

Diagnostic Safety Supplemental Items for the SOPS Medical Office Survey

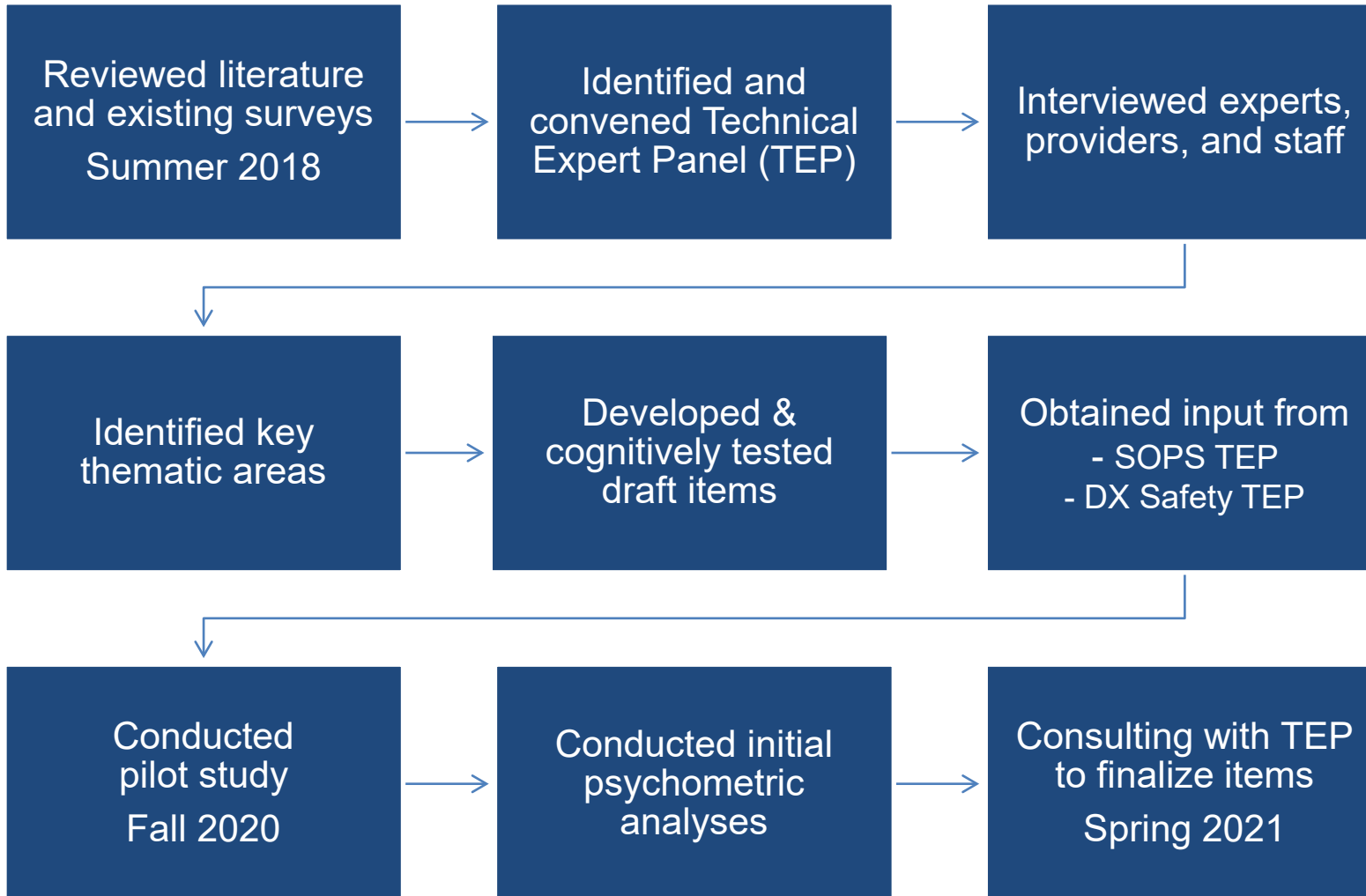
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Westat

