

SURVEYS ON PATIENT SAFETY CULTURE™



Ambulatory Surgery Center Survey: 2021 User Database Report



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Surveys on Patient Safety Culture™ (SOPS®) Ambulatory Surgery Center Survey: 2021 User Database Report

Part I

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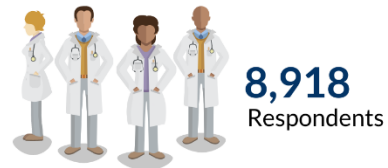
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Overview

Surveys on Patient Safety Culture™

Findings from the 2021 Ambulatory Surgery Center (ASC) Database

The SOPS® ASC Database assesses provider and staff perceptions of their organization's patient safety culture. The 2021 SOPS ASC Database includes data from:



» Distribution of Operating/Procedure Rooms was similar among ASCs in the Database



- 14% of ASCs had **1 to 2** rooms
- 20% of ASCs had **3** rooms
- 35% of ASCs had **4 to 5** rooms
- 31% of ASCs had **6+** rooms

Highest Scoring Composite Measure

 Organizational Learning -
Continuous Improvement

92%

of respondents reported that the facility actively looks for ways to improve patient safety and makes changes to ensure that problems do not recur.

Lowest Scoring Composite Measure

 Staffing, Work Pressure,
and Pace

74%

of respondents indicated that there are enough staff to handle the workload, they do not feel rushed, and they have enough time to properly prepare for procedures.

OTHER FINDINGS

Communication in the Surgery/Procedure Room

In the past 6 months, how often were the following actions done in your facility?



95% of respondents reported that before the start of procedures, team members stopped to discuss the overall plan.

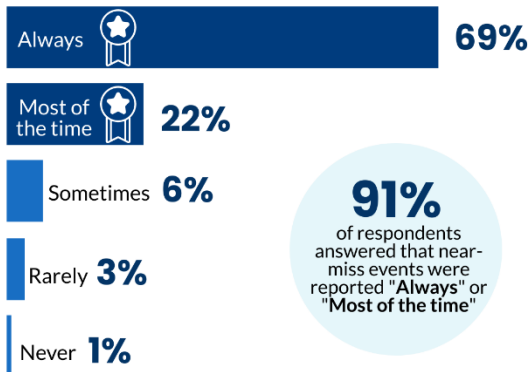


75% of respondents reported that before the start of procedures, the doctor encouraged team members to speak up at any time.



80% of respondents reported that immediately after procedures, team members discussed any concerns for patient recovery.

Near-Miss Documentation



91% of respondents answered that near-miss events were reported "Always" or "Most of the time"

Overall Patient Safety Rating



88% of respondents rated their ASC "Excellent" or "Very Good"

Note: Chart totals may not add to 100% due to rounding. The % "Excellent" or "Very Good" is based on unrounded numbers.

What Should ASCs Do Next? Action Planning for Improving Patient Safety Culture

- 1 Define your goals
- 2 Plan your initiatives
- 3 Communicate your action plan

The *Action Planning Tool for the AHRQ Surveys on Patient Safety Culture* provides step-by-step instructions on how to develop an action plan to improve patient safety culture, available at www.ahrq.gov/sops.

Purpose and Use of This Report

In response to requests from ambulatory surgery centers (ASCs) interested in comparing their results on the Surveys on Patient Safety Culture™ (SOPS®) Ambulatory Surgery Center Survey with results from other ASCs, the Agency for Healthcare Research and Quality (AHRQ) established the SOPS Ambulatory Surgery Center Database.

The 2021 SOPS ASC User Database Report contains survey data from 235 ASCs and includes 8,918 provider and staff respondents. All of the participating ASCs administered the SOPS ASC Survey during the COVID-19 pandemic (August 2020 through June 2021), which may have affected their survey scores.

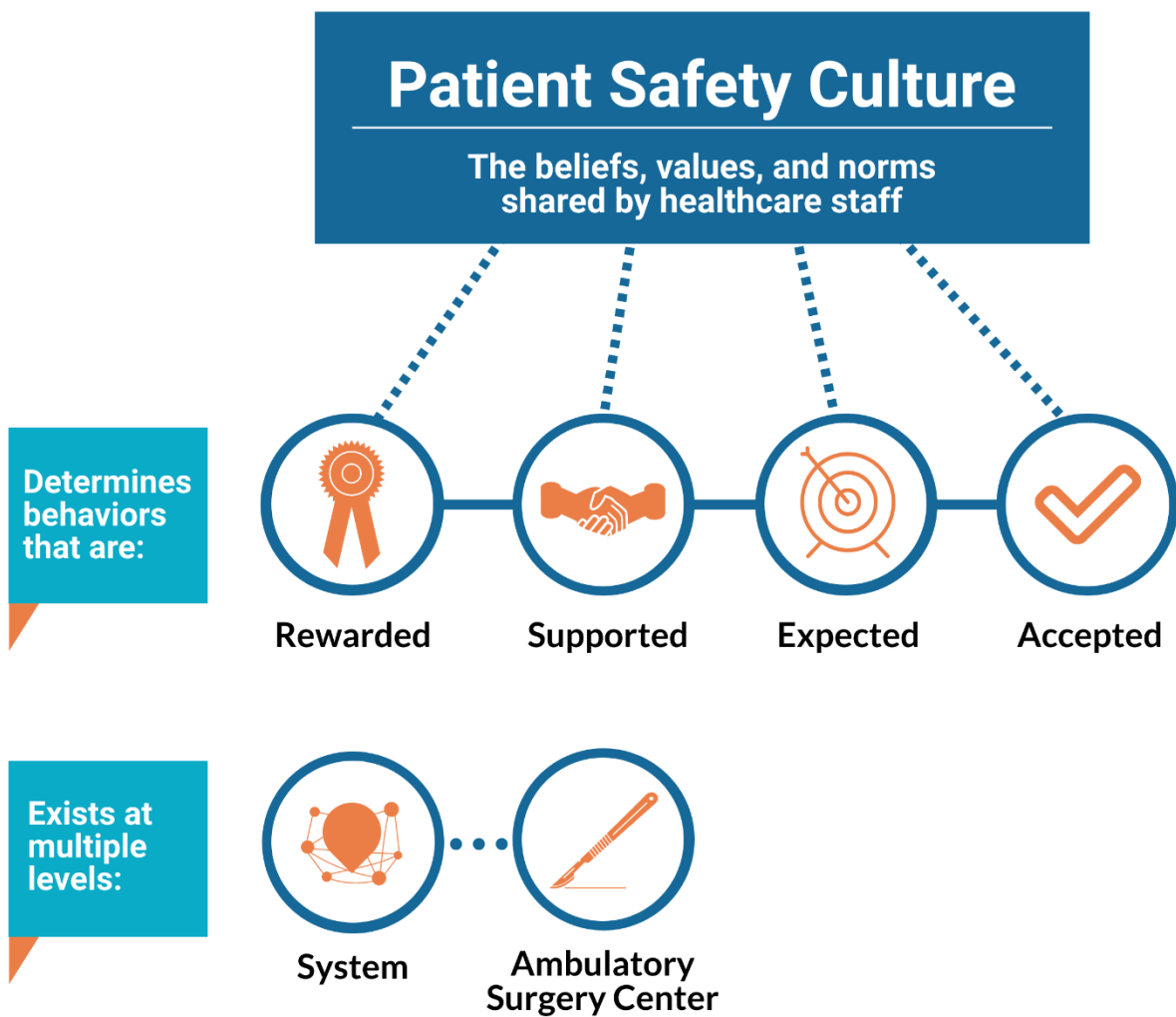
This report presents statistics (averages, standard deviations, minimum and maximum scores, and percentiles) on the patient safety culture composite measures and items from the SOPS ASC Survey. It also includes two appendixes:

- Appendix A presents results by facility characteristics (number of operating/procedure rooms and geographic region).
- Appendix B presents results by respondent characteristics (staff position and hours worked per week).

