

Agency for Healthcare Research and Quality (AHRQ) Medical Office Survey on Patient Safety Culture

Background and Information for Translators

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Purpose and Use of This Document

In this document, we provide information about the *AHRQ Medical Office Survey on Patient Safety Culture* to help translation team members develop a translation that conveys the same meaning as the original U.S. English version.

First, we present background information about the survey, including its purpose and intended target population. Next, we group the survey items according to the patient safety culture dimensions they assess and provide more information about the intended meaning of the items.

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Background on the Survey

In response to medical offices interested in a survey that focuses on safety culture in their organizations, the Agency for Healthcare Research and Quality (AHRQ) developed the *Medical Office Survey on Patient Safety Culture*, which was released in January 2009.

What is “patient safety culture”? Patient safety is a critical component of health care quality. As health care organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of safety. Achieving a culture of safety requires an understanding of the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate. A definition of safety culture is provided below.

Safety Culture Definition

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Organising for Safety: Third Report of the ACSNI (Advisory Committee on the Safety of Nuclear Installations) Study Group on Human Factors. Health and Safety Commission (of Great Britain). Sudbury, England: HSE Books, 1993.

What title should I use on the survey? In the U.S. we recommend using the title “Medical Office Survey on Patient Safety” and not including the word “Culture.” The reason is that in the U.S. some respondents do not know what patient safety culture means - they tend to confuse the word “culture” with ethnicity and race. If you think respondents in your country understand the term “patient safety culture,” you may leave the word “culture” in the title.

How can the survey be used? The medical office survey can be used as an intervention to raise staff awareness about patient safety issues and as a diagnostic tool to assess the status of patient safety culture in a medical office. It can be used to identify patient safety culture strengths and areas for improvement, to evaluate the impact of patient safety improvement initiatives, to examine trends in patient safety culture change over time, and to facilitate comparisons with other medical offices on patient safety culture.

What types of medical offices was the survey designed for? The survey was designed to measure the culture of patient safety in medical offices with the following characteristics:

- A medical office should be an outpatient facility in a specific location. A medical practice or health care system may have multiple medical offices in different locations, but each unique location would be considered a separate medical office for survey administration and feedback.

A medical office could be located in a building containing multiple medical offices, but each office in the building would be considered a separate medical office for the purposes of the survey.

- Providers in a single medical office should share some or all administrative staff, such as receptionists and schedulers, and share some or all clinical support staff.

These characteristics are essential because the survey asks respondents about patient safety and quality issues for a *specific medical office location*. The survey can be administered to multiple medical offices within a practice, health care system, or building, but each medical office would have to be identified as a separate office rather than being surveyed as one entity.

Is there a recommended minimum office size? We recommend restricting administration of the medical office survey to offices with at least three providers. We define providers as:

Physicians (M.D. or D.O.), physician assistants, nurse practitioners, and other providers who are licensed to diagnose medical problems, treat patients, and prescribe medications.

Solo practitioners or offices with only two providers are so small that conducting a survey is probably not an effective way to obtain staff opinions about patient safety culture. Staff in small offices will not feel that their answers are anonymous and may not be willing to complete the survey or answer survey questions honestly. In small offices, rather than administering the survey, it can be used as a tool to initiate open dialogue or discussion about patient safety and quality issues among providers and staff. The office owners or leaders will be the best judge, however, of whether their office is large enough for staff to be willing respondents to the survey.

Was the survey designed for a particular medical specialty? The survey was designed to be appropriate for any specialty. The office may provide primary care services only, other specialty care services only, or a mix of primary and specialty care services.

Who should complete the survey? The *Medical Office Survey on Patient Safety Culture* is designed to be administered to all providers and staff in the medical office—from billing staff and receptionists to nurses and physicians who spend *enough time* in the office to be able to know the office and report on the topics assessed in the survey. It is expected, though, that some staff who work there routinely may not be informed enough to answer all the questions, so the survey includes a “Does Not Apply or Don’t Know” response option. When providers and staff work in more than one medical office location within a practice or health system, the survey should be distributed in the office where they spend most of their work time and they should be instructed to answer about *that office location only*.

How was the survey tested? The draft survey was pretested during cognitive interviews with medical office staff to ensure that items were easy to understand and relevant to patient safety in a medical office setting. The items were revised as appropriate, and the survey was then pilot tested from October 2007 to January 2008 with nearly 6,000 staff working in 182 medical offices across the United States. Participating medical offices varied by size (number of providers and staff), specialty, and ownership. More than 4,100 surveys were received. Confirmatory factor analyses were conducted to examine the factor structure of the survey, and the survey was revised so that the final items and dimensions have sound psychometric properties. The final survey includes 51 items measuring 12 dimensions. The survey also contains two overall rating questions—one asks respondents to rate five components of health care quality, and the other asks respondents to rate patient safety in the medical office; three background questions; and a comments section.