Diagnostic Safety Supplemental Items

- Designed as a supplemental item set that can be added to the end of the SOPS Medical Office Survey
- Aims of the item set:
 - ✓ Raise awareness about diagnostic safety
 - ✓ Assess the extent to which the organizational culture supports the diagnostic process and accurate diagnoses
 - ✓ Help medical offices identify processes that need improvement and sources of error in diagnosis

Survey Development Process



Diagnostic Safety Technical Expert Panel Members

Kelly Gleason



Mark Graber



**David Newman-
Toker**



Gordy Schiff



Hardeep Singh



What areas are assessed on the SOPS Medical Office Survey?

- Ten composite measures:
 1. Communication About Error
 2. Communication Openness
 3. Office Processes and Standardization
 4. Organizational Learning
 5. Overall Perceptions of Patient Safety and Quality
 6. Owner/Managing Partner/Leadership Support
 7. Patient Care Tracking/Followup
 8. Staff Training
 9. Teamwork
 10. Work Pressure and Pace
- Information exchange with other settings
- List of patient safety and quality issues
- Overall ratings on quality and patient safety

What areas of diagnostic safety are assessed?



Three composite measures, or groups of items assessing specific areas of diagnostic safety:

- ▶ Time Availability (3 items)
- ▶ Testing and Referrals (4 items)
- ▶ Provider and Staff Communication Around Diagnosis (5 items)

