Surveys on Patient Safety Culture™

***New AHRQ SOPS™ Value and Efficiency Supplemental Items for Hospitals and Medical Offices***
***January 9, 2018 – Webcast Transcript***

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**Presentation:**

**Joann Sorra**

***Sorra (opening), Slide 1***
Good afternoon. Welcome to our Webcast on the "New AHRQ SOPS Value and Efficiency Supplemental Items for Hospitals and Medical Offices." My name is Joann Sorra, and I'll be the moderator as well as a speaker for today's Webcast. We're very excited about today's topic and glad to see that you share our enthusiasm by joining us today.

***Sorra (opening), Slide 2***
Our focus for today will be to describe the development of the new SOPS Value and Efficiency supplemental items, to present results from a pilot test of the survey items in 47 hospitals and 96 medical offices, and to highlight how one pilot hospital used the survey results to implement efficiency initiatives and improvements.

***Sorra (opening), Slide 3***
To help us explore our topics, we're pleased to feature Dr. Caren Ginsberg, who will provide an overview of AHRQ's interest in Value and Efficiency in health care. Dr. Ginsberg serves as the Division Director for the Agency for Healthcare Research and Quality's work on the Consumer Assessment of Healthcare Providers and Systems, or CAHPS®, and Surveys on Patient Safety Culture, or SOPS. An anthropologist and demographer, Dr. Ginsberg has broad-based experience in patient experience, patient safety and public health. In her position at AHRQ, she focuses on program development, implementation, operations and evaluation with a specialty in survey design and development and qualitative evaluation and assessment.

We also have Dr. Cynthia Persily, who will highlight her hospital's experience pilot-testing the Value and Efficiency items and implementing initiatives based on her hospital's results. Dr. Persily is CEO of Highland Hospital, Highland Behavioral Health Services and Highland Health Center in West Virginia. Dr. Persily is charged with setting strategic direction, assuring financial liability, development of new business, and evaluation of programming for the organizations. Dr. Persily has been a registered nurse for over 35 years and is an accomplished leader, administrator, researcher and clinician.

And as I mentioned, I'm Joann Sorra, an industrial organizational psychologist and Associate Director at Westat, which is the organization that developed the Surveys on Patient Safety Culture and the Value and Efficiency items under contracts with AHRQ. I'm the project director for the contract that supports AHRQ's CAHPS and SOPS surveys and provides technical assistance to users.

***Sorra (opening), Slide 4***
If at any time during this Webcast you need help, use the Q&A icon. You can also join us by phone at any time by dialing and entering the conference ID shown on the screen.

Another common problem is having your computer freeze during the presentation, and if that does happen, you can simply hit your F5 button on your keyboard to refresh your screen. Remember, though, that you may just be experiencing a lag in the advancement of the slides due to your Internet connection speed. You can also try logging out and logging back into the Webcast.

***Sorra (opening), Slide 5***
Before we begin the presentations, I'd like to introduce you to our Webcast console. All the components on the console can be resized to fit your entire browser window, moved and minimized. If the slides are too small, click on the lower right-hand corner of the slide window and drag your mouse down to make it larger. To access the closed captioning, please click on the CC icon that is at the bottom of your screen. After you click the icon, a new window will display the captioning. If you experience any technical problems, click on the question mark button or the Q&A icon. Our technical staff will work with you to resolve any issues.

The Q&A section of this Webcast will be at the end based on questions that you submit. You can submit questions at any time during the presentation. Simply click on the Q&A icon at the bottom of your screen, and then type your question into the Q&A box and select Submit. We welcome your comments and questions on the upcoming presentations and look forward to an engaging dialogue.

***Sorra (opening), Slide 6***
Today's slides are available for download by clicking on the icon at the bottom of your screen that says Download Slides. This will generate a PDF version of the presentation that you can download and save as desired.

***Sorra (opening), Slide 7***
We also have additional resources available for you under the Resources icon. Here, you will find a link to the Surveys on Patient Safety Culture Web sites and links to the Value and Efficiency supplemental item sets for the hospital or medical office surveys, and a link to another Webcast later this week on CAHPS.

***Sorra (opening), Slide 8***
Now that we've reviewed the console, I'm going to turn it over to Caren Ginsberg to give a brief background on AHRQ's interest in Value and Efficiency in health care. Caren?

**Caren Ginsberg**

***Ginsberg, Slide 8***
Thank you, Joann. Good afternoon, everybody. I'm happy to welcome you to this Webcast on our new survey questions to measure Value and Efficiency in health care organizations. As Joann mentioned, I'd like to give you a little bit of background about our agency and our agency's interest in this issue before we turn it back to understanding more about these survey questions.

