



# Surveys on Patient Safety Culture™

## *Understanding SOPS Surveys: A Primer for New Users February 19, 2020 – Webcast Transcript*

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### **Presentation:**

#### **Naomi Yount**

##### ***Yount (opening), Slide 1***

Hello and welcome to today's webcast from the Agency for Healthcare Research and Quality about Understanding SOPS Surveys; A Primer for New Users of AHRQ's Surveys on Patient Safety Culture. My name is Naomi Yount and I will be serving as the moderator for this webcast.

##### ***Yount (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 can switch the audio selection by having WebEx call you. Simply select the "Call me at" option under audio connections and provide a phone number for WebEx to connect through your phone. In the event that your computer freezes at any point during the presentation, 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 the slides due to the speed of your Internet connection. If you need help at any time during this webcast, please use the Q&A feature to request help.

##### ***Yount (opening), Slide 3***

If you do need help, or would like to ask a question at any time during this webcast, you can find the Q&A icon with a question mark in the menu. We will respond to questions for the speakers at the end of the webcast. We will attempt to address any technical questions as they come in. Today's webcast is being recorded and a copy of the slides and replay of the webcast will be posted on AHRQ's website in the future.

##### ***Yount (opening), Slide 4***

Now that we have our housekeeping items out of the way, I'm happy to introduce our speakers for today's webcast. I'm very pleased to welcome Dr. Caren Ginsberg, who leads AHRQ's work on the Surveys on Patient Safety Culture, as well as the Consumer Assessment of Healthcare Providers and Systems, or CAHPS. An anthropologist and demographer, she has broad-based experience in patient safety and patient experience of care. At AHRQ, she focuses on program development, implementation, operations and evaluation for the specialty and survey design development, and qualitative evaluation and assessment.

I'm also pleased to have my colleagues Laura Gray and Theresa Famolaro. Laura Gray is the SOPS Project Manager. She has more than 10 years' experience providing project management support and technical

assistance, developing survey products and resources, conducting promotional activities, such as webcasts, and participating in survey item development.

Theresa Famolaro is the SOPS Database Manager. She has more than 20 years of experience in health services research, including data collection, reporting, and dissemination to target audiences. She has managed the suite of safety culture databases since 2006. Ms. Famolaro also contributes to the development of the survey tools and supporting materials. And as I mentioned earlier, my name is Naomi Yount and I will be the moderator for this webcast.

***Yount (opening), Slide 5***

Here is our agenda for today's webcast. We'll start with Dr. Ginsberg giving an overview of AHRQ's patient safety priorities and programs. Then we will provide an overview of the SOPS surveys and databases. We will present findings from research linking SOPS to other outcomes and then highlight SOPS resources, technical assistance, and how to stay in the loop for SOPS updates. And last, we look forward to answering some of your questions. Without further ado, I'm going to pass things over to Caren to get things started.

***Caren Ginsberg  
Ginsberg, Slide 6***

Hi, good afternoon everyone, and thanks Naomi. I'm Caren Ginsberg, and as Naomi said, I direct the AHRQ Surveys on Patient Safety Culture program and work. And I want to welcome those new users to this SOPS 101, our primer, as well as our more experienced users. The new users will be able to learn about the SOPS program and also hear about our upcoming activities for this year, so even if you're a new user or an experienced user, you'll find some new materials here.

***Ginsberg, Slide 7***

So let me start today's presentation by telling you a little bit about what the Agency for Healthcare Research and Quality does and what our mission is and how the SOPS surveys fit into our activities. So, AHRQ, the Agency for Healthcare Research and Quality, is a science-based agency and our mission is to improve the life of patients by helping healthcare systems and healthcare professionals deliver care that's of high quality, high value, and care that's safe. And as a science-based agency, we invest in research and evidence to help make healthcare safer and improve quality. We create materials and tools for healthcare professionals to use to improve care for their patients. And we also generate measures and data that you can use to track the progress of the U.S. healthcare system or of your specific program and to improve performance. And it's important for us to make sure that the science that we produce is disseminated to you, so we push our science implementation and get our tools and products out to you, our users.

***Ginsberg, Slide 8***

So, the AHRQ patient safety priorities are listed on this slide. We focus on areas of greatest impact. We extend patient safety improvement to all settings, prevent healthcare-associated infections and reduce antibiotic resistance, build capacity in the healthcare system to accelerate safety improvements, improve communication and engagement between clinicians and patients, and make the safe thing the easy thing to do.

