



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Patient Safety in Medical Offices: Using SOPS Tools to Drive Improvement

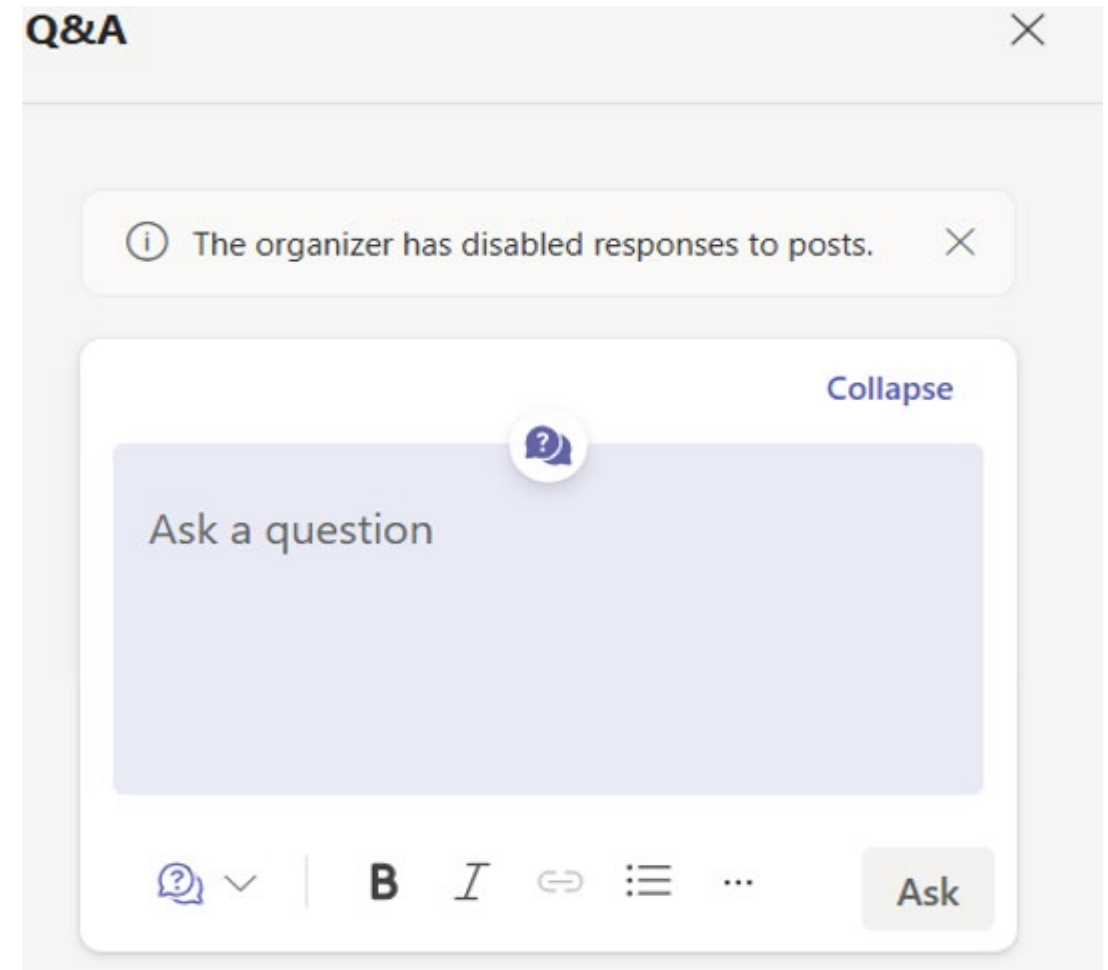
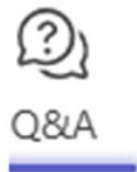
Webcast
September 9, 2025
1:00-2:00 PM ET



Surveys on Patient Safety Culture®

Technical Info

- Event Website:
<https://events.westat.com/sops>
 - ▶ Download presentation slides from our event site
- Audio issues
- Poor connection
- Use Q&A to submit questions