The Agency for Healthcare Research and Quality, otherwise known as AHRQ, is an agency of the US Department of Health and Human Services. We are the lead federal agency charged with improving the safety and quality of America's health care system. We're a research and development agency, generally, and we develop knowledge and tools and data for improving the US health care system. We help health care consumers and professionals and policy-makers make informed health decisions.

I also wanted to mention, as Joann did, that our division, the CAHPS division, oversees the work of the Surveys on Patient Safety Culture. The CAHPS program is having another Webcast on Thursday. If you'd like to be able to attend that, it's an introduction to the CAHPS surveys, the Consumer Assessment of Healthcare Providers and Systems surveys. You can find the registration link in the green Resources tab and also on our Web site, which is www.AHRQ.gov/CAHPS. We hope to see you there.

***Ginsberg, Slide 9***
AHRQ's interest in Value and Efficiency in health care began from a 2012 IOM report that said about 30% of health spending—and this was in 2009; that was roughly about $750 billion—was due to waste, inefficiency and low-value health care. For example, things like unnecessary services, excessive cost, fraud and other problems. The IOM report concluded that America's health care system has just become too complex and costly to continue business as usual.

I want to point out that the IOM's conclusions were based on empirical studies that showed wide variation, geographic variation, in health care spending. This was a study that looked regionally at health care spending.

***Ginsberg, Slide 10***
This IOM report sparked some interest in reducing low-value health care, and AHRQ's interest in this issue was to understand what was going on on the organizational level. AHRQ was interested in organizational culture as it related to Value and Efficiency because there was recognition that improvements creating high-value care would necessarily involve some kind of organizational cultural change. And so, AHRQ wanted to examine, for example, and to understand what's the variation between organizational culture vis-à-vis how they view overuse and waste and inefficiency, and how does that vary? How much do organizations prioritize practices to promote efficiency or waste reduction, patient-centeredness and high-quality care? And further, AHRQ develops tools to help organizations. Are there practical tools that could help organizations understand this culture of Value and Efficiency and to improve, for those that wanted to improve their culture in this regard?

And so, to help health care organizations assess the extent to which their culture supports Value and Efficiency, in 2012 AHRQ sponsored the development of the culture of Value and Efficiency survey items. Many of you are SOPS users, Surveys on Patient Safety Culture users, and I want to point out that initially, the development of the culture of Value and Efficiency survey questions had not been intended as part of the SOPS suite of surveys, but given that the methodology used to develop the surveys was the same and that there are clearly very strong conceptual connections between the culture of Value and Efficiency and patient safety culture and that SOPS surveys were widely used in hospitals and medical offices already, AHRQ decided to release these surveys as supplemental items for the existing Surveys on Patient Safety Culture hospital and medical office surveys.

Before I turn this back to Joann, I just wanted to thank those of you who registered and answered the registration questions about what you wanted to learn from this Webcast. I don't know if we're going to be able to answer all of your questions, but I wanted to tell you that you provided us with such valuable information about how you're thinking about SOPS, what your interests and concerns are and your interest in this issue of Value and Efficiency generally. So thank you for that. If we don't answer your question and you'd like an answer, please email us. We'll have contact information in the Resources tab.
Thank you very much. Joann, back to you.

**Joann Sorra**

***Sorra, Slide 11***
Thank you, Caren. I'm going to discuss the development of the Value and Efficiency survey items and present results from the pilot test.

***Sorra, Slide 12***
First, let me begin by providing some background about the AHRQ Surveys on Patient Safety Culture. There are five SOPS surveys for hospitals, nursing homes, medical offices, community pharmacies and ambulatory surgery centers. SOPS surveys are used by health care organizations and researchers to assess provider and staff views about the extent to which their organization's culture supports patient safety. The surveys assess aspects of organizational culture such as teamwork, communication and management support for patient safety.

The first SOPS survey focused on hospitals and was released in 2004, and the most recent survey for ASCs was released in 2015.

***Sorra, Slide 13***
Given that SOPS surveys focus on organizational culture, what is organizational culture? You can think of organizational culture as simply the way we do things around here. It's the belief, values and norms shared by health care staff about what's important and what attitudes and actions are appropriate. When focusing on Value and Efficiency, it's what is rewarded, supported, expected and accepted within the organization when it comes to reducing waste and improving the value and efficiency of health care while ensuring that care is patient centered.

The other point about organizational culture is that it exists at multiple levels. Different systems will have different organizational cultures. Different hospitals and medical offices will, even within the same system. And then within those sites, the departments and the units will also have slightly different organizational cultures. So, it exists at multiple levels, which is an important point.

***Sorra, Slide 14***
The hospital and medical office item sets were designed in parallel to measure the same areas of Value and Efficiency culture and were developed and pilot-tested at the same time. They were designed to enable health care organizations to assess the extent to which the organizational culture places a priority on and adopts practices to promote efficiency, waste reduction, patient-centeredness and high-value care, meaning high-quality care at a reasonable cost.