***Ginsberg, Slide 9***

So, the Surveys on Patient Safety Culture program's been around since about 2001. AHRQ's supported it since then, and what the SOPS program is most known for are Surveys of Patient Safety Culture. These are validated measurement instruments that use best methods in their development and testing. But in addition to the surveys, the SOPS program also conducts research to further our understanding of patient safety culture, how to measure it and how to improve it, and we focus our efforts on quality improvement using SOPS data.

***Ginsberg, Slide 10***

So let me just say a few words about the National Steering Committee on Patient Safety. This is a committee convened by the Institute for Healthcare Improvement, and it's serving as this body to galvanize stakeholders, act as a focal point to prioritize national patient safety efforts. So they're creating a national action plan for patient safety. It's going to be released in late spring of this year and it's really focused on the foundational factors that they consider prerequisites for patient safety. A big and one of the important examples of this are our leadership and safety culture. So I want to point out that the AHRQ SOPS program and our surveys align entirely with their efforts.

**Ginsberg, Slide 11**

So, let me just tell you what to expect this year from us and you'll hear more in today's webcast about these. First of all, we are opening two databases for data submission. If you recall, we have updated the Hospital SOPS Survey. We have version 2 now. We had a webcast last year in October about the transitioning from Hospital SOPS 1 to Hospital SOPS 2. We told you what was different about the surveys, how to transition. You'll hear a little bit more of that today, and if you missed that webcast, it's on our website. You can listen to it. We're also going to accept the Hospital SOPS data submission, the Health Information Technology and Value and Efficiency Supplemental Item sets. And data submission for that is in June of this year. We're also going to open a Nursing Home SOPS Database for data submission in September of this year. We really want to encourage nursing homes to participate. We're going to be having a webcast in the next couple of months that focuses on Nursing Home SOPS user's experiences and what they did and talk about nursing home data submission at that time.

Please let us know if you need our assistance through our technical assistance function and just helping to strategize how to get started. We really want to encourage your participation. So that's in September. We're also spending a lot of our time working this year on developing a supplemental item set on diagnostic safety. It's going to be for the Medical Office SOPS Survey. So listen for updates on that as well. Thanks so much. I'm going to turn this back to Laura.

**Laura Gray  
Gray, Slide 12**

Great. Thank you Caren. All right. So, what is patient safety culture?

**Gray, Slide 13**

Patient safety culture can be defined as the beliefs, values, and norms shared by healthcare providers and staff that support and promote patient safety within an organization. Patient safety culture determines behaviors that are rewarded, supported, expected, and accepted within an organization, as it relates to patient safety. It's important to note that culture exists at multiple levels. So that's from the unit level, department, organization, and even systemwide.

**Gray, Slide 14**

All right, so the SOPS program began in 2001 with the development of the Hospital Survey on Patient Safety Culture Version 1.0 that had been released in 2004. And then, as Caren just mentioned, Version 2.0 was released recently in 2019. We also have four more SOPS surveys and those are for nursing homes, medical offices, community pharmacies, and ambulatory surgery centers. And these surveys are for providers and staff to assess the extent to which their organizational culture supports patient safety.

**Gray, Slide 15**

So this slide right 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. So, the areas of patient safety culture or composite measures assessed across the surveys include Teamwork, Communication Openness, Communication About Error, Organizational Learning, Continuous Improvement, Response to Error, Staffing, Supervisor or Management Support for Patient Safety, Work Pressure and Pace, and Overall Rating on Patient Safety. And each of the SOPS surveys also assess patient safety culture areas that are unique as well.

**Gray, Slide 16**

So, this is a survey development process for all of the SOPS surveys. First, we conduct a review of the literature, looking at patient safety, safety culture, medical error, event reporting, and gathering existing surveys. We then identify and convene a technical expert panel, or TEP, with members representing various settings of care. We interview patient safety experts and healthcare providers and staff, and then using all of this information, we identify key areas of patient safety culture that the survey should assess and develop some draft survey items. We cognitively test those draft survey items with healthcare providers and staff to determine how well they understood them and how they could answer or respond to those questions. We iteratively revise and cognitively test the draft survey items and then obtain input again from our TEP. We pilot test the draft survey in the healthcare setting and then we conduct psychometric analysis of those pilot test results to examine the reliability and the construct validity of the survey measures. And then as our last step, we consult with the TEP and AHRQ to finalize the survey.

