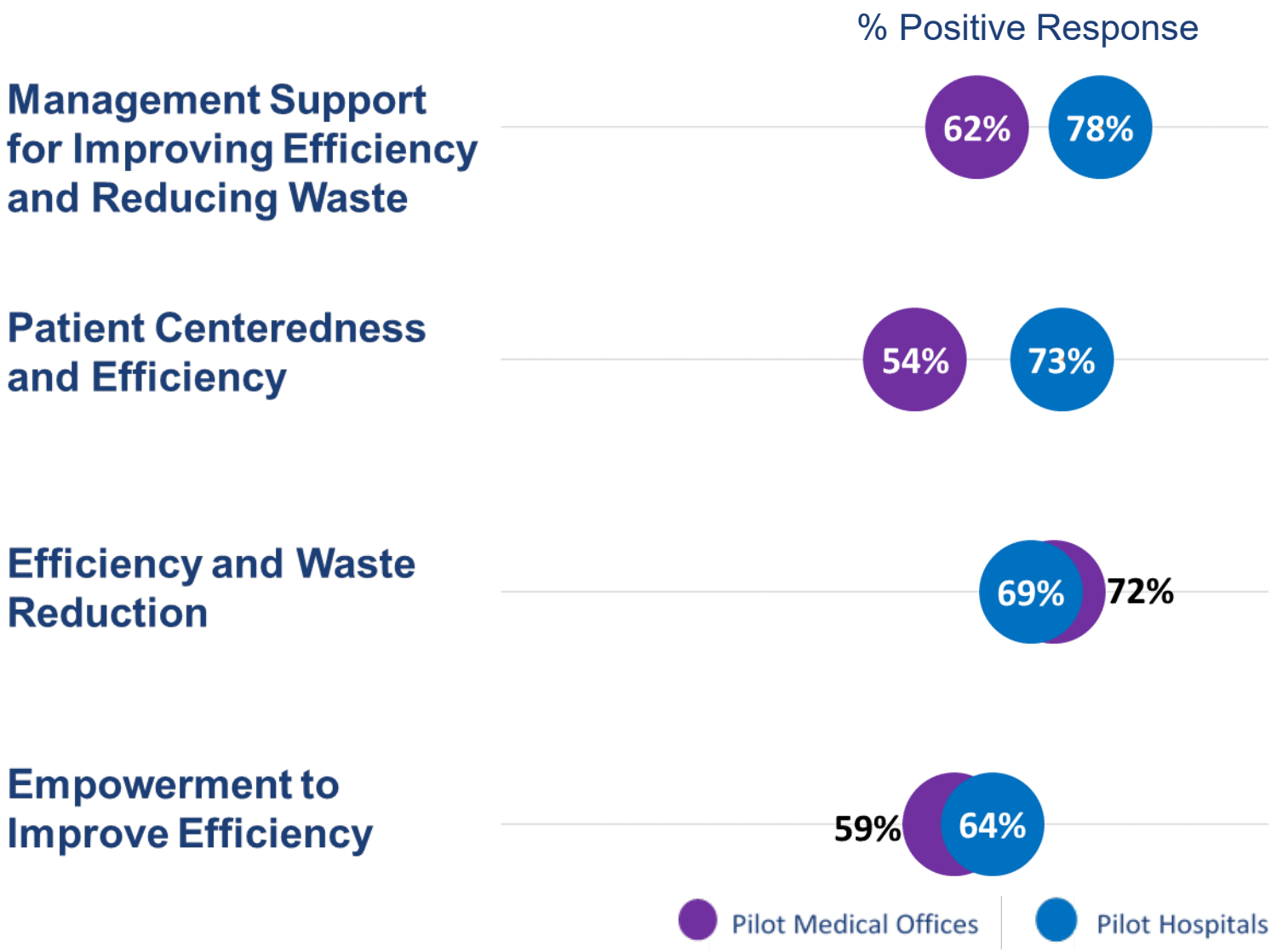
Medical Office Respondents

Medical Office Staff Positions	N (%)
Admin, health IT, or clerical staff	448 (32%)
Other clinical staff	429 (31%)
Physician (M.D. or D.O.)	149 (11%)
Management	152 (11%)
Nurse, LVN, LPN	137 (10%)
PA, NP, CNS, midwife, APN, etc.	73 (5%)