Pilot Study in Medical Offices

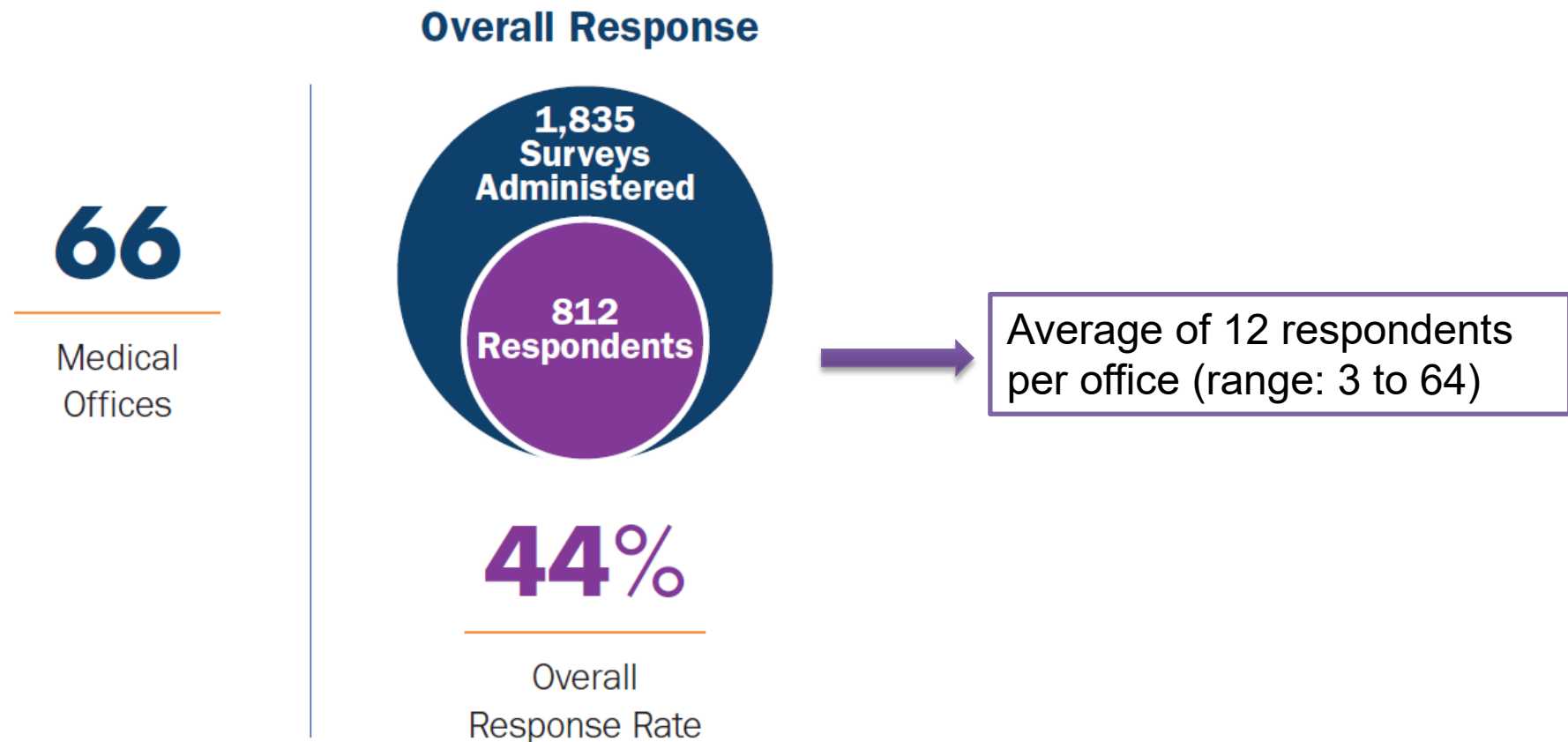


What were the goals of the pilot study?

- ✓ Test the new diagnostic safety items in medical offices
- ✓ Conduct psychometric analysis of the pilot results to examine the reliability and construct validity of the items, retaining only the best items

Fall 2020 Pilot Study

- Web-based survey to all providers and staff



Participating Medical Offices

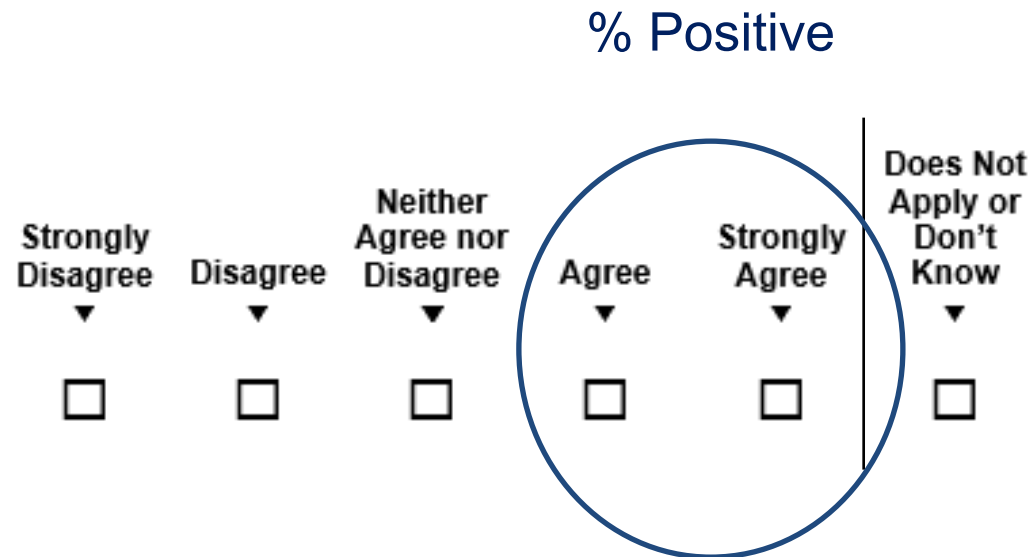
- **79%** of medical offices were owned by a hospital or health system, university or academic medical center
- **65%** were single specialty offices
 - **56%** of the single specialty offices were Primary Care, Internal Medicine, Family Practice, Family Medicine
- **48%** had 4-9 physicians/PAs/NPs



Results

- Results shown as “percent positive scores”

When this office doesn't receive a patient's test results, staff follow up.



% Positive does not include “Does Not Apply or Don't know” (NA/DK) or missing (MI) responses.

Composite Measure Results

Average % Positive Response

Testing and Referrals

79

Provider and Staff Communication Around Diagnosis

65

Time Availability

56

Composite Measure Average

67

Testing and Referrals Results

Average % Positive Response

All test results are communicated to patients, even if the test results are normal.