**Gray, Slide 17**

So, all of the SOPS surveys are composed of standardized questions or core items that support the compatibility of survey content across users. There are also optional supplemental items that users may add to assess content in areas not included in the core questionnaires. The cover pages for each of the supplemental items provide further instructions about where to place the items for each core survey.

**Gray, Slide 18**

So, what supplemental items sets do we have for the SOPS surveys? Well, in 2017, AHRQ released supplemental items assessing value and efficiency to help hospitals and medical offices assess the extent to which their organizations place a priority on and adopt practices for promoting efficiency, waste reduction, patient centeredness, and high-quality care. And then in 2018 released the SOPS Health Information Technology, or Health IT, Patient Safety Supplemental Items. And those assess how organizational culture influences health IT and patient safety. So as you may know, health IT's 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.

**Gray, Slide 19**

And then as Caren mentioned, existing Medical Office SOPS questions do not specifically focus on diagnostic safety and given that improving diagnostic safety is one of AHRQ's emerging priorities, the Agency has sponsored the development of new supplemental items on diagnostic safety that will be for the Medical Office SOPS Survey. And the goals of the item set listed here are to measure the extent to which the organizational culture in medical offices supports effective diagnostic processes, including accurate and timely diagnoses and communicating diagnoses to patients. We're currently conducting cognitive testing of draft survey items and we plan to conduct a pilot test in 2020.

**Gray, Slide 20**

So, how is the SOPS survey used? Healthcare organizations can use the SOPS surveys to raise staff awareness about patient safety, assess the current status of patient safety culture, identify strengths and areas for improvement, evaluate trends and patient safety culture change over time, and evaluate the cultural impact of patient safety initiatives and intervention.

**Gray, Slide 21**

On the AHRQ website, there are several impact case studies which feature the use of SOPS surveys and healthcare organizations' improvement efforts.

And one quote I wanted to share is from a case study at St. Jude's Children's Research Hospital, where the hospital Chief Patient Safety Officer reported that they use the survey for patient safety assessment and action planning. And he said, quote, "The entire survey process opens opportunities to discuss patient safety and the results help shape our improvement efforts, ultimately improving patient care."

**Gray, Slide 22**

So the Surveys on Patient Safety culture or SOPS is a registered trademark of AHRQ and the trademark signifies that the surveys and items were developed in accordance with principles and standards established by the Agency. So organizations that administer an existing SOPS survey with or without the supplemental items can use the SOPS name as long as the core items and the response options have not been changed, omitted, or reordered. More guidance is on the AHRQ website for using the SOPS name and making changes to the survey, including how you can still modify the background work areas or the staff positions, as well as guidance on how to add supplemental items to the end of a SOPS survey before your background questions.

And to Theresa.

**Theresa Famolaro****Famolaro, Slide 23**

Thank you so much, Laura. So, my name again is Theresa Famolaro and I'm going to start by speaking about the SOPS Databases.

**Famolaro, Slide 24**

So, AHRQ supports SOPS Databases for each of the five SOPS surveys that Laura had mentioned earlier in her presentation. The latest database reports that I'm going to just say to you include data from 630 hospitals, 191 nursing homes, 2,437 medical offices, 331 community pharmacies, and 282 ambulatory surgery centers, or for short, ASCs. The databases intake data from facilities that have administered one of the SOPS surveys and they can voluntarily submit their survey data. The newest database - we just released the report in 2020 - is the SOPS ASC Database, and also coming in the spring is the new Medical Office Database Report.

**Famolaro, Slide 25**

So why should your facility participate in the SOPS database? What's the value here? Well, first of all, facilities that submit to the database are part of the results in a database report with de-identified, facility-level statistics. So we never release the name of your facility in the report. Second, participating organizations also receive a feedback report for each facility submitted comparing their results to the database. And this really helps you to identify areas of strengths and areas of safety culture improvement.

**Famolaro, Slide 26**

So here's an example of what we have called the SOPS Database Report Overview Infographic, and this is an example of the one that's in the new 2020 Ambulatory Surgery Center Database Report. And the infographic is also posted separately on the SOPS website, which is the AHRQ SOPS website.

**Famolaro, Slide 27**

And then one of the biggest benefits, really the biggest benefit, to the database is getting a customized feedback report. So each of the feedback reports that you receive will show your facility results compared to the database. And these feedback reports can easily be shared in your organization or used in a PowerPoint presentation, and we recommend that you share the results so that your leadership, department managers, frontline staff understand their areas of strength and, again, their opportunities for improvement.