Today's Speakers



Lisa Huddleston, Ph.D.
Senior Research Associate and
Communications Lead
User Network for the AHRQ
Surveys on Patient Safety Culture
(SOPS)
Westat
Moderator



Jonathan Bakdash, Ph.D.
Social Science Analyst, CAHPS and SOPS Programs
Agency for Healthcare Research and Quality



Amelia Ross, B.A.
Practice Manager
University of Georgia Health Center



Rose Tyler, M.S.
Lead Research Associate
User Network for AHRQ Surveys on Patient Safety Culture
Westat

Agenda



- Background on AHRQ's Surveys on Patient Safety Culture® (SOPS®) Program
- University of Georgia Health Center Use of the SOPS Medical Office Survey
- Overview of SOPS Medical Office Databases
- Question & Answer



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AHRQ's Surveys on Patient Safety Culture® (SOPS®) Program



Jonathan Bakdash, Ph.D.

Center for Quality Improvement and Patient Safety, AHRQ

Agency for Healthcare Research and Quality



- AHRQ is:
 - ▶ A research and science-based agency of the US Department of Health and Human Services that supports evidence-based practices
 - ▶ The lead Federal agency charged with improving the safety and quality of America's healthcare system
- AHRQ is not:
 - ▶ A regulatory agency. AHRQ cannot require the use of our tools and products



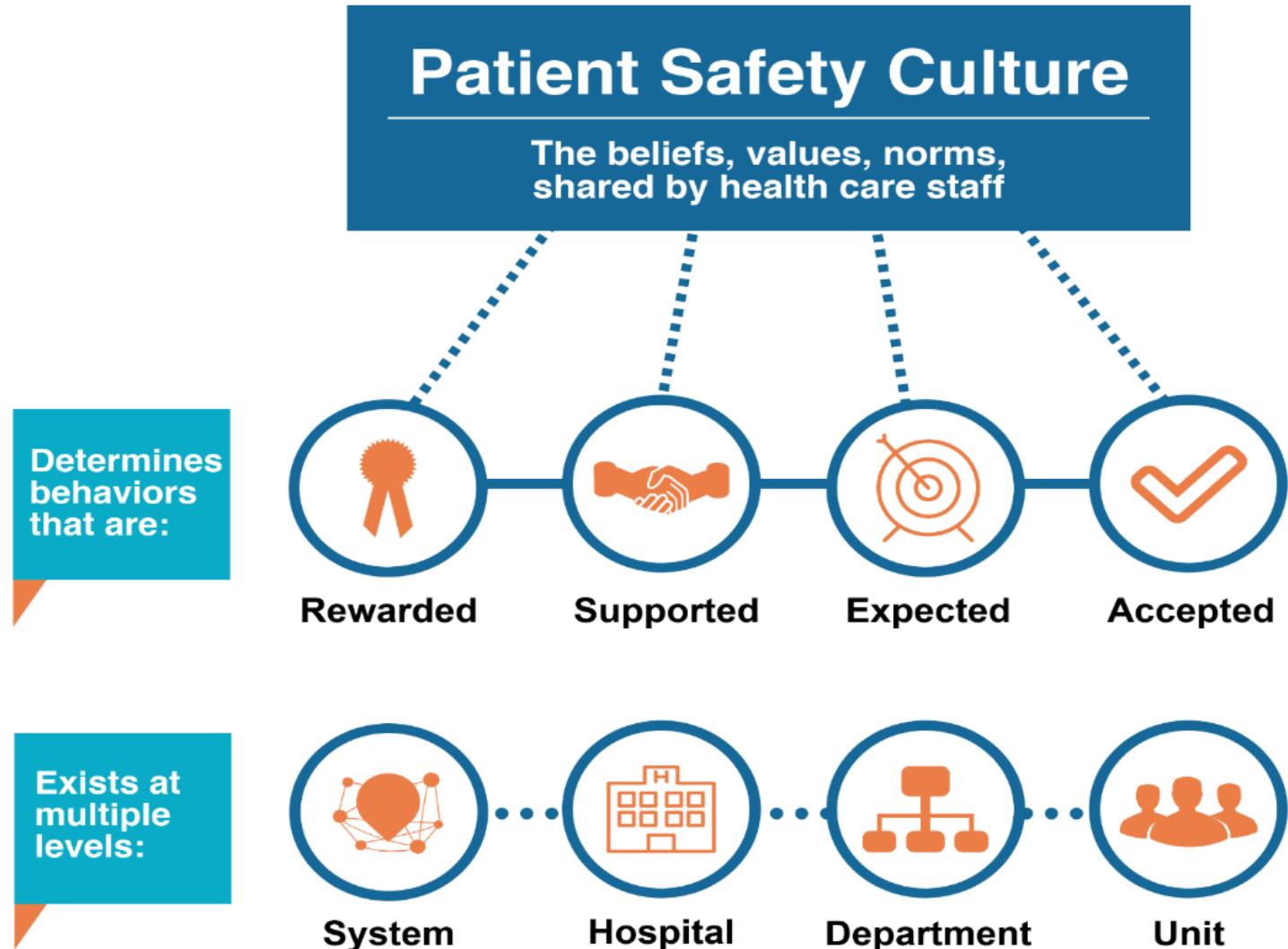
Voluntary Data Submission and Confidentiality