The project goal was to develop reliable, public-use instruments that hospitals and medical offices can administer on their own to assess the culture of Value and Efficiency from the perspective of providers and staff working in their facilities.

***Sorra, Slide 15***
There's certainly lots of definitions of these terms, but these definitions of "waste," "efficiency" and "value" are provided at the beginning of the item sets to help orient respondents about what the survey items are focusing on, since "waste" can literally mean many different things in a hospital or medical office, for example.

The survey defines "waste" as anything that does not add value or is unnecessary for patients, clinicians or staff. Examples of waste include wasted time or materials, extra steps in a process, rework, unnecessary tests, procedures, treatments or services.

"Efficiency" is defined as care delivery systems and work processes that are as streamlined and simplified as possible. Being efficient is one of the six aims for the health care system, as identified by the Institute of Medicine.

And finally, "value" is defined in the survey as high-quality care at a reasonable cost and positive patient experiences with care, and efficiency and removing waste are necessary to achieve value.

***Sorra, Slide 16***
Steps in the survey item development process involved a review of the literature and existing surveys in areas related to value, efficiency, waste reduction, patient-centeredness and leadership in health care organizations as well as hospital and medical office organizational climate and culture. We also interviewed experts in the field of Value and Efficiency, as well as providers and staff working in hospitals and medical offices, and from those two sources, we identified key thematic areas which we thought were important to assess.

And then, we drafted survey items and then tested those survey items one on one with one-on-one interviews to assess how well the survey items or questions were understood by potential respondents and how easily they could be answered.

We also shared those draft survey items and domains, thematic areas, with a technical expert panel who provided input about things that might be missing and areas to focus on. And then we finalized a pilot version and then pilot-tested a hospital version and a medical office version in 47 hospitals and 96 medical offices. We analyzed the data from the pilot test and then consulted with the technical expert panel to arrive at the final item set, which we will be presenting today.

***Sorra, Slide 17***
Again, in the pilot test there were 40 survey items. In the hospital survey, there was one additional item. Again, the items were developed in parallel, except the medical office item set has a filter question that skips out managers from answering the questions about management support, and the hospital item set includes overall ratings of quality that are already included in the main medical office SOPS survey.

After the pilot test and analysis of that data, we dropped survey items to only retain the best-performing items, and so the final item sets, while mostly parallel, there are a few items that are different. There are 25 items for hospitals and 22 items for medical offices.

***Sorra, Slide 18***
The final four composites, there are four composites in the final item set, and those composites are basically groups of related items measuring a particular concept. They are shown here.

Empowerment to Improve Efficiency has three survey items, Efficiency and Waste Reduction has three, Patient Centeredness and Efficiency also has a set, and then Management Support for Improving Efficiency and Reducing Waste is another set of items. In the hospital, we focused those items on your supervisor, manager or

clinical leader, and in medical offices we focused them on the owners, managing partners or leadership within the medical office.

***Sorra, Slide 19***
This is the first composite, Empowerment to Improve Efficiency. These items had response options for Strongly Disagree to Strongly Agree, that, "We are encouraged to come up with ideas for more efficient ways to do our work," "We are involved in making decisions about changes to our work processes," and "We are given opportunities to try out solutions to workflow problems."

***Sorra, Slide 20***
The next composite, Efficiency and Waste Reduction, was on a frequency response scale of Never to Always. The first item was, "We try to find ways to reduce waste in how we do our work," "We are working to improve patient flow," and "We focus on eliminating unnecessary tests and procedures for patients."

***Sorra, Slide 21***
The third domain is Patient Centeredness and Efficiency. "We take steps to reduce patient wait times," "We ask for patient or family member input on ways to make patient visits more efficient," and "Patient and family member preferences have led to changes in our workflow."

***Sorra, Slide 22***
In the Management Support for Improving Efficiency and Reducing Waste items shown here, it asks that the owner or management partners "recognize us for our ideas to improve efficiency," "provide us with reports on our performance," "take action to address workflow problems that are brought to their attention," and "place a high priority on doing work efficiently without compromising patient care."

***Sorra, Slide 23***
In addition to those four groups of items grouped into composites, we also included some additional items, these eight items on experience with activities to improve efficiency. They were items that asked about various respondents' personal experiences with activities to improve efficiency in their facility, and they were to answer yes or no to each of these items.

Members of the technical expert panel, during the development of the items, were interested in knowing how broadly Value and Efficiency activities were occurring within health care organizations, and so these questions provide a basic measure of the penetration of these types of efficiency activities among staff and others working within the facility. They focus on training, mapping workflow processes, shadowing patients, looking at visual displays or graphs, making suggestions to management, serving on teams or committees and monitoring data.