How can I get a copy of the survey? The survey is available on the AHRQ Web site, along with a User’s Guide and an Items and Dimensions document, which groups the survey items according to the dimensions they are intended to measure:

<http://www.ahrq.gov/qual/patientsafetyculture/mosurvindex.htm>

AHRQ Medical Office Survey on Patient Safety: Items and Dimensions/More Information About the Items

In this section, the items in the *Medical Office Survey on Patient Safety Culture* are grouped according to the safety culture dimensions they are intended to measure. The item's survey location is shown to the left of each item. More information (appears in italic font) is provided to help the translation team convey the correct meanings of the items.

NOTE: *In this survey, the term **provider** refers to physicians, physician assistants, and nurse practitioners who are licensed to do the following three things: diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the office. This distinction between providers and staff is important.*

1. List of Patient Safety and Quality Issues

(Daily, Weekly, Monthly, Several times in the past 12 months, Not in the past 12 months, Does Not Apply or Don't Know)

The following items describe things that can happen in medical offices that affect patient safety and quality of care.

In your best estimate, how often did the following things happen in your medical office OVER THE PAST 12 MONTHS? (NOTE: *This question asks about things that happened in the past – should use past tense, not present tense, for verbs.*)

Access to Care

A1. A patient was unable to get an appointment within 48 hours for an acute/serious problem.

Patient Identification

A2. The wrong chart/medical record was used for a patient.

Charts/Medical Records

A3. A patient's chart/medical record was not available when needed.

A4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record.

Medical Equipment

A5. Medical equipment was not working properly or was in need of repair or replacement.

Medication

A6. A pharmacy contacted our office to clarify or correct a prescription.

A7. A patient's medication list was not updated during his or her visit.

Diagnostics & Tests

A8. The results from a lab or imaging test were not available when needed.

A9. A critical abnormal result from a lab or imaging test was not followed up within 1 business day.

2. Information Exchange With Other Settings

(Problems daily, Problems weekly, Problems monthly, Problems several times in the past 12 months, Problems once or twice in the past 12 months, No problems in the past 12 months, Does Not Apply or Don't Know)

Over the past 12 months, how often has your medical office had problems exchanging accurate, complete, and timely information with:

(NOTE: This question also asks about things that happened in the past – should use past tense, not present tense, for verbs.)

- B1. Outside labs/imaging centers?
- B2. Other medical offices/outside physicians?
- B3. Pharmacies?
- B4. Hospitals?
- B5. Other? (Specify): _____

(More about this item: Response B1 refers to laboratories and imaging or radiology centers that are not located within the medical office).

3. Teamwork

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- C1. When someone in this office gets really busy, others help out. *(More about this item: Staff help one another as needed.)*
- C2. In this office, there is a good working relationship between staff and providers.
- C5. In this office, we treat each other with respect. *(More about this item: "We" means everyone in the office treats everyone else with respect.)*
- C13. This office emphasizes teamwork in taking care of patients. *(More about this item: Senior leaders as well as office policies and processes promote teamwork among providers and staff.)*

4. Work Pressure and Pace

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- C3. In this office, we often feel rushed when taking care of patients. (negatively worded) *(More about this item: We feel we have too much to do and not enough time to do it.)*
- C6. We have too many patients for the number of providers in this office. (negatively worded) *(More about this item: Providers see too many patients OR we need more providers to be able to handle the number of patients received in the office.)*
- C11. We have enough staff to handle our patient load. *(More about this item: We have enough staff to do all the work.)*
- C14. This office has too many patients to be able to handle everything effectively. (negatively worded) *(More about this item: Given our current number of providers and staff, we have too many patients to care for all of them effectively.)*

5. Staff Training

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- C4. This office trains staff when new processes are put into place. *(More about this item: The office provides on-the-job training when a new office process or procedure is introduced.)*
- C7. This office makes sure staff get the on-the-job training they need. *(More about this item: On-the-job training includes orientation for new hires, inservice training as needed for all staff, and also offsite training paid for by the office.)*
- C10. Staff in this office are asked to do tasks they haven't been trained to do. (negatively worded) *(More about this item: Staff are asked to do things they should not be doing because they have not been trained to do them.)*

6. Office Processes and Standardization

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- C8. This office is more disorganized than it should be. (negatively worded) *(More about this item: This office should be better organized.)*
- C9. We have good procedures for checking that work in this office was done correctly. *(More about this item: After a work task is done, we have quality-control steps for making sure it was done correctly.)*
- C12. We have problems with workflow in this office. (negatively worded) *(More about this item: We need to improve workflow in this office.)*
- C15. Staff in this office follow standardized processes to get tasks done. *(More about this item: Staff follow the same set of established procedures each time they perform the same task.)*

7. Communication Openness

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your medical office?