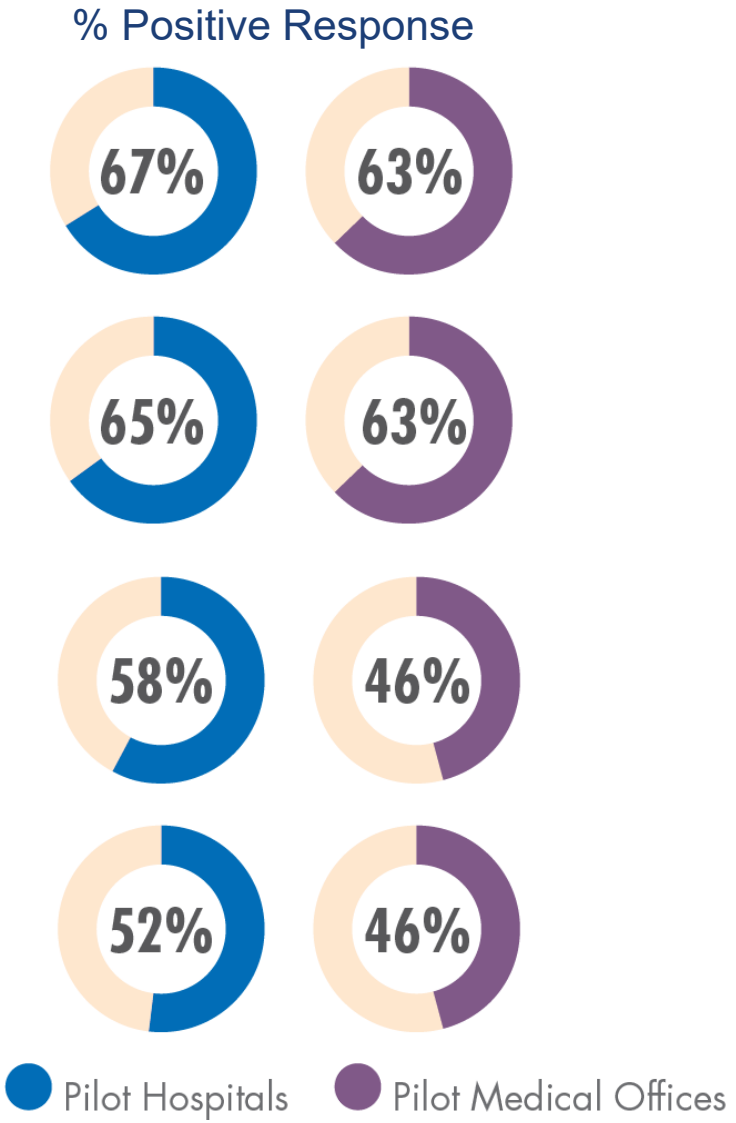
Data Analysis

- Conducted psychometric analysis
  - To examine how well the survey items measured the intended concepts
  - To identify the best items to retain
- Produced descriptive results across the pilot sites

Results


% Positive Response
Management Support for Improving Efficiency and Reducing Waste
62%
78%
Patient Centeredness and Efficiency
54%
73%
Efficiency and Waste Reduction
69%
72%
Empowerment to Improve Efficiency
59%
64%
Pilot Medical Offices
Pilot Hospitals

Results: Overall Quality Ratings



Open-ended Comments

- Included a section for open-ended comments at the end of the pilot survey
  - 18% of hospital & 20% of medical office respondents wrote in comments
- Coded comments into themes
- Prevalent themes
  - Staffing
  - Efficiency and waste reduction
  - Facilities, equipment, physical space
  - Patient centeredness and efficiency

Hospital Comments

Paperwork takes time away from patient care

"Massive amounts of paperwork takes time away from face to face patient care. We spend more time on paperwork than patient care. If we could spend more time on patient care instead of paperwork, the quality of care would go from fair to very good."

Use less paper

"Less paper, more efficient ordering by physician offices."

Hospital Comments

More careful ordering & management of supplies

> "Less spending on requested supplies that expire on the shelf before being used up."

Need for management & supervisors to address concerns

> "Many times when we bring something to the attention of a supervisor, things don't get addressed right away. Issues just keep happening. Even if you tell them where the problem is coming from."

Medical Office Comments

Administrative burden of documentation & paperwork

"The administrative burden for caring for patients, i.e. documentation and paperwork needs, is consuming a progressively inordinate amount of time."

Unnecessary or repetitive work

"Take a good look at forms to eliminate unnecessary or repetitive work. For example, having a patient fill out a form to turn around and enter it all in the computer system."

Medical Office Comments

Reducing patient wait times

"One of our biggest problems has been booking patients in a way that the volume cannot be handled efficiently. Two to three hour wait times are the norm. This is unacceptable. It really bothers me to see the patients have to wait like they do."

Need for management & supervisors to address concerns

"When issues are brought to the attention of the office manager, it should be noted and there should be follow through."

Administering the Value and Efficiency Supplemental Item Sets

- The supplemental items can be added at the end of the SOPS surveys
  - **Hospital SOPS**

    Between Section G: Number of Events Reported & Section H: Background Information
  - **Medical Office SOPS**

    Between Section G: Overall Ratings & Section H: Background Questions

Administering the Value and Efficiency Supplemental Item Sets

To ensure comparability:

- Include the definitions of terms and instructions
- Do not reword or reorder the survey items
- Keep all survey items for areas you want to assess
- Drop all survey items for areas you do not want to assess
  - Do not pick and choose survey items across composites/areas

Value and Efficiency Item Set Resources

- Available on the AHRQ website at www.ahrq.gov/sops
  - Value and Efficiency Supplemental Item Sets
  - Pilot Test Results
  - Survey User's Guides for the Hospital and Medical Office SOPS surveys
  - Action Planning Tool
- Data Entry & Analysis Tool
  - February 2018—request through technical assistance
- Technical assistance
  - Email: SafetyCultureSurveys@westat.com
  - Phone: 1-888-324-9749