- AHRQ encourages voluntary submission of data to the SOPS Databases
- **AHRQ Confidentiality Statute:** Use and access to data limited to only stated purposes, protects all identifying information
 - Public Health Service Act 42 USC § 299c-3(c)

What is Patient Safety Culture?

“How we do things around here”
- Bryan Sexton



Areas of Patient Safety Culture Assessed in Core SOPS Surveys

- Communication About Error
- Communication Openness
- Handoffs and Information Exchange
- Organizational Learning – Continuous Improvement
- Reporting Patient Safety Events
- Response to Error
- Staffing and Work Pace
- Supervisor/Management Support for Patient Safety
- Teamwork
- Overall Rating on Patient Safety



Patient Safety in Medical Offices: Using SOPS Tools to Drive Improvement

Amelia Ross, BA

Manager of Quality and Performance Excellence, University of Georgia Health Center

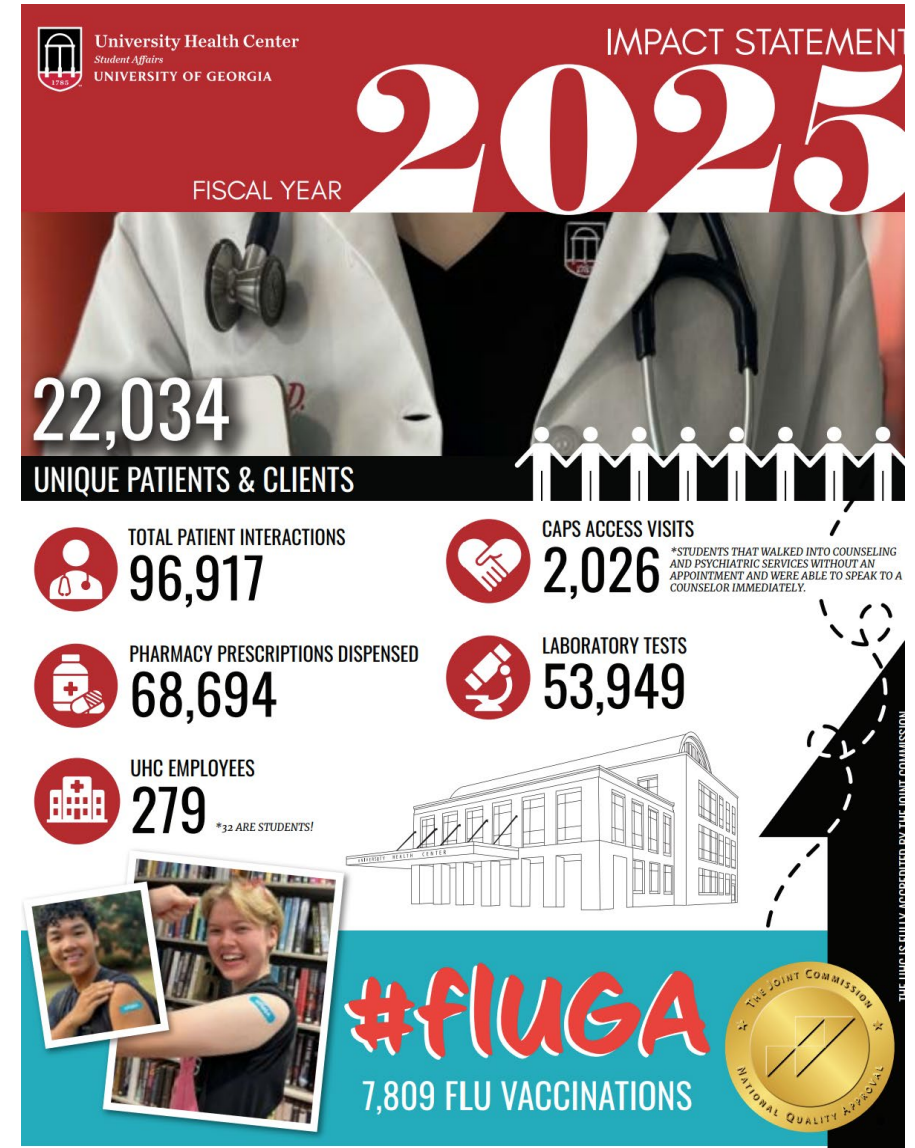


UNIVERSITY OF
GEORGIA

UGA Overview

- The nation's first state-chartered University in 1785
- 40,000+ students on campus (75% undergrad)
- 10,000 faculty and staff
- 30+ residence halls with 9000+ rooms
- Athens, GA campus is over 760 acres





Overview of the Assessment Process

- In 2024, University Health Center (UHC) conducted its second comprehensive Surveys on Patient Safety Culture, following the initial baseline in 2021.
- The survey focused on perceptions of patient safety, staff training, departmental collaboration, leadership support, and interdepartmental communication.
- A total of ~294 employees work at UHC (full-time, part-time, PRN, and student staff), though the 2021 survey had 136 responses and the 2024 survey had 177 responses.



Goal-Setting Process

- Following each survey, a cross-disciplinary working group was formed, with representatives from all major service lines.
- This team reviewed the full dataset and selected six improvement goals to be staggered over three years to avoid change fatigue.
