



Results from the AHRQ Hospital Survey on Patient Safety Culture 2009 Comparative Database

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Objectives



- Preview results from the AHRQ Hospital Survey on Patient Safety Culture 2009 Comparative Database (*to be released in early 2009*)
 - 2009 results very consistent with 2007 & 2008 results
 - More data & information about hospitals that administered the survey more than once
- Discuss future activities

Background



- Hospital Survey on Patient Safety Culture (HSOPS)
- Developed by Westat, funded by AHRQ
- Survey development process:
 - Reviewed literature & existing surveys
 - Interviewed hospital staff
 - Identified key areas of safety culture
 - Developed survey items & pretested
 - Obtained input from researchers & stakeholders
 - Pilot tested in 21 hospitals with 1,437 respondents
- Final survey released November 2004
 - ◆ www.ahrq.gov/qual/hospculture



HSOPS Patient Safety Culture Dimensions

- 42 items assess 12 dimensions of patient safety culture
 1. Communication openness
 2. Feedback & communication about error
 3. Frequency of event reporting
 4. Handoffs & transitions
 5. Management support for patient safety
 6. Nonpunitive response to error
 7. Organizational learning--continuous improvement
 8. Overall perceptions of patient safety
 9. Staffing
 10. Supv/mgr expectations & actions promoting patient safety
 11. Teamwork across units
 12. Teamwork within units
- Patient safety “grade” (Excellent to Poor)
- Number of events reported in past 12 months

HSOPS Comparative Database



- AHRQ has funded an HSOPS comparative database
 - Annual reports (2007, 2008 --- 2009 *coming soon*)
<http://www.ahrq.gov/qual/hospsurvey08/>
- Purposes:
 - *Comparison*
 - *Assessment and Learning*
 - *Supplemental Information*
 - *Trending*

2009 HSOPS Comparative Database



- 623 U.S. hospitals, 196,546 respondents
 - Average # respondents per hospital = 315 staff
 - Overall, database hospitals are similar to US AHA-registered hospitals
- Survey administration
 - Paper 44%
 - Web 33%
 - Both 23%
- Average hospital response rate = 52%
 - Paper 58%
 - Web 45%
 - Both 52%

Work Areas



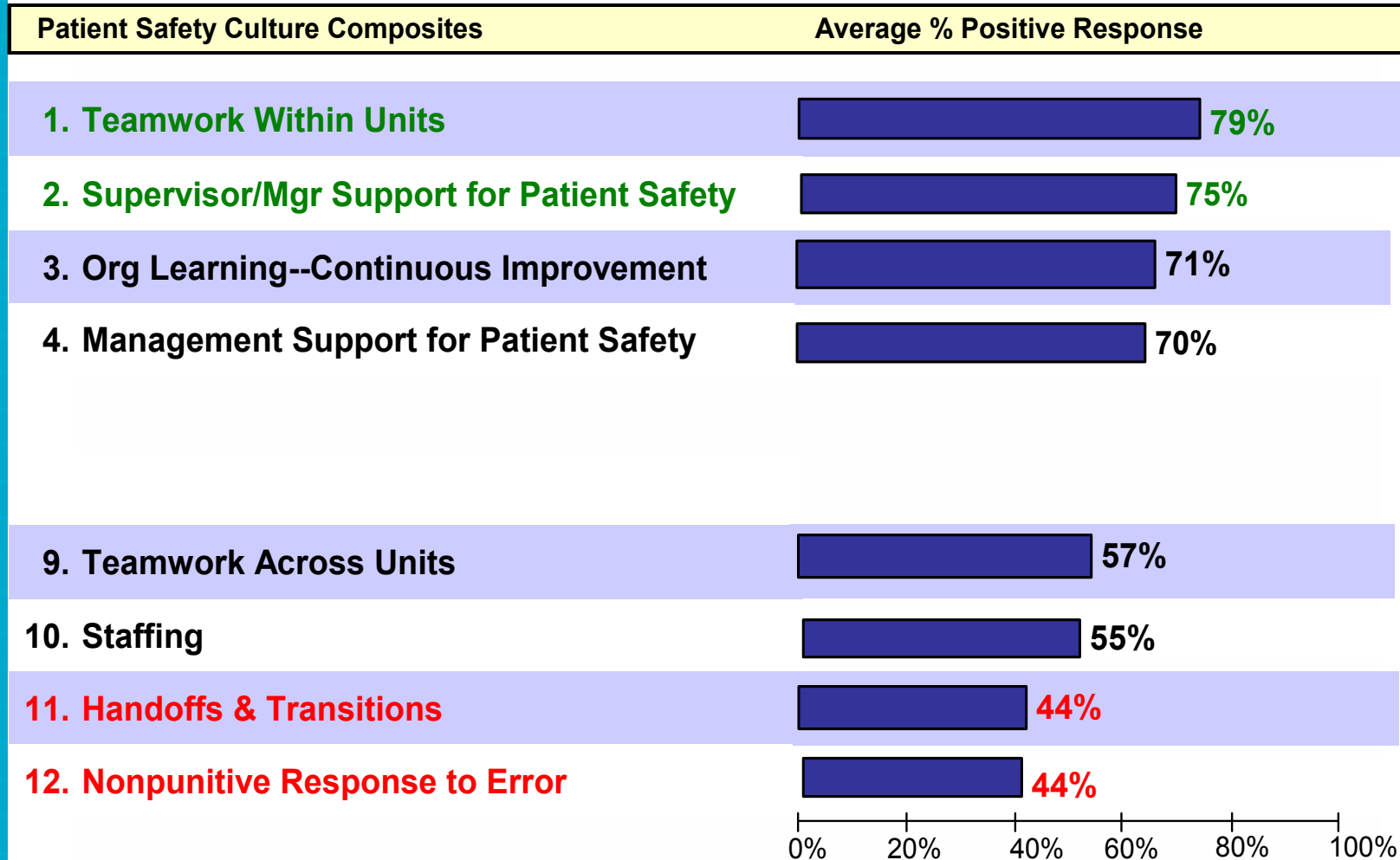
- Surgery 10% (17,403)
- Medicine 9%
- Many areas/no specific area 8%
- ICU 7%
- Radiology 6%
- Emergency 5%
- Lab 5%