1 Introduction

Organizational culture refers to the beliefs, values, and norms shared by staff throughout the organization that influence their actions and behaviors. Patient safety culture is the extent to which these beliefs, values, and norms support and promote patient safety. Patient safety culture can be measured by determining what is rewarded, supported, expected, and accepted in an organization as it relates to patient safety (see Figure 1).

Figure 1. Definition of Patient Safety Culture



Survey Content

AHRQ funded the development of the SOPS Ambulatory Surgery Center Survey, which includes 27 items that make up eight composite measures of patient safety culture. Table 1-1 defines each of the eight SOPS ASC Survey composite measures.

Table 1-1. SOPS ASC Survey Composite Measures and Definitions

SOPS ASC Survey Composite Measures	Definition: The extent to which...	Number of Items
Communication About Patient Information	Key information about patients is available and well communicated within the ASC.	4
Communication Openness	Staff speak up when they see something unsafe, they feel comfortable asking questions, and their suggestions are valued.	3
Management Support for Patient Safety	Managers examine near-miss events, provide adequate resources, and encourage everyone to suggest ways to improve patient safety.	3
Organizational Learning—Continuous Improvement	The facility actively looks for ways to improve patient safety and makes changes to ensure that problems do not recur.	3
Response to Mistakes	Staff are told about patient safety problems, learning rather than blame is emphasized, and staff are treated fairly when they make mistakes.	3
Staff Training	Staff receive adequate orientation, get the refresher and on-the-job training they need, and do not feel pressured to do tasks they are not trained to do.	4
Staffing, Work Pressure, and Pace	Staff <u>do not</u> feel rushed, they have enough time to properly prepare for procedures, and there are enough staff to handle the workload.	3
Teamwork	Staff are respectful and help each other, work together as an effective team, and understand each other's roles and responsibilities.	4

In addition to the items that make up these composite measures, the survey includes a question about near-miss documentation, a question that asks respondents to provide an overall rating of patient safety, and three questions about communication in the surgery/procedure room. The survey also includes two background questions.

2 Survey Administration Statistics

This chapter presents descriptive information on the number of ASCs and survey respondents included in the 2021 SOPS ASC Database, as well as information about response rates (Table 2-1) and how ASCs administered the survey (Table 2-2).

Highlights



Table 2-1. Overall Response Statistics – 2021 SOPS ASC Database

Overall Response Information	Statistic
Total number of respondents	8,918
Total number of surveys administered	16,922
Overall response rate	53%
Average Response Information	Statistic
Average number of respondents per ASC (range: 3 to 109)	38
Average number of surveys administered per ASC (range: 6 to 294)	72
Average ASC response rate (range: 17% to 100%)	56%

Table 2-2. Survey Administration Mode Statistics – 2021 SOPS ASC Database

Survey Administration Mode	ASCs		Respondents		Average Response Rate
	Number	Percent	Number	Percent	Percent
Paper only	18	8%	375	4%	72%
Web only	214	91%	8,423	94%	55%
Mixed mode (paper and web)	3	1%	120	1%	75%
Total	235	100%	8,918	100%	--

3 Facility Characteristics

This chapter presents information about the characteristics of the 235 ASCs included in the 2021 SOPS ASC Database, including number of operating/procedure rooms, geographic region, and number of specialties (single vs. multispecialty) (Table 3-1).

Highlights

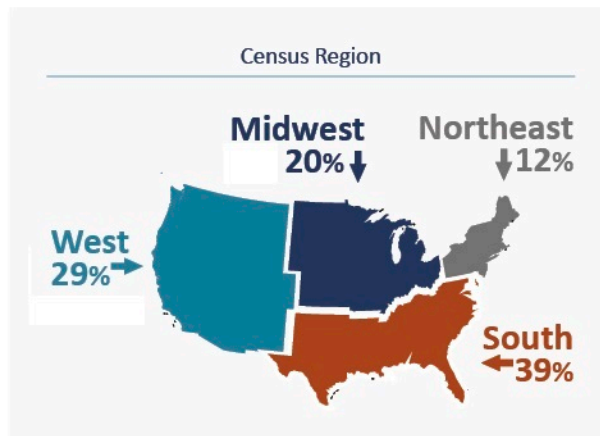
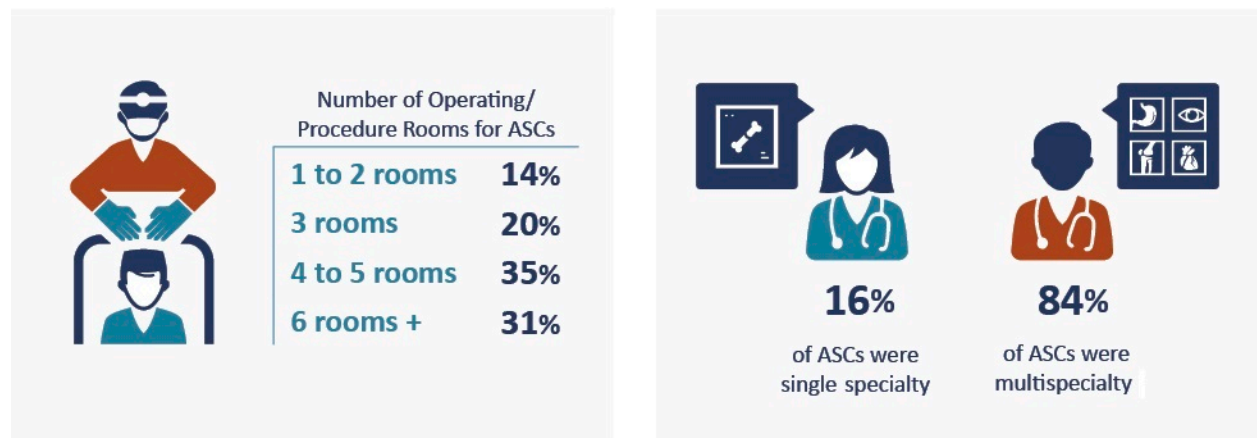


Table 3-1. Distribution of 2021 SOPS ASC Database by Facility Characteristics

Facility Characteristic	ASCs (n=235)		Respondents (n=8,918)	
	Number	Percent	Number	Percent
Number of Operating/Procedure Rooms				
1 to 2 rooms	33	14%	694	8%
3 rooms	47	20%	1,226	14%
4 to 5 rooms	83	35%	3,232	36%
6 rooms or more	72	31%	3,766	42%
Census Region¹	Number	Percent	Number	Percent
Northeast	29	12%	1,150	13%
Midwest	47	20%	1,582	18%
South	92	39%	3,534	40%
West	67	29%	2,652	30%
Single Specialty vs. Multispecialty	Number	Percent	Number	Percent
Single specialty	38	16%	1,048	12%
Multispecialty	197	84%	7,870	88%

Note: Percentages may not add to 100 percent due to rounding. States are categorized into regions as follows:

- Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT
- Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI
- South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
- West: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

¹ Census regions and divisions of the United States. https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf. Accessed November 1, 2021.