- Interestingly, many selected priorities were not the most negative metrics, but rather areas where staff felt a small investment could yield outsized cultural benefits—like voice, psychological safety, and transparency.
- This shows thoughtful engagement with the data and a desire for long-term cultural strengthening, not just quick wins.



Recommendation: Staffing

2021 Data

- 31% of participants feel their department has too many patients for the number of providers in their department.
- 29% disagree or strongly disagree with the statement “We have enough staff to handle our patient load.”

Recommendation

- Make decisions regarding resource allocation in the best interest of patients to include sufficient staffing for the current patient load...

Interventions

- Increased Mental Health Providers
- Increased Nurse Visits to practice at full scope of license
- Improved nurse triage (opened triage clinic, direct access to nurses through patient portal)
- Implemented Open Access Scheduling Model

2024 Data

- 16% feel their department has too many patients for the number of providers in their department. IMPROVED!
- 20% disagree or strongly disagree with “We have enough staff to handle our patient load” IMPROVED!

Recommendation: Pharmacy Inquiries

2021 Data

- 27% of participants report that a pharmacy calls the office to clarify prescriptions monthly, weekly, or daily.

Recommendation

- Investigate the volume and nature of pharmacy inquiries.

Interventions

- Investigation revealed that many of the calls were coming from our internal pharmacy, and the “clarification” was that the pharmacy had not received the prescription.
- Providers were asked not to discharge patients from clinic until prescriptions were sent to pharmacy.

2024 Data

- 18% of participants report that a pharmacy calls the office to clarify prescriptions monthly, weekly, or daily.
IMPROVED!

Recommendation: Communication with External Partners

2021 Data

- 16% say they have difficulty obtaining records from other medical offices daily, weekly, or monthly.