***Sorra, Slide 24***
In addition, as I mentioned before, the hospital survey included four overall ratings, and these are actually four of the six Institute of Medicine aims for health care, that health care is patient-centered, effective, timely and efficient. Respondents were asked to rate the overall performance within their hospital in each of these areas.

***Sorra, Slide 25***
As I mentioned, in the pilot test we conducted the survey in 47 hospitals and 96 medical offices in 2014.

***Sorra, Slide 26***
The characteristics of the pilot hospitals are shown here. There was a range of bed sizes, but most of the pilot hospitals were teaching hospitals.

***Sorra, Slide 27***
Pilot medical offices, most of them were large medical offices, meaning 11 or more clinical staff, and there was a range of specialties, from primary care to multi-specialty.

***Sorra, Slide 28***
When recruiting sites, we asked the site point of contact whether the site had provided some type of Value and Efficiency training for staff—Lean, Six Sigma or some other type of training—really just to help us understand whether staff would have had any exposure to some of the concepts around Value and Efficiency. This wasn't a question that we asked of all the respondents, just the site-level contact for the pilot. As you can see here, 45% of the participating hospitals had done some type of Value and Efficiency training, but only 20% of the medical offices had done that.

***Sorra, Slide 29***
The response rates for the survey, we administered a Web-based survey in hospitals, and in medical offices they had a choice to do either Web or paper. You see the response rate here was a bit higher for medical offices, 63%, and it was 42% for the hospitals. We had over 3,900 respondents from the hospitals and over 1,400 from the medical offices.

***Sorra, Slide 30***
This just gives a breakdown here of the staff positions of the respondents from the hospitals. Most of them were nursing staff or other clinical or support staff.

***Sorra, Slide 31***
In the medical offices, there was sort of a range of admin and other clinical staff, and then some physicians, managers, nurses and then other staff.

***Sorra, Slide 32***
In our analysis of the pilot data, we examined the psychometrics of the survey items to see how well they measured the intended concepts, reliability and factor analysis, and then we identified the best items to retain. We also produced descriptive results across the pilot sites, which I'll be presenting now.

***Sorra, Slide 33***
The results for the four composites are shown here. For example, if you look at Management Support for Improving Efficiency and Reducing Waste, the pilot hospital results are in blue and the pilot medical offices results are in purple, and what you can see here is that 78% of the respondents in hospitals provided a positive answer to the questions about management support, so they strongly agreed or agreed with the questions about management support. And 62% of the pilot medical offices respondents provided positive responses to those questions.

What you see here is that the pattern of the results across the hospitals and medical offices is similar in that Management Support and Patient Centeredness were a bit higher scoring than Efficiency and Waste Reduction and Empowerment to Improve Efficiency. The hospitals and medical offices were more closely aligned in their scores on the last two composites.

***Sorra, Slide 34***
The results on the overall quality ratings, as I mentioned these questions are only on the final hospital survey, but during the pilot we did ask the medical office respondents to answer these questions. And so, what you see here is, again, a very similar pattern. In this display, the pilot hospitals are in blue on the left, and the pilot medical offices are on the right. We're showing the percentage, again, of positive response, those who responded that their hospital or medical office was excellent or very good in each of these areas. You see that the top two areas are similar for both the hospitals and the medical offices.

***Sorra, Slide 35***
The pilot survey also included a question that requested open-ended comments, and 18% of the hospital and 20% of the medical office respondents wrote in comments. We coded those into themes, and the four most prevalent themes were about staffing, understaffing, availability of staff, fairness, accountability, staff training. And then the other themes were on efficiency and waste reduction, facilities, equipment and physical space, and then patient-centeredness and efficiency.

***Sorra, Slide 36***
Some sample hospital comments. There were a number of comments about how paperwork is taking time away from patient care. "Massive amounts of paperwork takes time away from face to face patient care. We spend more time on paperwork than patient care. If we could spend more time on patient care instead of paperwork, the quality of care would go from fair to very good."

We also saw a number of comments on just using less paper. "Less paper, more efficient ordering by physician offices."

***Sorra, Slide 37***
We also saw some comments about more careful ordering and management of supplies. "Less spending on requested supplies that expire on the shelf before being used up."

And then also, need for management and supervisors to address concerns. "Many times when we bring something to the attention of a supervisor, things don't get addressed right away. Issues just keep happening. Even if you tell them where the problem is coming from."

***Sorra, Slide 38***
On the medical office side, we also saw comments that were similar around administrative burden of documentation and paperwork. "The administrative burden for caring for patients, i.e. documentation and paperwork needs, is consuming a progressively inordinate amount of time."

And then comments on unnecessary or repetitive work. "Take a good look at forms to eliminate unnecessary or repetitive work. For example, having a patient fill out a form to turn around and enter it all in the computer system."