4 Respondent Characteristics

This chapter describes the characteristics of the 8,918 respondents in the 2021 SOPS ASC Database (Table 4-1).

Highlights



33%

of respondents were nurses,
the most prevalent ASC staff position



43%

of respondents worked
32-40 hours per week in their ASC

Table 4-1. Distribution of 2021 SOPS ASC Database by Respondent Characteristics

Respondent Characteristics	Respondents	
	Number	Percent
Staff Position		
Anesthesiologist	614	7%
Doctor/Physician (excluding Anesthesiologists) or Surgeon	1,821	21%
Certified Registered Nurse Anesthetist (CRNA)	278	3%
Physician Assistant or Nurse Practitioner	103	1%
Management	658	8%
Nurse	2,840	33%
Technician	988	11%
Other Clinical Staff or Clinical Support Staff	270	3%
Administrative, Clerical, or Business Staff	870	10%
Other	221	3%
Total	8,663	100%
Missing	255	--
Overall total	8,918	--
Hours Worked per Week in ASC		
1 to 16 hours	2,832	33%
17 to 31 hours	1,134	13%
32 to 40 hours	3,682	43%
More than 40 hours	915	11%
Total	8,563	100%
Missing	355	--
Overall total	8,918	--

Note: Percentages may not add to 100 percent due to rounding.

5 Overall Results

This chapter presents the overall findings from the 2021 SOPS ASC Database. We present the average percentage of positive responses for each of the survey’s composite measures and items, summarized for all database ASCs. Reporting the average for all ASCs ensures that each ASC’s scores receive an equal weight, regardless of how many respondents they have. An alternative method would be to report the percentage of positive responses summarized for all respondents, but this method would give greater weight to larger ASCs with more respondents. Reporting the data at the ASC level, rather than the respondent level, is important because culture is considered to be a group characteristic, not an individual characteristic.

Highlights

Highest Scoring Composite Measure Organizational Learning – Continuous Improvement



92%

of respondents reported that the facility actively looks for ways to improve patient safety and makes changes to ensure that problems do not recur.

Lowest Scoring Composite Measure Staffing, Work Pressure, and Pace



74%

of respondents indicated that there are enough staff to handle the workload, they do not feel rushed, and they have enough time to properly prepare for procedures.

Overall Rating on Patient Safety



88%

of respondents gave their ASC an overall patient safety rating of excellent or very good.

Composite Measure and Item Charts

This section provides the overall composite measure and item results. The methods for calculating the percent positive scores at the composite measure and item levels are described in the Notes section of this report.

Composite Measure Results

Chart 5-1 shows the average percent positive response for each of the eight SOPS ASC Survey composite measures summarized for all ASCs in the database. The SOPS ASC Survey composite measures are shown in order from the highest average percent positive response to the lowest.

Item Results

Chart 5-2 shows the average percent positive response for each of the 27 items that make up the survey's composite measures. The items are listed by their respective composite measure. Within each composite measure, the items are grouped by positively and negatively worded items and then in the order in which they appear in the survey.

Near-Miss Documentation

Chart 5-3 shows results from the item that asks respondents about near-miss documentation.

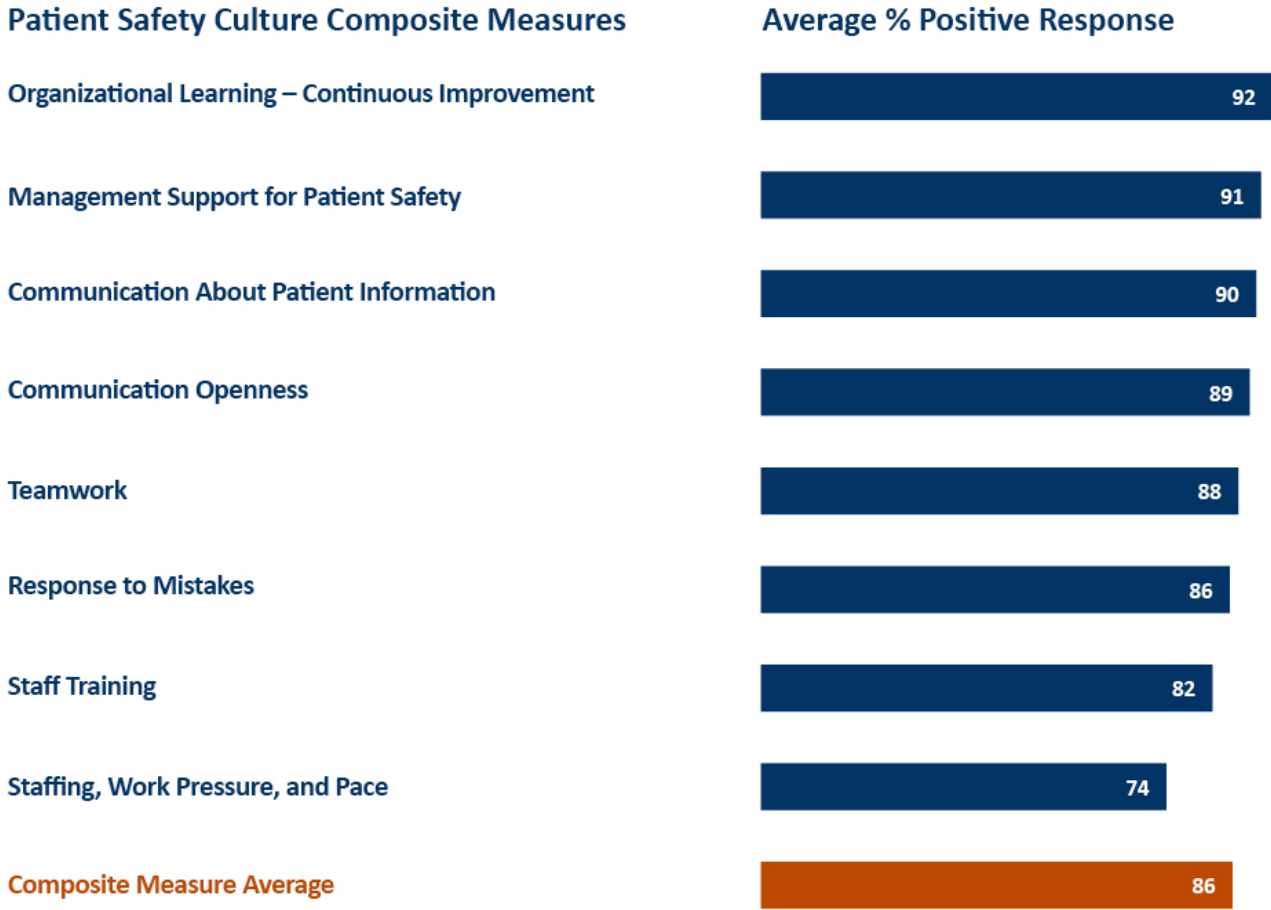
Overall Rating on Patient Safety

Chart 5-4 shows results from the item that asks respondents to give their ASC an overall rating on patient safety.