**Famolaro, Slide 28**

So here is the SOPS database schedule through 2022 and this is also posted on the AHRQ SOPS website. So in 2020 this year, the SOPS Hospital Database will be open from June 1st through July 20th and we will also open up the SOPS Nursing Home Database for submission from September 1st through September 21st and AHRQ supports two databases per year. So, I wanted just to point out a little bit about the Hospital Database. In June of 2020, we'll be broadening our data submission of the SOPS hospital data to also include survey data from Version 1.0, also known as HSOPS 1.0, and Version 2.0, also known as HSOPS 2.0, and we will also allow hospitals to submit their survey data for the Health IT for Patient Safety Supplemental Items and the Hospital and Value and Efficiency Supplemental Items for the first time.

2020 is also the last time we will be receiving survey data from HSOPS 1.0. By June of 2022, we will only accept data from HSOPS 2.0, so I just wanted to point that out to you. And then, we'll also accept, again, I just wanted to remind you, the Nursing Home Database will also accept data in September of 2020 and we really, really encourage nursing homes to administer the survey and submit to the database. Then in June of 2021, we will be opening up the SOPS ASC Database again, and in September of 2021, we'll be opening up the SOPS Medical Office Database. And then, just again, reminding you that in June 2022 we will open up the SOPS Hospital Database for HSOPS 2.0 only, and then in September of 2022, we'll open up the SOPS Nursing Home Database again. Just as noted in this schedule, we do not have any upcoming plans for the SOPS Community Pharmacy Database at this time.

**Famolaro, Slide 29**

So let's talk about the Hospital and Nursing Home Data Submission in 2020.

**Famolaro, Slide 30**

So, as I mentioned in June and July of this year, we will be intaking data from HSOPS 1.0 as well as HSOPS 2.0. But let me give you a little bit of important information about HSOPS 2.0. First of all, the HSOPS 2.0 survey assesses many of the same areas of patient safety culture as HSOPS 1.0, but substantial changes were made to the survey. So HSOPS 2.0 is really a fundamentally, a different survey than HSOPS 1.0. Second, based on the results from a pilot test of HSOPS 2.0 in 2019, hospitals that administer HSOPS 2.0 can expect their scores on the survey items and composite measures to be higher in comparison to those of HSOPS 1.0. And the reasons HSOPS 2.0 scores are likely to be higher is because of the changes we made in the 2.0 survey. So we

made changes in the wording of items. We made changes to some of the response options, and we made changes to the order of questions.

### ***Famolaro, Slide 31***

So what's really different about HSOPS 2.0? Like, what kind of changes are we talking about here? Well, first of all, HSOPS 2.0 has 40 items compared to 51 items in 1.0, and only 5 of the 1.0 survey items were kept unchanged in 2.0, meaning we didn't change the wording or response options of those items. However, 21 HSOPS 1.0 items were dropped. 25 HSOPS 1.0 items were reworded or the response options were changed, and 10 new items were added to HSOPS 2.0. Another change was that we added a "Does Not Apply or Don't Know" response option, which enables providers and staff to opt out of answering a question that doesn't apply to them or they really don't have the knowledge or experience to answer.

And similar to HSOPS 1.0, HSOPS 2.0 still includes a mix of positively and negatively worded items. So you might want to know what is a positively and negatively worded item? I'm going to give you some examples here. So an example of a positively worded item is, "In this unit, we have enough staff to handle the workload." So if a respondent answers Strongly Agree or Agree, that's considered a good answer. An example of a negatively worded item is, "Staff in this unit work longer hours than is best for patient care." So if they Disagree or Strongly Disagree to this, that's considered a good answer.

### ***Famolaro, Slide 32***

So, for a deeper dive and just to learn a little bit more about the HSOPS 2.0 Survey, please visit the AHRQ website, and here you can find PowerPoint presentation slides, the transcript, and a video replay from a webcast we had this past fall on Introducing the New SOPS Hospital Survey 2.0.

### ***Famolaro, Slide 33***

So let's talk about Nursing Homes Database submission. First of all, it's not too late to administer the SOPS Nursing Home Survey in advance of data submission in September. We really encourage all nursing homes to participate in this database. In 2019, there were only 191 nursing homes included in the Nursing Home Database, so the upcoming Nursing Home Database would really, really benefit from more nursing home submissions.