Recommendation

- Continue to address the challenges of receiving information from external partners

Interventions

- Obtained log in for Epic (which is EMR for both local hospitals and many of our referring providers) for all nurses rather than just managers.
- Created referral coordinator/medical case management position that has established relationship with local practices and has improved the process of obtaining records.

2024 Data

- 4% of participants reported having difficulty obtaining records from other medical offices daily, weekly, or monthly.
- IMPROVED!

Recommendation: Team Building and Just Culture

2021 Data

- 33% say it is difficult to voice disagreement sometimes, most of the time or always.
- 79% agree or strongly agree that staff are encouraged to express alternative viewpoints.
- 91% report that providers and staff openly talk about problems always, most of the time or some of the time, with 9% saying providers and staff never talk openly about office problems.

Recommendation

- Explore opportunities for and promote team building that lead to the establishment of a just culture where all individuals feel safe to voice issues of disagreement, concern, error, and safety.

Interventions

- QR code was implemented.
- EEA has hosted many more employee engagement activities.

2024 Data

- 31% say it is difficult to voice disagreement sometimes, most of the time or always.
- 84% say staff are encouraged to express alternative viewpoints in their departments always or most of time.
- 87% report that providers and staff openly talk problems always or most of the time or some of the time, with 13% saying providers and staff never talk openly about office problems,
- No Improvement

Highlights from 2024 Data

- **Patient Safety:** 80% rated UHC as “very good” or “excellent,” a +5% improvement from 2021.
- **Training:** 89% agree that staff receive the on-the-job training they need; only 6% feel untrained for tasks, showing progress in workforce readiness.
- **Teamwork:** 88% agree UHC emphasizes teamwork, up from 79% in 2021.



2025–2027 Strategic Goals (Selected by the Work Group)

Goal	Focus Area	2027 Target
1	Training with New Processes	↑ 3% in staff agreement that they are trained adequately
2	Organizational Clarity	↓ 3% in perception of UHC being disorganized
3	Psychological Safety	↓ 3% in hesitancy to voice disagreement
4	Mistake Reporting	↓ 3% in hesitancy to report mistakes
5	Resource Transparency	↓ 3% in belief that leadership underinvests
6	Perceived Patient Overload	↓ 3% in perception of too many patients per provider

Each goal includes one or more needs assessments to drive tailored solutions and measurable outcomes to track progress.

Key Misperceptions Disproved by Operational Data

- A slight decline in the perception that patients can get acute appointments quickly (from 100% to 92%) was noted.
- However, this is disproven by data: the introduction of nurse-run triage clinics and open-access scheduling has objectively expanded timely care access.
- This disconnect highlights the importance of internal messaging and transparency around process innovations.

October (2022-2024)
General Medical Services
Median Appointment Lead Days
(number of days between scheduling and visit)

Average Lead Days before appt:

2022: 2.32 days
2023: 1.61 days
2024: 1.45 days



October (2022-2024)
General Medical Services
Percentage of Appointments Made within 24 hours

Average Appts scheduled within 24 hours

2022: 37.24 %
2023: 47.54%
2024: 49.78 %



Opportunities for Improvement

Respect and Psychological Safety: While most feel supported, 21% still find it “sometimes” difficult to voice disagreement, and 11% say it is “always or most of the time” difficult—unchanged since 2021.

Patient Load Concerns:

- A rise in staff who feel there are too many patients per provider (15% → 18%).
- Yet there was no change in the response (20% both years) that there was the perception that there is not enough staff to handle the patient load.

Departmental Variance: Some departments—especially Administration/HR and Operations—showed relative declines in error prevention and change adoption, suggesting targeted coaching is needed.

Limitations of the Data

Ongoing Departmental Reorganization:

- Between 2021 and 2024, UHC underwent significant realignment of service lines and staffing structures, which affects the comparability of departmental-level trend data.
- These reorganizations are likely to continue, so future surveys may need to adjust how trends are tracked.