Communication in the Surgery/Procedure Room

Chart 5-5 shows the results from the three items related to communication in the surgery/procedure room for those respondents who answered that they were typically in the surgery/procedure room during surgeries, procedures, or treatments.

Chart 5-1. Composite Measure Results
Average Percent Positive Response - 2021 SOPS ASC Database



Note: (1) Each composite measure is the average of the unrounded composite measure scores for all ASCs in the Database. (2) The Composite Measure Average is the average of the eight unrounded composite measure scores for each ASC in the Database.

Chart 5-2. Item Results

Average Percent Positive Response - 2021 SOPS ASC Database (Page 1 of 3)

1. Organizational Learning – Continuous Improvement

Average % Positive Response

This facility actively looks for ways to improve patient safety. (Item C1)

93

We make improvements when someone points out patient safety problems. (Item C3)

92

We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6)

91

2. Management Support for Patient Safety

Managers encourage everyone to suggest ways to improve patient safety. (Item E1)

91

Management examines near-miss events that could have harmed patients but did not. (Item E2)

91

Management provides adequate resources to improve patient safety. (Item E3)

90

3. Communication About Patient Information

Important patient care information is clearly communicated across areas in this facility. (Item A1)

95

We share key information about patients as soon as it becomes available. (Item A7)

95

Within this facility, we do a good job communicating information that affects patient care. (Item A9)

94

Key information about patients is missing when it is needed. (Item A5*)

75

Note: The item's survey location is shown in parentheses after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Chart 5-2. Item Results

Average Percent Positive Response - 2021 SOPS ASC Database (Page 2 of 3)

4. Communication Openness

Average % Positive Response

We feel comfortable asking questions when something doesn't seem right. (Item A2)

94

When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4)

92

Our ideas and suggestions are valued in this facility. (Item A6)

82

5. Teamwork

When someone in this facility gets really busy, others help out. (Item B1)

91

Doctors and staff clearly understand each other's roles and responsibilities. (Item B4)

89

We work together as an effective team. (Item B8)

93

Our facility allows disrespectful behavior by those working here. (Item B6*)

79

6. Response to Mistakes

Staff are treated fairly when they make mistakes. (Item C2)

85

Learning, rather than blame, is emphasized when mistakes are made. (Item C4)

84

Staff are told about patient safety problems that happen in this facility. (Item C5)

87

Note: The item's survey location is shown in parentheses after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Chart 5-2. Item Results

Average Percent Positive Response - 2021 SOPS ASC Database (Page 3 of 3)

7. Staff Training

Average % Positive Response

Staff who are new to this facility receive adequate orientation. (Item B2)

83

We get the on-the-job training we need in this facility. (Item B5)

87

Staff get the refresher training they need. (Item B7)

83

Staff feel pressured to do tasks they haven't been trained to do. (Item B3*)

74

8. Staffing, Work Pressure, and Pace

We have enough staff to handle the workload. (Item A3)

80

There is enough time between procedures to properly prepare for the next one. (Item A8)

86

We feel rushed when taking care of patients. (Item A10*)

57

Note: The item's survey location is shown in parentheses after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Chart 5-3. Item Results

Average Percentage Response on Near-Miss Documentation - 2021 SOPS ASC Database

Near-Miss Documentation

When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1)

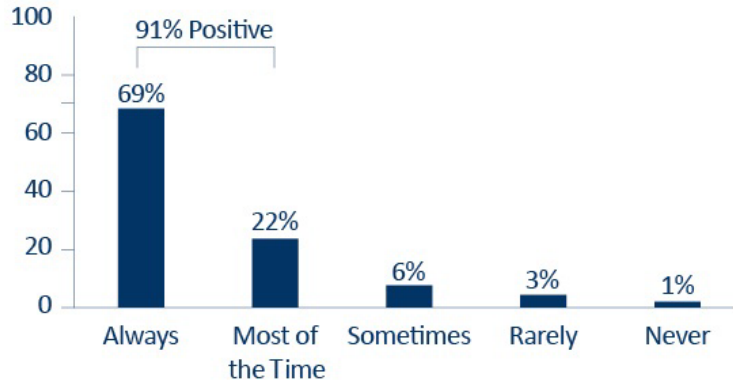
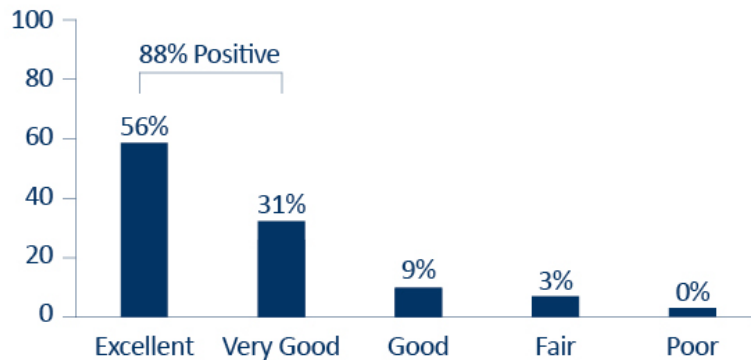


Chart 5-4. Item Results

Average Overall Rating on Patient Safety - 2021 SOPS ASC Database

Overall Patient Safety Rating

Please give your facility an overall rating on patient safety. (Item F1)



Note: Percentages indicate the database average percent response for each item response option. The percent positive displayed might not equal the sum of the response option percentages due to rounding. Percentages might not add to 100 percent due to rounding.

Chart 5-5. Item Results

Average Percent Positive Response on Communication in the Surgery/Procedure Room - 2021 SOPS ASC Database

Communication in the Surgery/Procedure Room

Average % Positive Response

In the past 6 months, how often were the following actions done in your facility?

Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1)



Just before the start of procedures, the doctor encouraged every team member to speak up at any time if they had any concerns. (Item G2)



Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3)



Note: The item's survey location is shown in parentheses after the item text. The percent positive is based on those who responded "Always" or "Most of the time." Results only include those respondents who answered "Yes" to being typically in the surgery/procedure room during surgeries, procedures, or treatments.

6 Comparing Facility Results

The data in this report are meant to supplement your ASC's own efforts to identify areas of strength and areas on which to focus efforts to improve patient safety culture.

To compare an ASC's survey results with the aggregate findings from the database, calculate the facility's percent positive response on the survey's eight composite measures and items. These include the item about near-miss documentation, the overall rating on patient safety, and the three questions about communication in the surgery/procedure room.

The Notes section at the end of this report describes how to calculate percent positive scores. Individual facility results can then be compared with the database averages and the percentile scores for all ASCs in the database.

When comparing your ASC's results with results from the database, keep in mind that the database only provides *relative* comparisons. Although your ASC may have higher percent positive results than the database statistics, there may still be room for improvement in a particular area within your ASC in an *absolute* sense.

Composite Measure and Item Tables

Table 6-1 presents statistics (average percent positive, standard deviation [s.d.], minimum and maximum scores, and percentiles) for each of the eight SOPS ASC Survey composite measures.

Table 6-2 presents statistics for each of the 27 survey items that make up the survey's composite measures. The items are listed by their respective composite measure. Within each composite measure, the items are grouped by positively and negatively worded items and then in the order in which they appear in the survey.

Table 6-3 presents statistics for near-miss documentation.

Table 6-4 presents statistics for overall rating on patient safety.