84

This office is effective at tracking a patient's test results from labs, imaging, and other diagnostic procedures.

83

When this office doesn't receive a patient's test results, staff follow up.

79

When this office makes a high priority referral, we try to confirm whether the patient went to the appointment.

68

Provider and Staff Communication Around Diagnosis Results

Average % Positive Response

Providers in this office talk directly with specialists/radiologists/pathologists when something needs clarification.

86

Providers in this office encourage staff to share their concerns about a patient's health condition.

74

Providers document differential diagnoses when they have not ruled out other diagnoses.

57

When a provider thinks another provider in this office/system may have missed a diagnosis, they inform that provider.

55

When a missed, wrong, or delayed diagnosis happens in this office, we are informed about it.

53

Provider and Staff Communication Around Diagnosis Results

Average % Positive Response

Providers in this office talk directly with specialists/radiologists/pathologists when something needs clarification.



Providers in this office encourage staff to share their concerns about a patient's health condition.



Providers document differential diagnoses when they have not ruled out other diagnoses. (NA/DK/MI = 48%)



When a provider thinks another provider in this office/system may have missed a diagnosis, they inform that provider. (NA/DK/MI = 49%)



When a missed, wrong, or delayed diagnosis happens in this office, we are informed about it. (NA/DK/MI = 43%)



Time Availability Results



Average % Positive Response

Providers in this office have enough time to review the relevant information related to the patient’s presenting problem(s).



The amount of time for appointments is long enough to fully evaluate the patient’s presenting problem(s).



Providers in this office finish their patient notes by the end of their regular workday.



Open-ended Comments

Testing and Referrals

It is **difficult...to stay on top of all the open orders (labs and imaging)...referrals and faxes** we should be receiving. It would be **nice to have a more standardized workflow** to close these gaps

I know in my field I **never have time to check the status on pending referrals** and that is frustrating

Open-ended Comments

Time Availability

For patients to receive the best possible care...there needs to be a complete team with a provider, nurse, and CMA, so that ...a sufficient amount of time can be spent with the patient to make them feel that they have been thoroughly taken care of.

Provider and Staff Communication Around Diagnosis

The manager and providers are ALL approachable with questions or concerns... I am not afraid to ask questions ...if I have a concern regarding a patient

Reliability and Construct Validity

- Acceptable internal consistency reliability (Cronbach's alpha ≥ 0.70)
- Acceptable confirmatory factor analysis results
 - ▶ Factor loadings and goodness-of-fit indices
- Statistically significant correlations with:
 - ▶ Most of the SOPS Medical Office Survey composite measures
 - ▶ Most of the overall ratings of health care quality and patient safety

Diagnostic Safety Pilot Results and Upcoming Data Submission



- 2020 pilot study results are on the SOPS Medical Office Survey web page
- Data submission for the SOPS Medical Office Survey Database opens **Sept 1 – Oct 20, 2021** and will accept:

SOPS Medical Office

Diagnostic Safety Supplemental Items

Value and Efficiency Supplemental Items

Supplemental Item Survey Administration Instructions



- Add the items toward the end of the SOPS Medical Office Survey just before the Background Questions
- Administer the supplemental items without modification or deletions

Additional Resources

Surveys on Patient Safety Culture™ (SOPS®)



2021 Hospital Database Reports for HSOPS 1.0 & 2.0

New results available from the 2021 Hospital Database for the Hospital SOPS 1.0 and 2.0 Surveys.

Upcoming SOPS Survey Data Submissions

Learn more about data submission for 2021, and watch a video.

New Supplemental Items on Diagnostic Safety

Learn more about new supplemental items for the Medical Office Survey.