***Sorra, Slide 39***
We also saw comments on patient wait time. "One of our biggest problems has been booking patients in a way that the volume cannot be handled efficiently. Two-to-three-hour wait times are the norm. This is unacceptable. It really bothers me to see the patients have to wait like they do."

And then similar to the hospital setting, the need for management and supervisors to address concerns. "When issues are brought to the attention of the office manager, it should be noted and there should be follow-through."

***Sorra, Slide 40***
Finally, I want to go over a few pieces of information about how to administer these Value and Efficiency supplemental item sets.

As we noted, the supplemental items can be added at the end of the SOPS surveys. For the Hospital SOPS survey, you would add the Value and Efficiency items between Section G, Number of Events Reported, and Section H, Background Information, which is at the very end of the survey. On the medical office survey, similarly, between Section G and Section H, which are the final questions in the survey.

***Sorra, Slide 41***
And then a little guidance about to ensure comparability, you should include the definitions of terms, the term "value," "efficiency," "waste reduction" in the administration of these items and include the instructions. We don't advise that you reword or reorder the items because that will affect the comparability.

If you use the survey items, keep all the survey items for the areas you want to assess and drop all the survey items for the areas you do not want to assess. So if you didn't want to assess one of the composites, then remove all of the items from that composite, but don't pick and choose survey items across the composites in areas and reorder them because, again, that will affect the comparability.

***Sorra, Slide 42***
As we mentioned, in the widget at the bottom of the console, there's a link to resources. These are the resources that are available on the AHRQ Web site, and the Web site link is shown here. You'll get the Value and Efficiency item sets for both hospitals and medical offices. You can see more in-depth the pilot test results that I presented today. And there are survey users guides for the Hospital and Medical Office SOPS surveys that are very useful as far as guidance around Web and paper survey administration, how to select a sample, etc. And then, there is an action planning tool that will guide you as to how to identify areas to focus on for improvement and develop specific actions and a timeline to implement initiatives to address those areas.

And then in February, there will be a data entry and analysis tool, which works with Microsoft Excel. You can enter in your respondent-level data, your survey-level data, and then it will automatically produce charts of the results.

And finally, as Caren mentioned earlier, if you have any questions about the item set, you can email the technical assistance line here, SafetyCultureSurveys@westat.com, or use this phone number, and we'll be more than happy to answer your questions.

***Sorra, Slide 43***
At this time, I'm going to turn over the presentation to Dr. Cynthia Persily.

**Cynthia Persily**

***Persily, Slide 43***
Thank you, Joann, and also thank you to AHRQ for allowing us to participate as a pilot hospital in the Hospital Value and Efficiency item set. We certainly got a lot out of that experience, and that's what I'm here to talk to you a little bit about today.

***Persily, Slide 44***
The first thing I'd like to do is just introduce you a little bit to our organization. Our organization is a behavioral health system which includes Highland Hospital, which is an acute care hospital, and we also have a residential care unit for children; Highland Health Center, which is a crisis stabilization detox center; and Highland Behavioral Health Services, which offers a full outpatient cadre of services.

***Persily, Slide 45***
At Highland Hospital, and in fact at all of our facilities, our mission is to provide quality behavioral health services to children, adolescents and adults in a caring environment, and I think that that mission which drives us also rang true when I began to look at the opportunity for us to participate in this survey and to also be able to perhaps assess where we were with that mission at that time.

Some of our values that also were very consistent with what the survey was measuring, not surprisingly one of our values is quality care and a patient-centered environment, but also one of our values here is innovation. We never want to be the hospital or the health care system that says, "That's the way we've always done it." And also another of our values is fiscal responsibility or using our resources wisely. Just selecting those few values from our group of values really led me to believe that this would be a great opportunity for us to assess where we were with our staff in meeting those values of our organization.

***Persily, Slide 46***
Just a little background about our hospital so I give you some context within which to think about the things that I'm going to talk to you about.

First of all, our hospital has 80 acute care psychiatric beds for children, adolescents and adults. We have five units to care for those populations. We also have a 24-bed psychiatric residential treatment facility, which is for longer-term residential treatment of children ages four to 14 who need some extra care prior to transitioning back into the community environment. That's typically trauma-focused care.

We're also in the process of planning a 40-bed residential treatment facility for adults who have substance use disorder.

Our outpatient facility sees about 2,000 patients a month, and our detox crisis stabilization facility is a 16-bed facility and we are typically full in that facility.

***Persily, Slide 47***
Our workforce, we have about 400 people who work with us across our system. That's about 280 FTEs. We have a very team-focused approach to care. As is typical in any psychiatric facility, our team is made up of RNs and LPNs, behavioral health technicians, therapists, case managers, psychiatrists, who are all involved in providing direct care on the treatment team. All of our physicians as well as all of the other categories that I've mentioned are employed by the hospital. We have an extremely engaged medical staff and an extremely small medical staff, and we also have an extremely engaged director group, which, quite honestly, we did not have at that time, so when I talk a little bit about some of the changes, you'll hear about that.