Staff Positions & Patient Contact

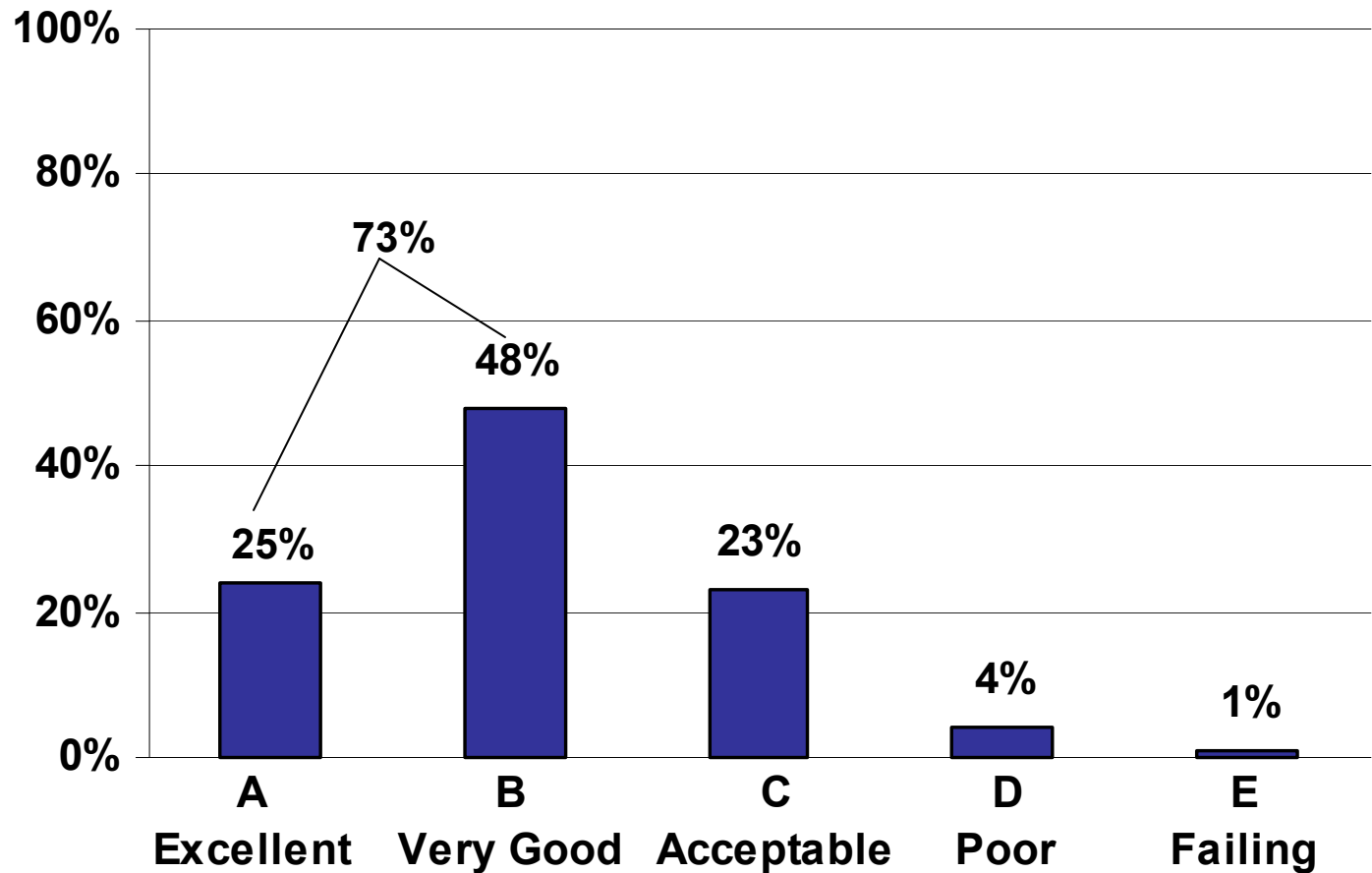


- Nursing 36% (66,298)
 - Technicians (EKG, Lab, Radiology, etc) 10%
 - Management, administration 7%
 - Unit Assistant/Clerk/Secretary 6%