And we do understand that there are challenges in administering the Nursing Home Survey; getting a good response rate and knowing what to do with the data. So we encourage you to contact our technical assistance help desk for any questions or further guidance. It's completely free and we're willing to help you and walk you through the process. We will also have an upcoming webcast solely dedicated to the SOPS Nursing Home Survey. So a link for the Nursing Home SOPS webcast will be on the AHRQ SOPS website in March, or you can sign up for the SOPS email updates on the AHRQ website and we'll provide instructions for you to do that at the end of the presentation. And this webcast is going to be on when, on April 7th from 12 to 12:50 p.m. Eastern time, so save the date.

### ***Famolaro, Slide 34***

So if you are thinking about participating in a SOPS database, whether it's the Hospital or a Nursing Home in 2020 or any of our other databases in future years, here are the basic requirements for participation. So first of all, you have to administer the SOPS survey in its entirety without modifications or deletions. And this really ensures the comparability across healthcare facilities when submitting to the SOPS databases. And we can look at your survey ahead of time; if you want us to do that, we're willing to do that.

You must be in the U.S. or U.S. territory. You have to sign a data use agreement that indicates how the data will be used and it also protects the confidentiality of your organization and your data. You have to complete data collection before the end of the data submission period and you have to submit data files per specifications. So, and especially, it's very important, if you're in a health system, you have to document or identify each healthcare facility in your data file, as we conduct analysis at the facility level and then average our results across participating facilities. You also have to upload your survey data through a secure online data submission system.

### ***Famolaro, Slide 35***

And I just want to remind you that we do have extensive support for SOPS database submission, and we'll share that help desk information towards the end of this presentation. So now we're going to switch over to SOPS Research Datasets. So AHRQ has established a process where researchers can request de-identified and

hospital identifiable data files from the AHRQ SOPS databases. The datasets are for research purposes only. So researchers interested in obtaining de-identified SOPS survey data from the SOPS database must submit a completed de-identified research abstract form and signed data release agreement. So for the Hospital SOPS Database only, you can obtain hospital identifiable data files. Those can be made available. Identifiable data allows for the linking of SOPS data to other datasets. Westat reviews all research requests, and then AHRQ provides the approval. Database hospitals must agree to the request via their SOPS data use agreement, also known as the DUA, or provide Westat written authorization.

**Famolaro, Slide 36**

And here I'm going to speak to you a little bit about SOPS relationships to other outcomes.

**Famolaro, Slide 37**

So, Westat has conducted a number of analytic studies linking SOPS survey data to other health outcomes. So in the first analysis, we linked Hospital SOPS to Hospital CAHPS, or HCAHPS, patient experience survey data. And the second analysis, we linked Hospital SOPS to AHRQ Patient Safety Indicators, or PSI, adverse event rates. And the third analysis, we linked Nursing Home SOPS to CMS Nursing Home Compare five-star ratings.

**Famolaro, Slide 38**

So here's the first analysis where we examine the relationships between Hospital SOPS and patient experience as assessed by Hospital CAHPS measures. Using 73 hospitals, we found that higher Hospital SOPS scores were associated with better HCAHPS patient experience scores after controlling for bed size and ownership.

**Famolaro, Slide 39**

And so here is the second analysis, where we examine the relationships between Hospital SOPS and Patient Safety Indicator adverse event rates or PSIs. We used 179 hospitals and we found that higher patient safety culture, or Hospital SOPS scores, were associated with lower adverse event rates.

**Famolaro, Slide 40**

And finally in this third analysis, we examine the relationship between Nursing Home SOPS and CMS Nursing Home Compare five-star ratings. So in this analysis, we used 219 nursing homes and we found that higher Nursing Home SOPS scores were associated with higher overall nursing home five-star ratings and higher health inspection ratings.

However, none of the Nursing Home SOPS scores were significantly associated with the CMS five-star quality measures or staffing rating.

**Famolaro,**

So now I'm going to turn it over back to Laura who's going to talk to you about SOPS resources.

**Laura Gray, Slide 41**  
**Gray**

Thanks, Theresa.

**Gray, Slide 42**

All right, so great news. To support the SOPS surveys, AHRQ provides a variety of materials and resources which are available for download on the SOPS website at [www.ahrq.gov/sops](http://www.ahrq.gov/sops), and here you'll find the survey materials in English and Spanish as well as some other resources that I'm going to highlight for you in the next few slides.