***Persily, Slide 48***
In early 2014 when we were invited to participate as a pilot organization, I was less than a year—in fact, when I look back, I was less than six months—into my tenure as CEO here, and I came from outside of the organization, so I was very much still in the assessment mode. I hadn't made a lot of changes yet, and, quite honestly, the survey and the survey results helped to support some of the changes that I did make later.

We were invited to participate. We accepted and were selected, and we invited a sample of 200 employees to complete the survey. Those employees were chosen randomly by AHRQ and their contractors, and those employees were invited to participate. On a weekly basis during the survey period, I sent out reminders that if they had been selected, that I would appreciate their participation. At the end of the survey period, we had 84 responses for a 42% response rate.

***Persily, Slide 49***
I'll tell you a little bit about the demographics of the people who responded and show you that in a couple of different ways. I was quite pleased with the responses because I felt like it was representative of our population. Seventy percent of the respondents were clinical. Eight percent either worked in administration and quality and risk management and human resources. We had patient safety and security officers. So, that group was about 8%. Six percent were in finance or billing, which also included purchasing and other relevant departments. Four percent were in housekeeping. Two percent were in our facilities department. One percent dietary, 1% security and 8% were in other categories.

***Persily, Slide 50***
Of those who responded in the clinical area, 35% were nursing staff. Fifteen percent reported that they were a manager or department manager or an administrator. Eleven percent office staff. Six percent were behavioral health technicians. Six percent psychologists or social workers. And then 4% were from my C-suite and senior leadership group. And 23% identified as other.

***Persily, Slide 51***
What I found was interesting but also is reflective of the demographics of our workforce here, we have a fairly stable workforce, which I know is not typical in many organizations. In the respondents, though, 15% had been here less than a year, 35% had been here one to five years, but then we started to look at the people who have been here over six years and we started to see that there were a fairly high percentage of people who had been here for a long time. And so, the way that I viewed those results was that we had a good mix of people who were new to our organization but also people who had really been invested in the culture and who really I think may have been in a situation where they wanted to preserve the culture. And so, I needed to take that into consideration as I began to make changes.

***Persily, Slide 52***
That's enough about who responded and how they responded. Let's talk a little bit about the results and the responses. I put this little picture here of some apples on a tree to really remind me to tell you that a lot of what we did initially was low-hanging fruit.

What we were able to do by seeing these survey results is we were able to see there are some really simple areas where we can get people engaged and where they can make a huge difference. And so, as you see some of these responses that we had, again, none of them were complicated, complex or expensive, but they had impact beyond what the project was that was taken on.

***Persily, Slide 53***
The first one is in Section A of the supplemental item set, under the domain of Empowerment to Improve Efficiency. Item 1 said, "We are encouraged to come up with ideas for more efficient ways to do our work." Well, 55% of the people who responded were positive and said that they were encouraged, but if you look at that, then, 45% were either neutral or said, no, they were never encouraged. In all the pilot hospitals that participated, 72% were positive, so we were significantly below that on the positive. But for me, I was also concerned that 45% of our workforce who responded did not feel like they were encouraged to come up with ideas to be more efficient in the ways that they do their work.

***Persily, Slide 54***
So we came up with a very simple response, and we had a million-dollar idea contest. The million-dollar idea contest was to solicit from staff an idea that could save our organization money or resources. And maybe it wouldn't be a million-dollar idea, but we can all think of ways to preserve our resources, and so they were encouraged to provide those ideas. And then the ideas were judged on, number one, is it safe; number two, is it practical; and number three, what are the potential savings to the organization? We gave cash prizes. First Prize was $250, and Second Prize was $150.

We got numerous responses to this. The staff were excited. They worked together on coming up with ideas. I believe we came up with about 24 different entries to this. We chose a winner, and that winner—we actually chose two ideas that were very similar that came in First and Second, and they were about medical supplies and

how we order medical supplies, how we source our medical supplies, the way that we actually keep our supplies up. We were noting that we were not keeping our supplies adequate, and so we were having to go out and emergently buy supplies. All of those things were costing the organization money.

It was low-hanging fruit, but it was something that invigorated the staff, and it also allowed them to be involved. They were excited by it.

We're now doing that again for the month of January. We've sort of made this our month-of-January event, and I think right now on my desk, I have about 15 entries. They range anywhere from looking at how we take care of our patient belongings so they don't get lost and we don't end up having to replace them for patients, to someone who has expertise in looking at electric bills and seeing if there are hidden charges in electric bills.

And so, all of these ideas just bubbled up from the staff.