Diagnostic Safety Data Entry and Analysis Tool



   **Diagnostic Safety Supplemental Items for the SOPS Medical Office Survey**

(April 2021)

1. Entering Data	2. Your Medical Office Results	3. Comparative Results
Instructions	Composite Measure Results	Composite Measure Results
Report Cover Sheet	Item Results	Item Results
Data Entry		
4. Understanding/ Sharing Your Results		
Explanation of Calculations		
Interpreting Your Results		
Print All*		
Export Data**		

Diagnostic Safety Improvement Resources



Improving Diagnostic Safety in Medical Offices: A Resource List for Users of the AHRQ Diagnostic Safety Supplemental Items

I. Purpose

This document includes references to websites and other publicly available resources medical offices can use to help improve the extent to which their organizational culture supports the diagnostic process, accurate diagnoses, and communication around diagnoses. While this resource list is not exhaustive, it is designed to give initial guidance to medical offices seeking information about patient safety initiatives related to diagnostic safety.

II. How To Use This Resource List

Resources are listed in alphabetical order, organized by the Surveys on Patient Safety Culture™ (SOPS®) composite measures assessed in the Agency for Healthcare Research and Quality (AHRQ) [Diagnostic Safety Supplemental Items](#) for the SOPS [Medical Office Survey](#), followed by general resources.

For easy access to the resources, keep the file open rather than printing it in hard copy because many of the website URLs are hyperlinked.

IV. Resources by Composite Measure

The following resources are designed to help medical offices improve areas of organizational culture assessed by the composite measures included in the AHRQ Diagnostic Safety Supplemental Items.

Composite 1. Time Availability

1. Improving Office Practice: Working Smarter, Not Harder

<https://www.aafp.org/fpm/2006/1100/p28.html>

The overarching goal of practice redesign is to create a well-organized office system that fosters sound medical decision making, minimizes error, and creates an atmosphere that patients, staff, and physicians can enjoy. Office organization is often accomplished through relatively simple strategies that together form a powerful force for change. This featured article from the American Academy of Family Physicians provides 12 strategies that can improve efficiency and transform practices.

2. Innovation and Best Practices in Health Care Scheduling

<https://nam.edu/wp-content/uploads/2015/06/SchedulingBestPractices.pdf>

In this discussion paper, the authors describe the important forces shaping wait times throughout healthcare, the evolving use of techniques and tools from other industries to improve healthcare access, and the move toward a person-centered model of care. Through their personal experiences leading their respective healthcare organizations, they have tackled these complex issues and present the lessons they have learned along the way.

Action Planning Tool

Action Planning Tool for the AHRQ Surveys on Patient Safety Culture



Action Plan for the AHRQ Surveys on Patient Safety Culture

Facility Name:
Date last updated:

Page 1

Defining Your Goals and Selecting Your Initiative

1	What areas do you want to focus on for improvement?	
2	What are your goals?	
3	What initiative will you implement?	

Notes or Comments

SOPS Bibliography



Search All Bibliographies

Search

Healthcare Setting

- Hospitals (268)
- Nursing Homes (17)
- Medical Offices (16)
- Community Pharmacies (8)
- Ambulatory Surgery Centers (1)

Topics

- Analyses Linking Composite Measures with Site and/or Respondent Characteristics (73)

SOPS Bibliography

Browse or search for publications about the development and use of SOPS surveys and other topics related to assessing patient safety culture.

Results

1-50 of 310 Bibliography Items displayed

1 [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [next >](#) [last >>](#)

Wijaya MI, Mohamad AR, Hafizurrachman M. Shift schedule realignment and patient safety culture. Int J Health Care Qual Assur. 2020, : 1-13. <https://www.ncbi.nlm.nih.gov/pubmed/32012498>

Lee SE, Dahinten VS. The enabling, enacting, and elaborating factors of safety culture associated with patient safety: A multilevel analysis. Journal of Nursing Scholarship. 2020 <https://pubmed.ncbi.nlm.nih.gov/32573867/>

Palmieri PA, Leyva-Moral JM, Camacho-Rodriguez DE, et al. Hospital Survey on Patient Safety Culture (HSOPSC): A multi-method approach for target-language instrument translation, adaptation, and validation to improve the equivalence of meaning for cross-cultural research. BMC Nurs. 2020, 19(23): 1-13. <https://pubmed.ncbi.nlm.nih.gov/32308560>

SOPS Technical Assistance (TA)



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Website: www.ahrq.gov/sops

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