**Gray, Slide 43**

So if you are just getting started with the SOPS surveys, please check out the survey User's Guide and these discuss issues and major decisions involved in conducting a survey and reporting the results. There is a guide for each survey setting. The guides include information on getting started, selecting a sample, determining data collection methods, establishing those data collection procedures, conducting web and paper-based surveys, as well as how to optimize your response rates and then preparing and analyzing your data and producing reports.

**Gray, Slide 44**

And then in addition to the User's Guide, there's also a document called Transitioning to the SOPS Hospital Survey Version 2.0, What's Different and What To Expect. And this document describes the differences between HSOPS 1.0 and 2.0 and it provides instructions on how to help transition to HSOPS 2.0.

**Gray, Slide 45**

So after you've administered your SOPS survey, we have another resource; Data Entry and Analysis Tool that uses Microsoft Excel to assist with entering survey data to create tables and graphs of your survey results. You can also export your survey data and there is a tool for each survey setting as well as the supplemental item sets, and we also have a new tool for HSOPS Version 2.0. These tools are very easy to use. You can hand enter your data or you can copy and paste your values from a web survey output into the data entry sheet and then see your results. To use the tool, you just have to have Excel macros enabled on your computer. These tools are the only resource that are not physically available for download on the AHRQ website, so you can request this tool by contacting our help desk and I'll provide that towards the end of this presentation.

**Gray, Slide 46**

All right, so after you've administered the survey, you've analyzed your results, we then have an Action Planning Tool to assist you in developing an action plan based on your SOPS results to improve patient safety culture in your organization. So the Action Planning Tool is designed for all the survey settings and it provides step-by-step guidance to help survey users develop an action plan to improve patient safety culture. The tool includes an action plan template that your organization can use to identify your patient safety culture areas for improvement, document your goals and your initiatives, identify your needed resources, the process and outcome measures, and timelines.

**Gray, Slide 47**

As you're working on your action plans and you're identifying areas for improvement, then you might be interested in checking out some of our improvement resources. So we have resources for each survey setting and supplemental items set, and these documents contain links to practical resources that are free and publicly available to improve patient safety culture and patient safety.

**Gray, Slide 48**

Also on the website, we have Research References where we provide citations for published articles using the AHRQ SOPS surveys. So references on the use of the surveys, patient safety culture improvement, psychometric analyses, analyses linking the surveys to outcome data, systematic reviews of patient safety culture surveys, and international research.

**Gray, Slide 49**

Theresa had mentioned earlier about our next webcast on the Nursing Home SOPS Survey and Database, and so I wanted to let you know that the recordings, transcriptions, and slides for all webcasts are available on the AHRQ SOPS website. And again that's [www.ahrq.gov/sops/events](http://www.ahrq.gov/sops/events). And our most recent webcast was about the Implementation of an Event Reporting and Learning System Leading to Improvements in Patient Safety Culture at UNC Medical Center, and the presenters used both the Hospital and Medical Office SOPS Survey to measure improvements. And then another recent webcast that we shared was sharing Best Practices for Designing and Administering Web-Based SOPS. And then we also have one on the Action Planning Tool and how to use that, which I just briefly described as well.

**Gray, Slide 50**

So last, I want to share information with you about our technical assistance. We've referred to that a few times throughout today's presentation and how to stay in the loop on SOPS updates.

**Gray, Slide 51**

So, we offer free technical assistance, or TA, for the SOPS surveys and our general TA help desk can be reached at 1-888-324-9749 or via email, [SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com), and they can help you with questions on survey administration, such as making sure your survey aligns with the SOPS trademark and connect you with any of the survey materials or supporting resources. And international users can also request permission to use any of the SOPS surveys in their respective countries. Our databases' TA help desk can be reached at 1-888-324-9790 or [DatabasesonSafetyCulture@westat.com](mailto:DatabasesonSafetyCulture@westat.com). And they can send you the SOPS Data Entry and Analysis Tool and assist you with using those, 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. We are happy to help you, so please do not hesitate to contact us.

**Gray, Slide 52**

All right, and then we periodically send email announcements about SOPS news such as new webcasts coming up, data submission timelines, and other products. So you can sign up for email updates from us 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.

And back to you, Naomi.

**Naomi Yount**

**Yount (closing, Slide 53)**

Thanks, Laura. Now we're going to switch to the Q&A portion of the webcast.