Table 6-5 presents statistics for the three items related to communication in the surgery/procedure room.

Table 6-1. Composite Measure Results – 2021 SOPS ASC Database

SOPS Composite Measures	Average % Positive	s.d.	Composite Measure % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
1. Organizational Learning—Continuous Improvement	92%	7.67%	60%	82%	90%	94%	98%	100%	100%
2. Management Support for Patient Safety	91%	9.29%	42%	79%	89%	93%	97%	99%	100%
3. Communication About Patient Information	90%	6.75%	55%	81%	87%	91%	94%	96%	100%
4. Communication Openness	89%	7.84%	64%	78%	86%	91%	95%	98%	100%
5. Teamwork	88%	8.55%	49%	76%	84%	90%	94%	97%	100%
6. Response to Mistakes	86%	9.62%	49%	74%	81%	87%	92%	96%	100%
7. Staff Training	82%	11.54%	20%	68%	77%	83%	89%	95%	100%
8. Staffing, Work Pressure, and Pace	74%	14.69%	22%	57%	68%	77%	84%	89%	100%
Composite Measure Average	86%	8.30%	56%	76%	83%	88%	92%	95%	99%

Table 6-2. Item Results – 2021 SOPS ASC Database (Page 1 of 3)

Survey Items by SOPS Composite Measure			Survey Item % Positive Response						
	Average % Positive	s.d.	Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
1. Organizational Learning—Continuous Improvement			% Agree/Strongly Agree						
This facility actively looks for ways to improve patient safety. (Item C1)	93%	8.25%	40%	83%	92%	96%	100%	100%	100%
We make improvements when someone points out patient safety problems. (Item C3)	92%	7.80%	58%	83%	89%	94%	98%	100%	100%
We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6)	91%	9.05%	47%	78%	88%	93%	98%	100%	100%
2. Management Support for Patient Safety			% Agree/Strongly Agree						
Managers encourage everyone to suggest ways to improve patient safety. (Item E1)	91%	9.19%	55%	79%	88%	93%	98%	100%	100%
Management examines near-miss events that could have harmed patients but did not. (Item E2)	91%	10.29%	25%	78%	88%	94%	98%	100%	100%
Management provides adequate resources to improve patient safety. (Item E3)	90%	10.82%	40%	77%	87%	93%	98%	100%	100%
3. Communication About Patient Information			% Most of the Time/Always						
Important patient care information is clearly communicated across areas in this facility. (Item A1)	95%	6.76%	60%	86%	93%	97%	100%	100%	100%
We share key information about patients as soon as it becomes available. (Item A7)	95%	5.58%	67%	88%	92%	96%	100%	100%	100%
Within this facility, we do a good job communicating information that affects patient care. (Item A9)	94%	7.44%	57%	85%	91%	96%	100%	100%	100%
			% Rarely/Never						
Key information about patients is missing when it is needed. (Item A5*)	75%	12.62%	0%	59%	71%	77%	84%	89%	100%

Note: The item's survey location is shown after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Table 6-2. Item Results – 2021 SOPS ASC Database (Page 2 of 3)

Survey Items by SOPS Composite Measure	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
4. Communication Openness	% Most of the Time/Always								
We feel comfortable asking questions when something doesn't seem right. (Item A2)	94%	6.41%	70%	83%	91%	96%	100%	100%	100%
When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4)	92%	7.20%	67%	81%	88%	93%	97%	100%	100%
Our ideas and suggestions are valued in this facility. (Item A6)	82%	13.40%	32%	63%	76%	85%	91%	96%	100%
5. Teamwork	% Agree/Strongly Agree								
When someone in this facility gets really busy, others help out. (Item B1)	91%	9.05%	43%	81%	88%	93%	96%	100%	100%
Doctors and staff clearly understand each other's roles and responsibilities. (Item B4)	89%	11.25%	33%	73%	84%	91%	96%	100%	100%
We work together as an effective team. (Item B8)	93%	7.56%	40%	84%	90%	95%	98%	100%	100%
	% Disagree/Strongly Disagree								
Our facility allows disrespectful behavior by those working here. (Item B6*)	79%	14.01%	25%	60%	72%	81%	88%	95%	100%
6. Response to Mistakes	% Agree/Strongly Agree								
Staff are treated fairly when they make mistakes. (Item C2)	85%	10.39%	40%	71%	79%	86%	93%	97%	100%
Learning, rather than blame, is emphasized when mistakes are made. (Item C4)	84%	10.53%	38%	71%	79%	85%	91%	96%	100%
Staff are told about patient safety problems that happen in this facility. (Item C5)	87%	11.90%	40%	71%	83%	90%	95%	100%	100%

Note: The item's survey location is shown after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Table 6-2. Item Results – 2021 SOPS ASC Database (Page 3 of 3)

Survey Items by SOPS Composite Measure	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
7. Staff Training			% Agree/Strongly Agree						
Staff who are new to this facility receive adequate orientation. (Item B2)	83%	12.80%	0%	67%	78%	85%	92%	97%	100%
We get the on-the-job training we need in this facility. (Item B5)	87%	10.15%	40%	75%	81%	89%	94%	98%	100%
Staff get the refresher training they need. (Item B7)	83%	12.79%	27%	67%	77%	85%	92%	97%	100%
			% Disagree/Strongly Disagree						
Staff feel pressured to do tasks they haven't been trained to do. (Item B3*)	74%	15.04%	0%	56%	68%	75%	84%	92%	100%
8. Staffing, Work Pressure, and Pace			% Most of the Time/Always						
We have enough staff to handle the workload. (Item A3)	80%	16.08%	25%	54%	75%	84%	91%	95%	100%
There is enough time between procedures to properly prepare for the next one. (Item A8)	86%	12.40%	33%	69%	82%	89%	94%	100%	100%
			% Rarely/Never						
We feel rushed when taking care of patients. (Item A10*)	57%	20.65%	0%	29%	47%	59%	70%	80%	100%

Note: The item's survey location is shown after the item text. An * denotes a negatively worded item, where the % Disagree/Strongly Disagree or % Rarely/Never indicates a positive response.

Table 6-3. Item Results on Near-Miss Documentation – 2021 SOPS ASC Database

When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1)	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
Always or Most of the Time	91%	10.17%	0%	80%	86%	93%	97%	100%	100%

Note: For the full distribution of results, see Chart 5-3.

Table 6-4. Item Results on Overall Rating on Patient Safety – 2021 SOPS ASC Database

Overall Patient Safety Rating (Item F1)	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
Excellent or Very Good	88%	11.80%	25%	72%	83%	90%	95%	100%	100%

Note: For the full distribution of results, see Chart 5-4.

Table 6-5. Item Results on Communication in the Surgery/Procedure Room – 2021 SOPS ASC Database

Communication in the Surgery/Procedure Room	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
% Most of the time/Always									
Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1)	95%	6.82%	60%	86%	93%	99%	100%	100%	100%
Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns. (Item G2)	75%	16.80%	0%	55%	67%	78%	86%	96%	100%
Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3)	80%	14.14%	17%	63%	72%	82%	89%	100%	100%

Note: The item's survey location is shown after the item text. For items G1-G3, the percent positive response is based on those who responded “Most of the Time” or “Always.” Results only include those respondents who answered “Yes” to being typically in the surgery/procedure room during surgeries, procedures, or treatments.