Summary

- The 2024 survey shows clear improvement in patient safety, staff training, leadership support, and cross-setting communication.
- Importantly, the workgroup chose forward-thinking goals that emphasize culture-building over quick fixes.
- While challenges remain—especially around voice, perceptions of workload, and perceptions of disorganization—the intentional and collaborative approach positions UHC well for sustained culture change.



Thank you!

Amelia.Ross@uga.edu





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The SOPS Databases



Rose Tyler, M.S.

Westat

AHRQ SOPS Surveys and Databases



Hospital 2.0



Medical Office



**Ambulatory
Surgery Center**



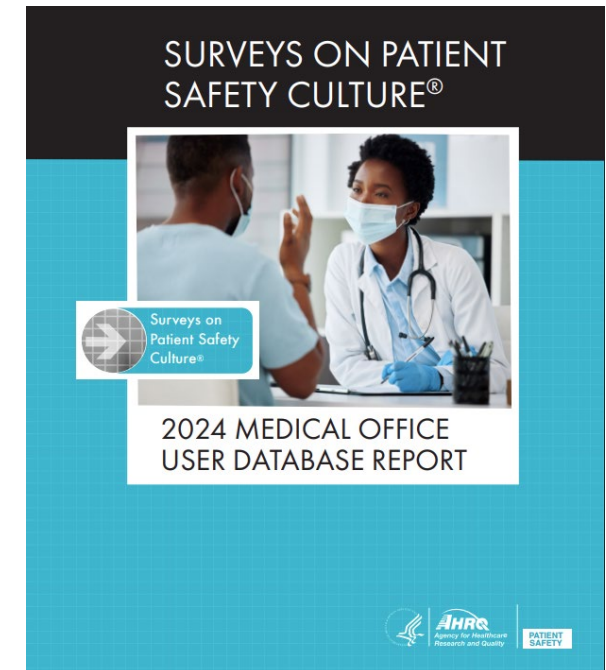
Nursing Home



**Community
Pharmacy**

Why Participate in the SOPS Database?

- Participating facilities receive a customized PDF feedback report
 - ▶ Displays facility results with Database results
 - ▶ Identifies strengths and areas for safety culture improvement
- Participating facilities receive an Excel file of facility results
- AHRQ produces Database Reports and Infographics that display aggregated results from all participating facilities



Source: SOPS 2024 Medical Office
Survey Database Report cover page

Example Excerpt From Medical Office Feedback Reports

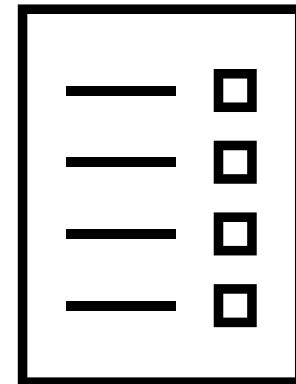
Patient Safety Culture Items	Survey Item % Positive	% Difference
Organizational Learning		
When there is a problem in our office, we see if we need to change the way we do things. (Item F1)	<div><div>80%</div><div>76%</div></div>	4%
This office is good at changing office processes to make sure the same problems don't happen again. (Item F5)	<div><div>73%</div><div>72%</div></div>	1%
After this office makes changes to improve the patient care process, we check to see if the changes worked. (Item F7)	<div><div>60%</div><div>64%</div></div>	-4%

Your Medical Office

Database

SOPS Medical Office Database

- Data submission open **Sept. 2-19** for surveys administered between Oct. 2023 and Sept. 2025:
 - ▶ SOPS Medical Office Survey
 - Diagnostic Safety Supplemental Items for the SOPS Medical Office Survey
 - Value and Efficiency Supplemental Items for the SOPS Medical Office Survey
- Data will be accepted if:
 - ▶ Survey item text and response options are not altered
 - ▶ Survey items remain in original order
 - ▶ Non-SOPS items are inserted at the end of the SOPS survey (before background questions)



SOPS Medical Office Database

- Minimum 3 respondents required for data submission
 - ▶ Minimum 5 respondents for individual feedback report
- When there are multiple locations, each unique location is considered a separate medical office.
- When there are multiple medical offices located in a building, each office is considered a separate medical office.
 - If providers in a medical office building share some or all administrative staff and/or clinical support staff, they may be considered one medical office.