**Yount, Slide 54**

As a reminder, you can type a question in the Q&A box. To access the Q&A box, you may need to select a button with the three dots at the bottom of your screen and select the question mark, Q&A for it to appear on the side of your screen. Be sure to send your question to all panelists. Please note, depending on your browser you're using, your WebEx screen may look a little different from what I'm showing on this slide.

And I see we did have a few questions coming in and I'll begin reading them aloud so that our speakers can provide answers, but I see that several of the questions are regarding will the slides be available for download? I did want to just let you know the webcast slides and a replay of today's webcast will be posted on AHRQ's website in April.

All right. The first question we have here is, can we administer one of the SOPS supplemental item sets as a standalone survey? I'll turn that to you, Laura.

**Laura Gray**

Okay, great, thanks. Good question. So, the supplemental items were designed for use with the core SOPS surveys. So they should be added toward the end of the SOPS surveys before the background questions. I do want to mention that the Health IT Supplemental Items, when you're adding those, be sure you also include, there's an initial filter question and then subheadings with that. So be sure that you're including those when you add it to the SOPS survey.

**Naomi Yount**

Great, thank you. The next question we have is, is it possible to administer selected items from a SOPS supplemental items set and not the whole item set? Laura, if you could answer that.

**Laura Gray**

Sure thing. Good questions on supplement items. So, if you only want to administer a subset of the supplemental item, you would want to include all of the items within the composite measures that you want to assess. So, if there's supplemental composite measures you do not want to assess, you would delete all of the items and those composite measures, and you would not reorder them, and the items would still go towards the end of the SOPS surveys before the background questions. And again, feel free to contact our technical assistance and we can kind of walk you through that if you want some more one-on-one guidance on how to place those items.

**Naomi Yount**

Thanks, Laura. I've got one more question on supplemental items for you. So let me ask that now. Are the Health IT and Value and Efficiency Supplemental Items compatible with the Hospital Survey Version 2.0?

**Laura Gray**

Got it. Yes, those, the Health IT and Value and Efficiency Supplement Items can both, they can be added to the 1.0 Version and the new HSOPS 2.0 Version. So, yes, they both can be added there.

**Naomi Yount**

Thanks. Theresa, I'm going to send this next one to you. What's the best way for my hospital to transition to the Hospital Survey Version 2.0?

**Theresa Famolaro**

Thanks, Naomi. I think it really depends on your situation, so I'm going to provide you these three options that might help you in transitioning. And these three options are also available in the transition guide document on the AHRQ SOPS website that Laura pointed out earlier. So option one is basically start by administering the new version; the new Version 2.0 during your next survey administration. Just remember that when you start out administering 2.0, you can't trend that to your 1.0. So there's no trending here at this point because it's just you can't trend them and you also can't compare your scores between 1.0 and 2.0 because the measurement of the two versions would be done at different times.

If you administer 2.0, let's say right now, you can still submit that data. I think you could submit that data to the '20 Database or 20, yeah, 2020 submission, or if you administer it, let's say in 2021, you could submit it to the 2022 database. Then option two is to administer your next survey, which would just be 1.0, during your next administration. And then later, let's say you administer 2.0. So maybe like in 2020, you administer 1.0 and submit that to the database. And then in 2021, you administer 2.0, and then you could submit that 2.0 to the database. That way you could still trend your 1.0 data this year. And then option three is to conduct a simultaneous administration of both version 1.0 and 2.0, where half of the providers and staff receive 1.0 and the other half receive 2.0, and so the administration is done at the same time within your facility.

And it really allows your hospital to keep trending its 1.0 scores and establish a baseline for your 2.0 at the same time. And also too, you could see directly how the survey difference impacts your score. So you can see, just by using a different survey, how your scores would be different. But this option is only feasible for larger hospitals with at least a thousand providers and staff. Smaller hospitals should use one or two. You want to make sure you really have enough sample to do this simultaneous administration. And again, all of this information is on the AHRQ website in the transition document, and you can also email our technical assistance line or help desk for further guidance.

**Naomi Yount**

Thanks, Theresa. I'm going to ask this next question because you talked about the transitioning document. Is there a crosswalk between HSOPS 1.0 to HSOPS 2.0?

**Theresa Famolaro**

Absolutely. There's absolutely a crosswalk and I strongly recommend that you go and look at it. The HSOPS or the transitioning document has the main document as well as the appendices. And in the appendices, it goes item by item, and it shows how the items crosswalk between one another and which items don't crosswalk. And it also shows you the pilot scores on our pilot test, where we did a simultaneous administration of 1.0 and 2.0 and it will show what you could expect. How your scores, you can expect your scores to increase.