7 What's Next? Action Planning for Improvement

The AHRQ Surveys on Patient Safety Culture are important sources of information for healthcare organizations striving to improve patient safety and can be used as an effective starting point for action planning to make culture changes. Organizations may find it useful to brainstorm the potential barriers that make it difficult to implement initiatives and strategies to overcome them.

AHRQ Action Planning Tool

The [*Action Planning Tool for the AHRQ Surveys on Patient Safety Culture*](#) is intended for use after your organization administers the survey and analyzes the results. The first step toward improving the patient safety culture in your facility is to develop an action plan using the Action Plan Template. You can complete the form by answering 10 key questions to help you record your goals, initiatives, resources needed, process and outcome measures, and timelines.

Define your goals and select your initiatives:

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

Plan your initiatives:

4. Who will be affected, and how?
5. Who can lead the initiative?
6. What resources will be needed?
7. What are possible barriers, and how can they be overcome?
8. How will you measure progress and success?
9. What is the timeline?

Communicate your action plan:

10. How will you share your action plan and with whom?

Your action plan should be flexible. The questions do not need to be answered in order. Keep in mind that as you begin to implement your plan, it may change.

Improvement Resources for Users of the AHRQ Ambulatory Surgery Center Survey

The AHRQ [Improving Patient Safety in Ambulatory Surgery Centers: A Resource List for Users of the AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture](#) contains references to websites and other practical resources ASCs can use to implement changes to improve patient safety culture and patient safety. These resources are not exhaustive but are provided to give initial guidance to ASCs seeking information about patient safety initiatives.

References

Agency for Healthcare Research and Quality. Ambulatory Surgery Center Survey on Patient Safety Culture. <https://www.ahrq.gov/sops/surveys/asc/index.html>. Accessed November 1, 2021.

Centers for Medicare & Medicaid Services. Medicare Providers: Number of Medicare Certified Providers, by Type of Provider, by State, Territories, Possessions, and Other Areas, Calendar Year 2019. <https://data.cms.gov>. Accessed November 1, 2021.

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Notes: Description of Data Cleaning, Calculations, and Data Limitations

This section provides additional detail regarding data cleaning, calculations of various statistics presented in this report, and data limitations.

Data Cleaning

Each participating ASC submitted respondent-level survey data. Once the data were submitted, we tabulated response frequencies for each ASC to find out-of-range values, missing values, and other data anomalies. When we found data outliers or other inconsistencies, we contacted the ASCs and asked them to correct and resubmit their data. In addition, upon uploading their survey data, each participating ASC received a copy of its data frequencies to verify that the dataset received by the online submission system was correct.

The data were also reviewed for response biases (e.g., responding with the same answer for all positively and negatively worded items in the same section of the survey). An example of a positively worded item is B8 - *We work together as an effective team*, and an example of a negatively worded item is B6 – *Our facility allows disrespectful behavior by those working here*.

Sections A and B include both positively and negatively worded items. When respondents supplied the same answer for every item in sections A and B, responses for those particular respondents were removed from the final dataset because respondents should not have answered the same way across these differently worded items. In addition, if respondents marked the same answer for all items within Section A or Section B, those responses were set to missing in that particular section.

As a final step, respondents who had missing answers or supplied a “Does not apply or Don’t know” response for all items in sections A, B, C, D, E, F, and G were removed from the final dataset. ASCs were included in the database only if they had at least three respondents after all data cleaning steps.

Response Rates

As part of the data submission process, we asked ASCs to provide the number of completed, returned surveys and the total number of surveys administered. Incomplete surveys are those surveys that were removed from data cleaning as outlined above. We then calculated response rates using the formula below:

$$\text{Response Rate} = \frac{\text{Number of complete, returned surveys} - \text{Incompletes}}{\text{Number of eligible providers and staff who received a survey}}$$

Calculation of Percent Positive Scores

Most of the survey items ask respondents to answer using 5-point response categories in terms of agreement (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree) or frequency (Always, Most of the Time, Sometimes, Rarely, Never). Three of the eight SOPS composite measures use the frequency response option (Communication About Patient Information; Communication Openness; and Staffing, Work Pressure, and Pace), while the other five composite measures use the agreement response option. The composite measure items also contain a “Does not apply or Don’t know” response option that is not included in the calculation of percent positive scores.

The non-composite measure items regarding Near-Miss Documentation and Communication in the Surgery/Procedure Room also use the frequency response option.

The Overall Patient Safety Rating item uses a 5-point scale ranging from “Poor” to “Excellent” (Poor, Fair, Good, Very Good, Excellent).

Item Percent Positive Response

The survey includes both positively worded items (e.g., “When someone in this facility gets really busy, others help out”) and negatively worded items (e.g., “We feel rushed when taking care of patients”). Calculating the percent positive response for positively worded items is different from calculating the percent positive response for negatively worded items:

- **For positively worded items**, percent positive response is the combined percentage of respondents within an ASC who answered “Strongly Agree” or “Agree,” or “Always” or “Most of the Time,” depending on the response categories used for the item.

For example, for the item “When someone in this facility gets really busy, others help out,” if 50 percent of respondents within an ASC responded “Strongly Agree” and 25 percent responded “Agree,” the item percent positive response for that ASC would be $50\% + 25\% = 75\%$ positive.

- **For negatively worded items**, percent positive response is the combined percentage of respondents within an ASC who answered “Strongly Disagree” or “Disagree,” or “Never” or “Rarely,” depending on the response categories used for the item, because a *negative* answer to a negatively worded item indicates a *positive* response.

For example, for the item “We feel rushed when taking care of patients,” if 60 percent of respondents within an ASC responded “Never” and 20 percent responded “Rarely,” the item percent positive response would be $60\%+20\% = 80\%$ positive (i.e., 80 percent of respondents *do not* feel rushed when taking care of patients.)

Table N1 shows an example of computing a composite measure score for *Staffing, Work Pressure, and Pace*. This composite measure consists of three items. Two are positively worded (items A3 and A8) and one is negatively worded (item A10). Keep in mind that DISAGREEING with a negatively worded item indicates a POSITIVE response.

Table N1. Example of Computing Item and Composite Measure Percent Positive Scores

Three Items Measuring "Staffing, Work Pressure, and Pace"	For Positively Worded Items, # of "Strongly Agree" or "Agree" Responses	For Negatively Worded Items, # of "Strongly Disagree" or "Disagree" Responses	Total # of Responses to the Item (Excluding "Does Not Apply/Don't Know" and Missing Responses)	Item Percent Positive Response
Item A3 – positively worded "We have enough staff to handle the workload."	120	NA*	240	120/240=50%
Item A8 – positively worded "There is enough time between procedures to properly prepare for the next one."	140	NA*	250	140/250= 56%
Item A10 – negatively worded "We feel rushed when taking care of patients."	NA*	130	250	130/250=52%
Composite Measure % Positive Score = (50% + 56% + 52%) / 3 = 53%				

*NA = Not applicable.

This example includes three items, with percent positive response scores of 50 percent, 56 percent, and 52 percent. Averaging these three items' percent positive scores results in a composite measure percent positive score of 53 percent for the *Staffing, Work Pressure, and Pace* composite measure.

Table N2 shows examples of computing the percent positive response for Near-Miss Documentation (Item D1) and Patient Safety Rating (Item F1).