***Persily, Slide 55***
We felt like this is a way to get our employees engaged.

The next section that we looked at was Patient Centeredness and Efficiency, and Item 3 under that is that "Patient and family member preferences have led to changes in our workflow." Fifty-seven percent felt like this was positive in our environment, and about 43%, though, felt neutral or negative. In all pilot hospitals, 67% were positive, so again, we were below what the trend was.

***Persily, Slide 56***
This led us to an opportunity to look at our patient experience scores and to see if we could in fact look at some of the major dissatisfiers and we could make a difference. One of the major dissatisfiers for several years, as I began to look back at data, was noise. This was specifically on the night shift. We didn't have a single initiative to address this.

And I know many of us have experienced the same thing. We've measured and measured and measured, and we haven't in fact come up with anything to take care of that. So, we gave this to the night shift staff, and the night shift supervisor worked with the staff and they drove a project.

They came up with 10 immediate interventions. The one that you see here is called a Yacker Tracker, and it is a noise monitor. They keep that on the units, turned on at night. They came up with a slogan called "A Quiet Environment is a Healing Environment." We have improved our scores from 2015 at 72% positive on noise to 90% for the year of 2017 that we just finished. That was something that the staff took ownership of.

***Persily, Slide 57***
I'll give you one more example, and that is Section E, Experience with Activities to Improve Efficiency. This was about looking at visual displays or graphs to see how well the unit was performing. Only 26% of our people said yes.

***Persily, Slide 58***
And this, again, was an easy solution. We developed quality indicator boards on each unit. That's what you see in your picture. They're updated with new results monthly, and they're reviewed in monthly staff meetings. And then staff are encouraged to come up with strategies for further improvement, and they can see where the improvements have occurred.

***Persily, Slide 59***
The last thing I'll talk to you about is Section E, Experience with Activities to Improve Efficiency. Only 31% of our employees said that they had served on a team or committee to make a work process more efficient.

***Persily, Slide 60***
In about 2016, we began the journey toward a high-reliability organization, and one of the key characteristics of a highly reliable organization is deference to expertise. In clinical processes, we as leaders need to listen to and seek advice from front-line staff who know how processes really work and where those risks arise.

We introduced the Plan Do Study Act process. We include all staff involved in those activities, and they, again, have really embraced this as something that they want to do in order to improve processes. We've done it for a number of issues, including adverse drug reactions, restraint reduction, and it's really making a difference in our organization.

***Persily, Slide 61***
I'll just conclude here and say that the survey really helped our organization. Most importantly for me, I think we were in a unique situation that as a new CEO it gave me that initial temperature reading on staff inclusion in any process, not just related to efficiency or quality. But also, the use of data to improve care and the need for more patient-centered actions and for our employees to really see that.

The results have driven many more changes than what I've presented today. We continue to monitor those changes that we've made in a variety of different ways, and we will now re-administer the item set this year to analyze changes in staff perceptions overall in Value and Efficiency.

I'll just finish there, and I think we're going into our Q&A session.

**Joann Sorra**

***Sorra, Slide 62***
Yes. Thank you, Dr. Persily. That was terrific. It's really good to hear about the initiatives your hospital has implemented based on your item results.

Yes, we are now going into the Q&A portion of the Webcast. As a reminder, to submit questions, simply click on the Q&A icon at the bottom of your screen. Then, type your question into the Q&A box and select Submit.

Okay, we're going to be able to answer many questions but not all of them. I appreciate all the questions that were sent to us. Again, if we don't have time to get to all of them, you can also submit questions through technical assistance.

One of the questions that came in throughout the Webcast was around which version of the hospital SOPS survey these items should be supplemental to. At this point—and somebody was specifically asking about the hospital survey Version 2.0. Thank you for that question. I should have mentioned that work has been done on an update of the original hospital SOPS survey, which we're calling Version 2.0, but that work is still ongoing, and so that version is not available for release.

The survey items, the Value and Efficiency survey items, would be supplemental and added to the original hospital SOPS survey, and that is the one that is currently available on the AHRQ Web site.

We have another question here, and this is for you, Dr. Persily. As a leader, how are you influencing change in your organization?

**Cynthia Persily**
Well, thank you for that. Do we have about four hours? You know, I've been in my role now for about four years, and I think that change has been a constant throughout that. We're an organization—we've been in existence for over 60 years, and the CEO prior to me was here for 19 years. And so, there was a lot of comfort, but there was a lot of need for improvement.

And so, I have basically come in and very carefully and strategically developed a great director team who are really engaged and who are able to be the front line of change. I will say, we were ripe for change. Many people here were ready for that change. But I would say that engagement was very low, and engagement at this point is very, very high.

I think ownership, trying to change the culture of the organization kind of one step at a time. Most literature says culture change takes seven years, so I think I have three more years to get a new culture. But we certainly are making a lot of progress.