- D1. Providers in this office are open to staff ideas about how to improve office processes. *(More about this item: Providers welcome staff improvement ideas and listen to them.)*
- D2. Staff are encouraged to express alternative viewpoints in this office. *(More about this item: Staff are told to speak up if they disagree with the opinions or decisions of other staff or providers regarding patient care or office processes.)*
- D4. Staff are afraid to ask questions when something does not seem right. (negatively worded) *(More about this item: Staff fear reprisals/retaliation/negative consequences if they ask questions about possible problems.)*
- D10. It is difficult to voice disagreement in this office. (negatively worded) *(More about this item: Staff are not encouraged to tell other staff or providers [at any level of authority] that they do not agree with them about work-related issues.)*

8. Patient Care Tracking/Followup

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your medical office?

- D3. This office reminds patients when they need to schedule an appointment for preventive or routine care.
- D5. This office documents how well our chronic-care patients follow their treatment plans. *(More about this item: The office has records indicating that chronic-care patients are doing [or not doing] what their providers recommended or prescribed. The term chronic-care patients refers to patients with medical conditions that require continuing treatment, such as diabetes, hypertension, high cholesterol, and asthma.)*
- D6. Our office follows up when we do not receive a report we are expecting from an outside provider. *(More about this item: The office tries to find out why it did not receive the report.)*
- D9. This office follows up with patients who need monitoring. *(More about this item: This office communicates regularly with patients with conditions that need to be monitored or watched.)*

9. Communication About Error *(More about this dimension: Items are about promoting communication and reports about mistakes in a nonpunitive environment. In a nonpunitive environment, when a mistake happens, those in authority look at all factors that contributed to the mistake, including the organization's systems, practices, and procedures. They do not first conclude that only the staff member is at fault.)*

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

How often do the following things happen in your medical office?

- D7. Staff feel like their mistakes are held against them. (negatively worded) *(More about this item: Staff feel like they are unfairly blamed when mistakes happen.)*
- D8. Providers and staff talk openly about office problems.
- D11. In this office, we discuss ways to prevent errors from happening again.
- D12. Staff are willing to report mistakes they observe in this office.

10. Owner/Managing Partner/Leadership Support for Patient Safety

- EA. Are you an owner, a managing partner, or in a leadership position with responsibility for making financial decisions for your medical office? ₁ Yes → (SKIP TO SECTION F) ₂ No → (ANSWER ITEMS 1- 4 BELOW)

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements about the owners/managing partners/ leadership of your medical office? *(More about this item: Only those who are not owners, managing partners, or in leadership positions in the office are supposed to answer these questions.)*

- E1. They aren't investing enough resources to improve the quality of care in this office. (negatively worded)
- E2. They overlook patient care mistakes that happen over and over. (negatively worded) *(More about this item: "Overlook" means ignore or do not pay enough attention to.)*

- E3. They place a high priority on improving patient care processes.
- E4. They make decisions too often based on what is best for the office rather than what is best for patients. (negatively worded)

11. Organizational Learning

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- F1. When there is a problem in our office, we see if we need to change the way we do things.
- F5. This office is good at changing office processes to make sure the same problems don't happen again.
- F7. After this office makes changes to improve the patient care process, we check to see if the changes worked. *(More about this item: This office compares patient safety before and after the changes are made to see if the changes led to the expected improvement in patient safety.)*

12. Overall Perceptions of Patient Safety and Quality

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

How much do you agree or disagree with the following statements?

- F2. Our office processes are good at preventing mistakes that could affect patients. *(More about this item: Examples of processes include keeping updated medication lists and lists of allergies, procedures for giving vaccination shots to children, and processes for responding to patient phone calls and e-mails..)*
- F3. Mistakes happen more than they should in this office. (negatively worded)
- F4. It is just by chance that we don't make more mistakes that affect our patients. (negatively worded) *(More about this item: It is because of luck, not our efforts, that we don't make more mistakes that could harm patients.)*
- F6. In this office, getting more work done is more important than quality of care. (negatively worded) *(More about this item: Quality of care is more important than productivity or the amount of work done.)*

Overall Ratings on Quality and Patient Safety

(Poor, Fair, Good, Very good, Excellent)

G1. Overall, how would you rate your medical office on each of the following areas of health care quality?

- G1A. Patient-centered Is responsive to individual patient preferences, needs, and values.
- G1B. Effective Is based on scientific knowledge.
- G1C. Timely Minimizes waits and potentially harmful delays. *((More about this item: Waits such as scheduling an appointment, seeing the doctor at the scheduled time, and getting results back as soon as possible from tests and x-rays.)*

G1D. Efficient Ensures cost-effective care (avoids waste, overuse, and misuse of services).

G1E. Equitable Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.

(Poor, Fair, Good, Very good, Excellent)

G2. Overall, how would you rate the systems and clinical processes your medical office has in place to prevent, catch, and correct problems that have the potential to affect patients?
(More about this item: By potential to affect patients, we mean potential to harm patients.)