Table N2. Example of Computing Percent Positive for Near-Miss Documentation and Patient Safety Rating

Survey Items	Number of “Always” or “Most of the Time” Responses	Number of “Excellent” or “Very Good” Responses	Total Number of Responses to the Item	Item Percent Positive Response
Near-Miss Documentation				
Item D1:				
“When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?”	193	NA*	250	193/250 = 77%
Patient Safety Rating				
Item F1:				
“Please give your facility an overall rating on patient safety.”	NA*	106	240	106/240 = 44%

* NA = Not applicable.

In this example, the Near-Miss Documentation (item D1) percent positive response is calculated by adding together the percentage of respondents who answered that near-miss events are documented “Always” or “Most of the Time” and then dividing that amount by the total number of responses to the item. The Patient Safety Rating (item F1) percent positive response is calculated by adding together the percentage of respondents who answered “Excellent” or “Very Good” and then dividing that amount by the total number of responses to the item.

Composite Measure Percent Positive Response

The eight ASC SOPS composite measures are each composed of three or four survey items. We calculated composite measure scores for each ASC by averaging the unrounded percent positive response on the items within a composite measure. For example, for a three-item composite measure, if the item percent positive responses were 50.7 percent, 50.4 percent, and 65.4 percent, the ASC’s composite measure percent positive response would be the average of these three percentages, or 55.5 percent positive, and displayed as a rounded percentage of 56 percent.

If an ASC had item data for at least 50 percent of the items within a composite measure, the site would receive a composite measure score. For example, for a three-item composite measure score, the number of item scores needed to calculate the composite measure is two items and for a four-item composite measure score, the number of item scores needed to calculate the composite measure is two items.

Item and Composite Measure Percent Positive Scores

We calculated the average percent positive scores for each of the eight SOPS composite measures and survey items by averaging the ASC-level percent positive scores and composite measure scores of all ASCs in the database. Because the percent positive is displayed as an overall average, scores from each ASC are weighted equally in their contribution to the calculation of the average.

Standard Deviation

The standard deviation (s.d.) is a measure of the spread or variability of ASC scores around the average. The standard deviations presented in Chapter 6 show the extent to which ASCs' scores differ from the average:

- If scores from all ASCs were exactly the same, then the average would represent all their scores perfectly and the standard deviation would be zero.
- If scores from all ASCs were very close to the average, then the standard deviation would be small and close to zero.
- If scores from many ASCs were very different from the average, then the standard deviation would be a large number.

When the distribution of ASC scores follows a normal bell-shaped curve (where most of the scores fall in the middle of the distribution, with fewer scores at the lower and higher ends of the distribution), the average, plus or minus the standard deviation, will include about 68 percent of all ASC scores. For example, if an average percent positive score across the database ASCs was 70 percent with a standard deviation of 10 percent (and scores were normally distributed), then about 68 percent of all the database ASCs would have scores between 60 percent and 80 percent positive.

Minimum and Maximum Scores

The minimum (lowest) and maximum (highest) percent positive scores are presented for each composite measure and item. These scores provide information about the range of percent positive scores obtained by database ASCs and are actual scores from the lowest and highest scoring ASCs.

When comparing your results with the minimum and maximum scores, keep in mind that these scores may represent ASCs that are extreme outliers (indicated by large differences between the minimum score and the 10th percentile score, or between the 90th percentile score and the maximum score).

Percentiles

Percentiles provide information about the distribution of ASC scores. A specific percentile score shows the percentage of ASCs that scored at or below a particular score.

Percentiles were computed using the SAS® software default method. The first step in this procedure is to rank the percent positive scores from all the participating ASCs, from lowest to highest. The next step is to multiply the number of ASCs (n) by the percentile of interest (p), which in our case would be the 10th, 25th, 50th, 75th, or 90th percentile.

The following examples show how the 10th and 50th percentiles would be computed using a sample of percent positive scores from 12 ASCs (using fake data shown in Table N3). First, the percent positive scores for Composite Measure “A” are sorted from low to high.

Table N3. Data Table for Example of How To Compute Percentiles

Ambulatory Surgery Center	Composite Measure “A” % Positive Score	
1	33%	
2	48%	←10 th percentile score = 48%
3	52%	
4	60%	
5	63%	
6	64%	
7	66%	←50 th percentile score = 65%
8	70%	
9	72%	
10	75%	
11	75%	
12	78%	

10th percentile

1. For the 10th percentile, we would first multiply the number of ASCs (n) by .10 (p) for the 10th percentile: ($n \times p = 12 \times .10 = 1.2$).
2. The product of $n \times p = 1.2$, where “j” = 1 (the integer) and “g” = 2 (the decimal). Because “g” is *not* equal to 0, the 10th percentile score is equal to the percent positive value of the ASC in the jth +1 position:
 1. “j” equals 1.
 2. The 10th percentile equals the value for the ASC in the 2nd position = 48%.

50th percentile

1. For the 50th percentile, we would first multiply the number of ASCs by .50:
($n \times p = 12 \times .50 = 6.0$).
2. The product of $n \times p = 6.0$, where “j” = 6 and “g” = 0. Because “g” = 0, the 50th percentile score is equal to the percent positive value of the ASC in the jth position plus the percent positive value of the ASC in the jth + 1 position, divided by 2:
 1. “j” equals 6.
 2. The 50th percentile equals the average of the ASCs in the 6th and 7th positions
($64\% + 66\%$)/2 = 65%.

When the distribution of ASC scores follows a normal bell-shaped curve (where most of the scores fall in the middle of the distribution, with fewer scores at the lower and higher ends of the distribution), the 50th percentile, or median score, will be very similar to the average score. Interpret the percentile scores as shown in Table N4.

Table N4. Interpretation of Percentile Scores

Percentile Score	Interpretation
10th percentile Represents the lowest scoring ASCs.	10% of ASCs scored the same or lower. 90% of ASCs scored higher.
25th percentile Represents lower scoring ASCs.	25% of ASCs scored the same or lower. 75% of ASCs scored higher.
50th percentile (or median) Represents the middle of the distribution of ASCs.	50% of ASCs scored the same or lower. 50% of ASCs scored higher.
75th percentile Represents higher scoring ASCs.	75% of ASCs scored the same or lower. 25% of ASCs scored higher.
90th percentile Represents the highest scoring ASCs.	90% of ASCs scored the same or lower. 10% of ASCs scored higher.

To compare with the database percentiles, compare your ASC’s percent positive scores with the percentile scores for each composite measure and item. See example in Table N5.

Table N5. Sample Percentile Statistics

Survey Item	Average % Positive	s.d.	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50 th %ile	75th %ile	90th %ile	Max
Item 1	36%	17.43%	0%	20%	30%	45%	70%	80%	100%
			If your ASC's score is 78 percent, your score falls here: ↑ ↑ If your ASC's score is 85 percent, your score falls here: ↑ ↑						

If your ASC's score is 78 percent positive, it falls above the 75th percentile (but below the 90th), meaning that your ASC scored higher than at least 75 percent of the ASCs in the database.

If your ASC's score is 85 percent positive, it falls above the 90th percentile, meaning your ASC scored higher than at least 90 percent of the ASCs in the database.