I think if I had to answer it in one word, it's engagement, and that is really what has led to our successes in leading change.

**Joann Sorra**
Great. Thank you. And another question for you, Cynthia. Are you measuring outcomes in any other ways other than using the survey results?

**Cynthia Persily**
Yes, we are. Again, it depends on the project that we're doing. But, for instance, with the noise initiative, we're measuring that via patient complaints. We're measuring it via the patient experience survey. We have a big project right now going on with restraint reduction, which also came from the results and the engagement of staff. We're measuring that in a variety of ways, including some of our joint commission measures that we do. We're doing some analyses of when restraints are occurring, what day of the week they're occurring. We're really digging down in data to try and prove our results.

I said the other day that we're going to get data fatigue because we're measuring so much and so many things, but what we're really trying to do is streamline our measurement to these major initiatives that we're undertaking.

**Joann Sorra**
Great. Thank you.

***Sorra, slide 42***
We also got some questions about where these items and materials can be found, so I'm pushing out the slide again which shows where on the AHRQ Web site you can find these various resources.

There was a question about the timetable for the release of the 2.0 version of the hospital survey, and we really don't have, unfortunately, a sense of exactly when that timetable will be for the release of that. The best answer at this point is to keep utilizing the version that is available on the AHRQ Web site.

Another question for you, Cynthia, was, Did Highland Hospital conduct the existing Hospital Survey on Patient Safety Culture or Medical Office SOPS survey previous to being part of the pilot?

**Cynthia Persily**
No, we had not.

**Joann Sorra**
Okay. And then, one other question for you is, What was the best way you displayed the results for improvement?

**Cynthia Persily**
We have, again, multiple different ways that we display our results. I'll give you one example. Something that I started when I came here is I write a weekly blog that goes out on our Web site. I typically try to highlight that because it not only goes to our employees but it goes out to our public, so I will display the results in that way, if we have some results from one of our projects. We did the noise reduction project. That was an exciting one. It seems so small, but it was just so exciting for our staff, our night shift staff especially, to be involved with that. They came up with a slogan, "A Quiet Environment is a Healing Environment." They came up with signage. They came up with all kinds of different things that they were really excited about, and so I featured that in my blog post.

We have a performance improvement committee, and that includes staff and managers. Monthly we also provide those results in the areas that we're measuring. We also provide any of those that are measured on our quality boards and our departments.

So we try to get that information out as widely as we possibly can.

**Joann Sorra**
Great. Another question for you is, Do you have any tips about how to engage all staff, both clinical and non-clinical?

**Cynthia Persily**
I did want to say one thing about that that I didn't mention before, and that is if you remember when I talked about our mission and our values, our mission and values are introduced to our employees, our new employees, on their first day of work. We have a new-employee orientation program, and I am the first person who speaks to every new-employee orientation.

***Persily, slide 62***
Once a month, I spend a half an hour with our new employees, and my entire goal is to introduce them to our mission as well as to our values in our organization and how important every single one of them is to assuring that

we meet our mission, and give them examples from wherever they are in the organization, what part and what role they play in making sure that we meet our mission of providing quality services in a caring environment.

And so, it doesn't matter if you're in the dietary department or the housekeeping department or nursing or quality or wherever you are, your goal is to help us meet our mission. I provide them with examples so that they can see how important the work they do is to us meeting our mission.

And then I also review our values and I talk about innovation. I talk about how we want ideas. I talk about responsible use of resources. Sometimes I'll say, "You know, we had a problem with a bath tub because a child was allowed to bring rocks in from the playground and ruined our bath tub, and it cost us $8,000 to replace the bath tub. I'd rather give you all $8,000 in raises than I would spend it on a bath tub."

And so, helping them see how important the work that they do and what they do in terms of monitoring patients or taking care of our environment is, and what the impact is as it trickles down throughout the organization.

Those are just some of the things that we have done here and that I do personally to try and engage our staff.

**Joann Sorra**

***Sorra, slide 63***
That sounds fabulous. It sounds like you've done a whole lot of great work there, Dr. Persily. Thank you very much.

We're approaching the end of our time today, and so I want to wrap up. If anyone attending today is interested in receiving email updates about the patient safety culture surveys, including announcements of future events, you can visit the AHRQ Web site and select Email Updates from the top navigation bar, and then you'll be able to sign up for patient safety culture survey updates by the various survey settings.

***Sorra, slide 64***
I'm afraid we are out of time and we have to bring this Webcast to a close. I'd like to thank Dr. Caren Ginsberg and Dr. Cynthia Persily again for your presentations, and for everyone attending today. Please remember to complete the Webcast evaluation. It helps to improve our offerings and plan future events that meet your needs. We invite you to visit the AHRQ Web site and contact us at any time by email or phone.

Thanks again for joining us today. This concludes today's Webcast.