**Naomi Yount**

All right. Thank you. And then the next question, Theresa, I'm going to send back to you as well. If we administer HSOPS 2.0 in 2021, we can't submit results and benchmark until 2022?

**Theresa Famolaro**

That's correct. So, if you submit, if you administer HSOPS 2.0 in 2021, you will be able to submit that data in June of 2022. Now, if you did it, let's say in January of 2021 and you want to administer again in May of 2022, we would only take your most recent survey administration.

**Naomi Yount**

Okay, thanks.

**Theresa Famolaro**

Yeah.

**Naomi Yount**

All right. And one more for you here on 2.0. Is there an electronic version of the Hospital SOPS Version 2.0 Survey?

**Theresa Famolaro**

There is on the AHRQ website. There is an electronic PDF and an electronic Word version of the survey, but there is not a web survey that we make available. However, that being said, we did do a webcast on Best

Practices for Web Surveys, for SOPS web surveys, and we are happy, you know? We strongly recommend that you revisit or visit that webcast and then we are happy to walk you through what we think would be the best way to set your web survey up, if you prefer.

**Naomi Yount**

Great. Thank you. All right, Laura, this one is for you. What is the cost to participate in the SOPS Medical Office Survey?

**Laura Gray**

Okay, thanks. So there is no cost to actually use any of the AHRQ SOPS surveys and there's no cost to participate and send your data into the SOPS databases. As Theresa just mentioned, AHRQ does not administer any of the SOPS surveys for you. So, your medical office would need to administer it on their own or hire a vendor and there are costs associated with that. I'd also like to put another plug in here for the survey User's Guide because that will help you understand all the steps for participating in the surveys that you can assess how that will be for your organization.

**Naomi Yount**

Great. Thank you, Laura. And Theresa, when can hospitals expect to receive their feedback reports from the 2020 Hospital SOPS comparisons? I know [crosstalk 00:48:31].

**Theresa Famolaro**

I'm glad you mentioned that. We typically have to wait until all of the hospital data is in, which is generally at the end of July of 2020 and then we allow about 2 months for us to do analysis. So we typically give, send the reports out some time in the fall. So, just so you're aware of that. It's not because we couldn't rip out your, or we couldn't, I don't want to say rip out. We couldn't put your report, your results together. We could usually put your results together pretty quickly, but it's because of all of the analysis that goes into creating the benchmark and making sure that it's comparable for everyone.

**Naomi Yount**

Great. Thanks. So I think we have time for one or two more questions. How is the SOPS Nursing Home Survey typically administered? Theresa, I'll ask you to answer that.

**Theresa Famolaro**

I'm so glad you're answering that and you're asking that question, Naomi. So the SOPS Nursing Home Survey is administered, at least what we are seeing these days, it's administered by paper, by web, and by both paper and web. And so for example, and it's pretty equal except for the paper. So the SOPS Nursing Home Database, in the most recent one, in 2019, 43% of the participating nursing homes administered the survey by web.

So we see that nursing homes are catching up with some of the other facility types. Forty-two percent administered both paper and web and then only 14% administered by paper, and the other SOPS surveys like Hospital and Medical Office, etc., they're predominantly web. So I just want to bring up one key thing and for any of those nursing home users out there, we understand that you have a lot of people that may not have access to computers or have limited, yeah, access, I would say limited access to computers. We recommend, for example, that you, during maybe meetings, staff meetings, you hand out the survey or you offer both paper and web. So you offer, let's say some workstations specifically for the survey for those people that use computers but typically don't have access to them.

You have to be a little bit more creative with the nursing home community because of the limited accessibility, but we are definitely willing to help you work on that. And then you'll also, we'll hear from a real user that administered the Nursing Home Survey in our webcast in April.

**Naomi Yount**

Thanks. Thank you, Theresa. And I'll just do a plug that it's not too late to administer the Nursing Home Survey this year and submit to the database in September, but we need to wrap up the Q&A portion of the webcast.

**Naomi Yount**

***Yount (closing), slide 55***

So thank you so much. I do want to let you know that a brief webcast evaluation will pop up when you close out from today's webcast. Please take a moment to provide us with your feedback as it does help us improve our

offerings and plan future events. We invite you to visit the AHRQ website and contact us at any time by email or phone. And again, thank you to our speakers and thank you all for joining us today. This concludes today's presentation.