 - Patient Care Asst/Hospital Aide 6%
 - Therapists 6%
 - Physicians, PAs, NPs 4%
 - Pharmacists 2%
-
- 77% had direct interaction with patients

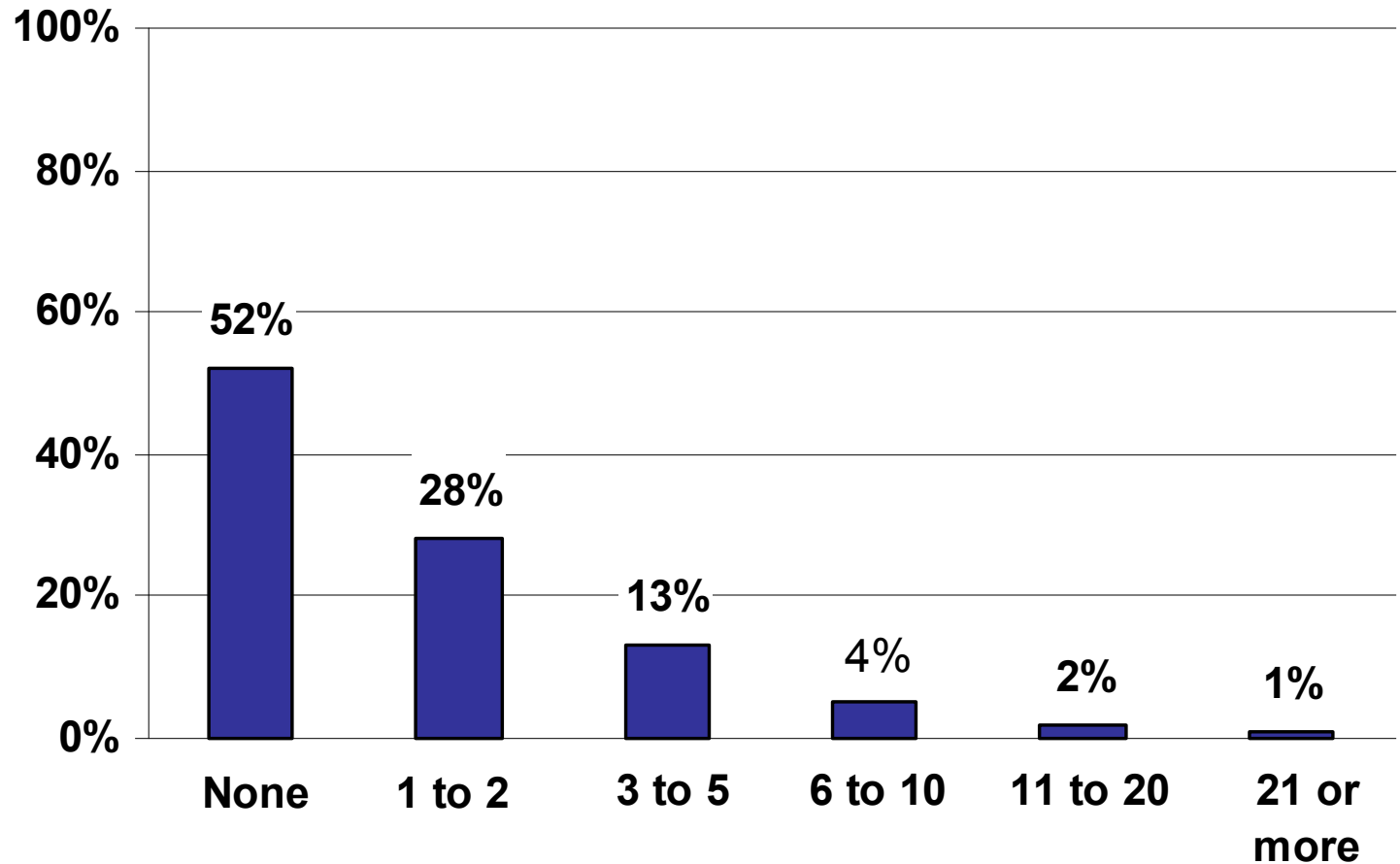
Hospital Strengths & Areas for Improvement