Statistically “Significant” Differences Between Scores

You might be interested in determining the statistical significance of differences between your scores and the database scores, or between scores in various categories (e.g., number of operating/procedure rooms or geographic region). Statistical significance is greatly influenced by sample size; as the number of observations in comparison groups increases, small differences in scores become statistically significant. While a 1 percentage point difference between percent positive scores might be “statistically” significant (that is, not due to chance), the difference is not likely to be meaningful or “practically” significant.

Keep in mind that statistically significant differences are not always important, and nonsignificant differences are not always trivial. We provide the average, standard deviation, range, and percentile information so that you can compare your results with the database in different ways.

Data Limitations

The survey results presented in this report represent the largest known compilation of publicly available patient safety culture data for ASCs and therefore provide a useful reference. However, several limitations to these data should be kept in mind.

First, ASCs voluntarily submitted their data to the database; therefore, the database only includes those ASCs that have administered the SOPS ASC survey and were willing to submit their data to the database. As such, only a small percentage of all ASCs in the United States (less than 5 percent) are represented (see Table N6).

Estimates based on this self-selected group may produce biased estimates of the population and it is not possible to compute estimates of precision from such a self-selected group. However, the geographic distribution of the ASCs participating in the database is to some degree consistent with the distribution of ASCs based on the 2019 Centers for Medicare & Medicaid Services Number of Medicare Certified Providers, by Type of Provider, by State, Territories, Possessions, and Other Areas (see Table N6).²

Table N6. Distribution of AHRQ 2021 SOPS ASC Database Compared With 2019 Centers for Medicare & Medicaid Services Ambulatory Surgery Centers by Region

Geographic Region	AHRQ Database ASCs (2021)		Centers for Medicare & Medicaid Services Ambulatory Surgery Centers	
	Number	Percent	Number	Percent
Northeast	29	12%	816	14%
Midwest	47	20%	980	17%
South	92	39%	2,335	40%
West	67	29%	1,651	29%
Total	235	100%	5,782	100%

Note: States are categorized into regions as follows:

- Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT
- Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI
- South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
- West: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

Second, ASCs that administered the survey were not required to undergo any training and administered the survey in different ways. Some ASCs only administered paper surveys; others only used web-based surveys. These different survey administration modes could have led to differences in survey responses; further research is needed to determine whether, and how, different administration modes affect the results. Survey administration statistics for database ASCs, such as survey administration modes and response rates, are provided in Chapter 2.

Finally, the data ASCs submitted have been cleaned for out-of-range values (e.g., invalid response values due to data entry errors), straight-lining (where responses to all survey items in sections A and B were the same), and blank records (where responses to all survey items were missing or “Does not apply or Don’t know,” except for background items). Otherwise, data are presented as submitted. No additional attempts were made to verify or audit the accuracy of the data submitted.

² Centers for Medicare & Medicaid Services. Medicare Providers: Number of Medicare Certified Providers, by Type of Provider, by State, Territories, Possessions, and Other Areas, Calendar Year 2019. <https://data.cms.gov>. Accessed November 2, 2021.

Appendixes A and B: Overall Results by Facility Characteristics and Respondent Characteristics

In addition to the overall results on the database ambulatory surgery centers presented, Part II of the report presents data tables showing average percent positive scores on the survey composite measures and items across database ASCs, broken down by the following facility and respondent characteristics:

Appendix A: Results by Facility Characteristics

- Number of Operating/Procedure Rooms
- Geographic Region

Appendix B: Results by Respondent Characteristics

- Staff Position
- Hours Worked per Week in ASC

The breakout tables are included as appendixes due to the large number of them. The appendixes are available at <https://www.ahrq.gov/sops/databases/asc/index.html>.

Highlights From Appendix A: Overall Results by Facility Characteristics

Number of Operating/Procedure Rooms (Tables A-1, A-4, A-5)

- There were small differences on the Composite Measure Average by number of operating procedure/rooms. However, ASCs with *1 to 2 operating/procedure rooms* had the highest average percent positive response for the *Staffing, Work Pressure, and Pace* composite measure (77 percent). ASCs with *6 or more operating/procedure rooms* had the lowest (71 percent).
- ASCs with *1 to 2 operating/procedure rooms* had the highest average percentage of respondents who gave their ASC an Overall Rating on Patient Safety of “Excellent” or “Very good” (91 percent); ASCs with *6 or more operating/procedure rooms* had the lowest (85 percent).
- ASCs with *1 to 2 operating/procedure rooms* had the highest average percent positive for the item “Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns (81 percent); ASCs with *6 or more operating/procedure rooms* had the lowest (73 percent).
- ASCs with *1 to 2 operating/procedure rooms* had the highest average percent positive response for the item “Immediately after procedures, team members discussed any concerns for patient recovery” (88 percent); ASCs with *6 or more operating/procedure rooms* had the lowest (75 percent).

Geographic Region (Tables A-6, A-8)

- There were small differences on the Composite Measure Average by geographic region. However, ASCs in the *Northeast* had the highest average percent positive response for the *Staffing, Work Pressure, and Pace* composite measure (77 percent). ASCs in the *Midwest* had the lowest (70 percent).
- ASCs from the *Northeast* had the highest average percentage of respondents who indicated that near-miss incidents were “Always” or “Most of the time” documented in an incident or occurrence report (94 percent); ASCs from the *Midwest* had the lowest (86 percent).

Highlights From Appendix B: Overall Results by Respondent Characteristics

Staff Position (Tables B-1, B-3, B-4, B-5)

- *Doctor/Physician (excl. Anesthesiologists) or Surgeons* had the highest percent positive Composite Measure Average (96 percent); *Other Clinical Staff or Clinical Support Staff* had the lowest (80 percent).
- *Doctor/Physician (excl. Anesthesiologists) or Surgeons* had the highest average percentage of respondents who indicated that near-miss incidents were “Always” or “Most of the time” documented in an incident or occurrence report (98 percent); *Certified Registered Nurse Anesthetists (CRNAs)* had the lowest (83 percent).
- *Doctor/Physician (excl. Anesthesiologists) or Surgeons* had the highest average percentage of respondents who gave their ASC an Overall Rating on Patient Safety of “Excellent” or “Very good” (98 percent); *Other Clinical Staff or Clinical Support Staff* had the lowest (82 percent).
- *Doctor/Physician (excl. Anesthesiologists) or Surgeons* had the highest average percent positive response for the item “Immediately after procedures, team members discussed any concerns for patient recovery” (92 percent); *Certified Registered Nurse Anesthetists* had the lowest (66 percent).

Hours Worked Per Week (Tables B-6, B-8, B-9, B-10)

- Respondents who typically work *1 to 16 hours per week* had the highest percent positive Composite Measure Average (93 percent); respondents who typically work *32 to 40 hours per week* had the lowest (83 percent).
- Respondents who typically work *1 to 16 hours per week* had the highest average percentage of respondents who indicated that near-miss incidents were “Always” or “Most of the time” documented in an incident or occurrence report (95 percent); respondents who typically work *17 to 31 hours per week* had the lowest (89 percent).
- Respondents who typically work *1 to 16 hours per week* had the highest percentage of respondents who gave their ASC an Overall Rating on Patient Safety of “Excellent” or “Very good” (94 percent); respondents who typically work *32 to 40 hours per week* had the lowest (84 percent).
- Respondents who typically work *1 to 16 hours per week* had the highest average percent positive response for the item “Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns” (85 percent); respondents who typically work *17 to 31 hours per week* and those who typically work *32 to 40 hours per week* had the lowest (68 percent).