Steps for Data Submission



SOPS Technical Assistance (TA)

General TA 1-888-324-9749
SafetyCultureSurveys@westat.com

- Survey administration
- Survey materials and resources
- International requests

Database TA 1-888-324-9790
DatabasesOnSafetyCulture@westat.com

- Data submission
- Database reports
- Analytic requests



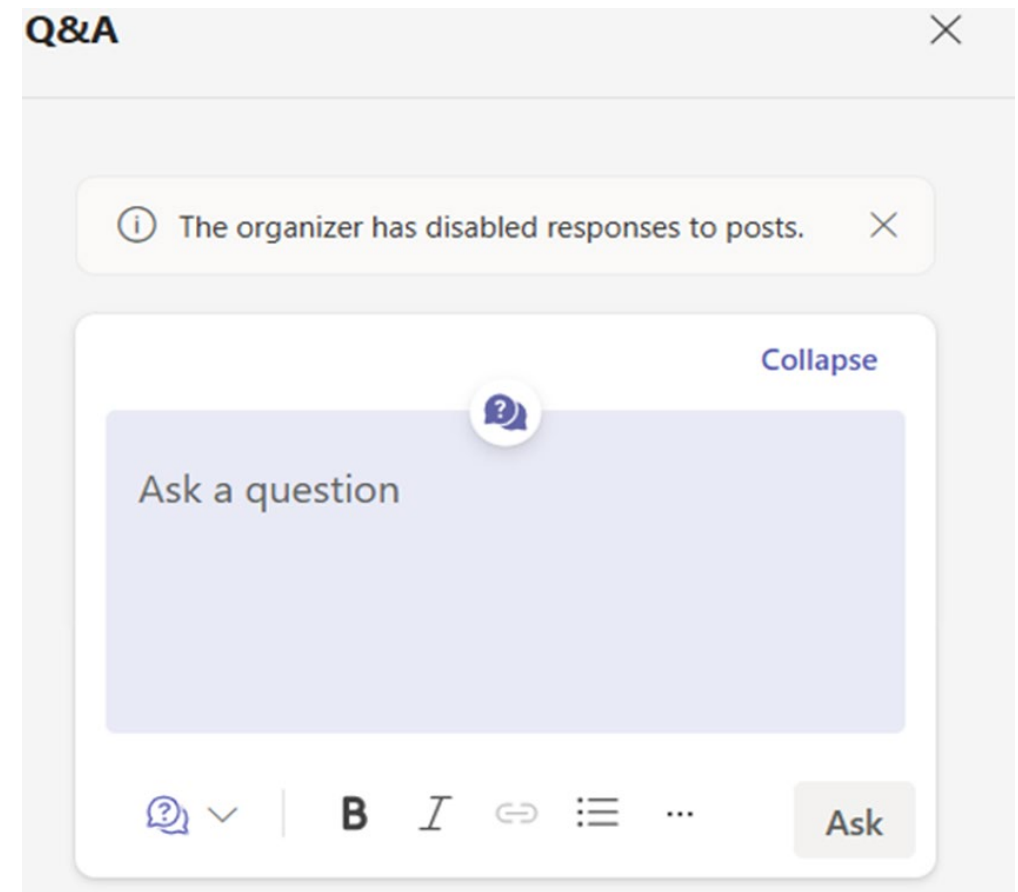
Q&A

?

?

How to Ask a Question

- Question and Answer
 - ▶ Select Q&A
 - ▶ Type a question in the box that opens

A screenshot of a "Q&A" interface. At the top, there's a header "Q&A" with a close button. Below it, a message box says "The organizer has disabled responses to posts." with a close button. The main area is a large text input box with the placeholder text "Ask a question". Above the input box is a "Collapse" button. Below the input box is a toolbar with icons for a question mark, a dropdown arrow, bold (B), italic (I), link, list, and a menu. To the right of the toolbar is an "Ask" button.

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THANK YOU!

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EVALUATION**