Patient Safety Grade



Number of Events Reported



Most Positive Survey Items



Teamwork Within Units

% Strongly Agree or Agree

When a lot of work needs to be done quickly, we work together as a team to get the work done.

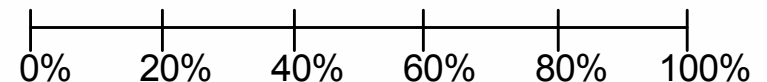


People support one another in this unit.



Organizational Learning

We are actively doing things to improve patient safety.



Least Positive Survey Items



Nonpunitive Response to Error

% Strongly Disagree or Disagree

Staff worry that mistakes they make are kept in their personnel file.



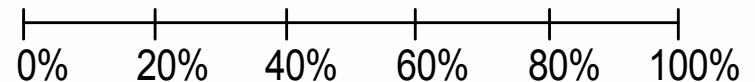
Handoffs & Transitions

% Strongly Disagree or Disagree

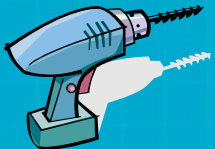
Things “fall between the cracks” when transferring patients from one unit to another.



Problems often occur in the exchange of information across hospital units.



Drilling Down the Results



- In addition to the overall results, we also provide results broken out by:
 - Hospital Characteristics (bed size, teaching status, ownership, region)
 - Respondent Characteristics (work area, staff position, direct interaction with patients)

Results by Hospital Characteristics



- Smaller hospitals (49 beds or fewer) scored highest on all dimensions of safety culture and patient safety grade
 - Smallest hospitals (6-24 beds) 22% more positive on *Handoffs & Transitions* than large hospitals (400-499 beds)
- Non-teaching hospitals scored higher than teaching on
 - *Teamwork Across Units*
 - *Handoffs & Transitions*
- Government hospitals scored higher than non-govt on
 - *Handoffs & Transitions*
 - *Staffing*

Results by Respondent Characteristics



- Work Area: Rehabilitation scored highest on 8 of 12 dimensions of safety culture



- *Staff Position: Administration/Mgmt* scored highest on 11 of 12 dimensions of safety culture



- No general pattern based on *Respondents with or without direct interaction with patients*

204 Trending Hospitals



- Characteristics varied across the 204 trending hospitals for
 - ◆ Bed size
 - ◆ Teaching status
 - ◆ Ownership
 - ◆ Region
- Average time between survey administrations: 16 months
- Average response rate: 52%

204 Trending Hospitals



- Average change on dimensions was +2%
- Biggest increase
 - 38% of trending hospitals had increased +5% on Patient Safety Grade (“Excellent” or “Very good”)
- Biggest decrease
 - 23% of trending hospitals had decreased -5% on Number of events reported (those reporting at least 1 event)
- At least a third of trending hospitals had increased +5% on:
 - Overall perceptions of patient safety
 - Teamwork across units

Actions Taken by Trending Hospitals



- 162 hospitals responded to patient safety initiative form – 79% response rate
- % shared survey results with
 - 93% Hospital administrators
 - 90% Department managers
 - 75% Staff
 - 62% Board of directors
 - 60% Physicians
- 93% had implemented more than 1 patient safety initiative

Patient Safety Initiatives



Type of Initiative Taken	Trending Hospitals	
	Number	Percent
Implemented SBAR communication (Situation-Background-Assessment-Recommendation)	93	57%
Made changes to policies/procedures	91	56%
Implemented patient safety walkarounds	81	50%
Conducted training	80	49%
Improved compliance with Joint Commission National Patient Safety Goals	65	40%
Improved fall prevention program	61	38%
Conducted chart audits	59	36%
Conducted root cause analysis	55	34%
Purchased new hospital equipment	53	33%
Improved error reporting system	51	31%

N=162

Interviews with HSOPS Resubmitters



- Purpose of Interviews
 - To help explain changes in patient safety culture and patient care practices over time
- Recruited Hospitals
 - 6 hospitals with notable increases in their HSOPS percent positive scores over time
 - 3 hospitals with notable decreases in their scores

Interview Method / Participants



- 1 hour telephone interviews, mostly with Directors of Quality/Risk Management; one CEO
- Hospital characteristics:
 - Stand-alone / part of a system
 - Different bed sizes
 - Teaching and non-teaching
 - Government-owned and non-government-owned
 - Various regional locations, both rural and urban

General Interview Findings



- Overall, HSOPS survey results were useful and helped lead to follow-up action plans
- Dissemination of HSOPS results varied across hospitals
- Physicians and board members were typically not strongly engaged in HSOPS survey or followup action planning
- Patient safety initiatives originated from a variety of sources

Trending Hospitals with Score Increases



- Said HSOPS scores accurately reflected their patient safety culture at both survey administrations
- Four general themes explaining increases in scores over time

1) Hospitals improved their communication between management & staff on patient safety

- Senior leaders' engaged with staff during walkabouts
- Continually focused staff meetings on the importance of patient safety
- Staff invited to participate in biweekly "huddles" to discuss patient safety issues, and other topics



Patient Safety Initiatives Leading to Score Increases



2) *Hospitals focused on improving error reporting systems and applying non-punitive/“Just Culture” principles*

- Educated hospital leaders on making error reporting anonymous, easy, and convenient
- Implemented electronic reporting system
- Set up a hotline for reporting errors and developed anonymous reporting forms for medical errors
- Trained staff to use the new reporting systems
- Provided training on “Just Culture”



Patient Safety Initiatives Leading to Score Increases



3) Hospitals engaged staff in identifying solutions to patient safety problems

- Allocated resources for safety needs identified by staff – for example, buying safer beds
- Directly involved staff in designing successful solutions to handoff problems
- Started an employee engagement committee that included senior leaders
- Instituted nursing peer review to promote open communication
- Assigned staff to a scheduling team to accommodate staff preferences



Patient Safety Initiatives Leading to Score Increases



4) Hospitals developed, implemented, and monitored action plans

- Charged department managers with developing and implementing an annual action plan & held them accountable

5) Other explanations

- Implemented SBAR communication tool for unit-to-unit transfers
- Hired a consultant group to work with department directors on specific patient safety problems
- Addressed staffing requirements – filled nursing vacancies and improved patient/staff ratios
- Used and displayed scorecards to monitor progress on hospital initiatives

Trending Hospitals With Score Decreases



- Said HSOPS scores usually reflected their patient safety culture – some were surprised at lower-than-expected scores
- Explanations for decreases in scores due to variety of hospital-specific factors
 - Staff issues with specific managers – particularly with incident reports and lack of followup
 - Manager and staff turnover and vacancy rates
 - Drilled down and found scores lower for larger units due to less frequent and personal communications; weaker sense of accountability to coworkers
 - In union negotiations and staff were feeling hostile

Future Activities



- New Medical Office and Nursing Home surveys on patient safety culture & comparative databases
 - ◆ www.ahrq.gov/qual/hospculture
- Annual HSOPS Comparative Database Reports for next 4 years
 - May 1 to June 30 for data submission
 - Participating hospitals receive customized reports comparing their data to the database
 - New reports released each February from AHRQ

Version 2.0 of HSOPS?



- Need for an update of the HSOPS
 - Adding a “Don’t know/Not applicable” response option
 - Updating the wording and focus of some items
 - Expanding work areas & staff positions
- Obtain input from the SOPS technical expert panel
- Solicit input from HSOPS users at 9:15am session on Friday December 5th & via email to HSOPS users
- Plan for crosswalking back to Version 1.0 and for how to handle the HSOPS comparative database once Version 2.0 is released
 - No dates yet set for Version 2.0

International HSOPS Users



- International Hospital SOPS comparative database
- Focus on countries participating in the World Health Organization's (WHO) High 5s Patient Safety Initiative

<http://www.who.int/patientsafety/solutions/high5s/en/index.html>

- Australia, Canada, France, Germany, Mexico, the Netherlands, New Zealand, Singapore, Saudi Arabia, Spain, the United Kingdom, and the U.S.

International HSOPS Users



- 25 countries

- Australia
- Bahrain
- Belgium
- Brazil
- Canada
- Denmark
- El Salvador
- France
- Germany
- Greece
- Ireland
- Italy
- Malta
- Netherlands
- Norway
- Saudi Arabia
- Scotland
- Serbia
- Singapore
- Spain
- Sweden
- Switzerland
- Taiwan
- Turkey
- United Kingdom

Questions & Technical Assistance



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