Feedback Report on Patient Safety Culture

This Hospital Survey on Patient Safety™ 1.0 (HSOPS™) Feedback Report has been prepared specifically for:

Sample Medical Center

Emergency Department

Awareness
Raise the staff awareness about your organization's patient safety.

Measure
Evaluate the current state of your patient safety culture.

Improve
Identify strengths and areas for patient safety improvement.

Understand
Identify changes and evaluate trends in patient safety culture change over time.

REPORT DATE
1/1/2021

Center for Patient Safety

SURVEY DETAILS
Details about the current survey

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Survey Name: Hospital Survey on Patient Safety™ 1.0 (HSOPS™)
Survey Developer: Agency for Healthcare Research and Quality (AHRQ)
The AHRQ main Compare Database for this survey includes data from 320 Facilities and 191,997 Respondents
Compare Database: 2020 AHRQ HSOPS™ 1.0 subgroup Emergency Department
Administered by: Center for Patient Safety (CPS)

Organization: Sample Medical Center
Department: Emergency Department
Historical data included: Yes
Historical data is mapped from: Emergency Department

Distribution Method: Online, hyperlink distribution
Survey period: 04/01/2021 to 04/30/2021
Response Rate: 98% (54 out of 55)

Congratulations! You've taken a great step toward improving the culture of safety at your organization! This report reveals cultural strengths and priorities as perceived by the staff that responded during this survey period. Culture changes can take a long time to implement, but measuring the culture is the first step. With the survey completed, it's time to get to work. Review the results, develop goals that align with your strategic objectives, mission and vision, and implement action plans that will best facilitate culture change in needed areas.

YOUR NEXT STEPS

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STEP 1	Commend your staff for participating in the survey (anonymously) and thank them for their valuable feedback.
STEP 2	Preview your report. Skim through the pages, looking at available benchmarks, trends, scores, etc. No matter the score, or how you compare to others, higher scoring areas are strengths that can be used to mitigate the risks associated with weaker areas.
STEP 3	Set aside time to review the report in depth. Plan at least 30 minutes of interrupted time for digesting the information, or plan for an hour if you are new to using the survey. Your employees took valuable time to respond to the survey, and now is the time for you to commit to listening to their feedback. When reviewing the information, remember to keep other measures in mind. Consider turnover rate, employee engagement scores, employee safety metrics, and other data that can fully describe the unit or organization. Identify components you want to share with staff. Identify causal factors that may have contributed to the scores. Are the causal factors organization-wide, or specific to a certain area or team?
STEP 4	Share highlights of the results with employees and ask them for feedback and ideas to improve.
STEP 5	What are your next steps? Will you develop an action plan? Consider engaging a team to work on improvement initiatives.

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Report Components

Patient Safety Culture Maturity Scale

Scale evaluates organizational achievements and steps toward:
- Leadership
- Event occurrence management
- Measurement
- Patient safety improvement

Center for Patient Safety

HIGHLY RELIABLE
GENERATIVE
PROACTIVE
SYSTEMATIC
REACTIVE
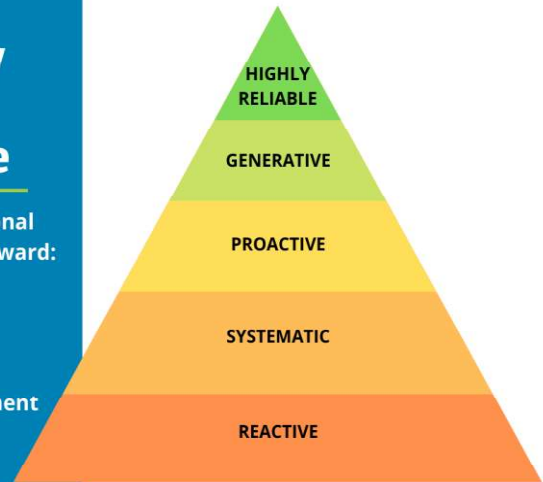
GUIDANCE

While reviewing the report, look for the areas of lowest "positive score." These are areas in which staff responded mostly negative and will require improvement planning. Also, while reviewing this report, look for the areas of highest "positive score." These are areas you will want to celebrate. Moving scores closer to "100% positive" is always the goal.

Consider starting at the back of the report, then work your way forward. Use the following as guidance:

COMMENTS	Read the valuable feedback provided by your survey respondents. Look for themes and common concerns. Take note of any suggestions or other low-hanging fruit.
DETAILS BY QUESTION	Do you see some graphs with more red than others? Review the number of "neutral" responses which may lower your positive scores, but should not actually result in the question being considered negative.
RESULTS BY QUESTION	Did any questions improve over time? Any scores surprising? Any scores not surprising?
PRIORITIES QUESTION	The lowest scoring questions are considered your "top priorities".
RESULTS BY DIMENSION	How do you score compared to others?
PRIORITIES DIMENSION	Questions are rolled up into common themes, or dimensions. What trends are you seeing?
DEMO-GRAPHICS	Consider the demographic summary of those taking your survey. Were any areas represented more than others?
DASH-BOARD	Use this as a snapshot to present to leaders, employees, or others as a high-level overview of your current culture's strengths and opportunities. Check out resources, made available based on your lowest scoring areas.

RESOURCES
Resources and More Information

General Resources
👉 https://forward.centerforpatientsafety.org/resources
Agency for Healthcare Research and Quality
👉 www.ahrq.gov
Center for Patient Safety
👉 www.centerforpatientsafety.org

DID YOU KNOW?

ℹ️ **Incomplete and Ineligible Survey Determination**
Each survey is examined for completeness and validity prior to inclusion in the final data set. Surveys are excluded if submitted blank, submitted with only background demographic questions answered, or submitted with less than 20% of the questions answered. Additionally, surveys are excluded when a respondent gives the exact same answer for all the questions in the survey (i.e. all 5's). Because the survey includes negatively worded items, respondents should use both the positive and negative ends of the response scales to provide consistent answers. If every answer is the same, the respondent did not give the survey his or her full attention and the responses are probably not valid.

ℹ️ **Response Rate Calculation**
Final response rates provided in the report are calculated following the removal of incomplete and ineligible surveys (see above) and only if original population sizes are received from organization.

ℹ️ **Anonymity vs. Identifiers**
This survey was taken with complete anonymity. The Center for Patient Safety administered this survey and captured all responses directly from facility staff. The facility and its administrators do not have direct access to any of the individual respondent information. There were no individual respondent identification numbers or identifiers captured or associated with this survey. IP address is the only information captured by the Center for Patient Safety, however, this information is never released to the facility. Respondents were not asked to provide their name on the survey. Without tracking mechanisms, there is a small risk that an individual may have completed and returned more than one survey. The Center makes every effort to validate responses and reduce duplications or multiple entries by one individual. It is worth noting that the length of the survey, as well as reverse-worded questions, are deterrents to submitting more than one survey.

ℹ️ **Validating and Cleaning the Data**
Surveys are coded automatically during the electronic submission process to reduce data entry errors. Manual data scrubbing is conducted before reports are prepared.

ℹ️ **Frequencies of Responses**
The two lowest response categories are combined (e.g. Strongly Disagree/Disagree or Never/Rarely) and the two highest response categories are combined (e.g. Strongly Agree/Agree or Most of the Time/Always) to make the results easier to view. "Neither" answers and missing responses are excluded from the overall percentage of positive/negative response. Negatively worded questions are reverse coded when calculating percent "positive."

Center for Patient Safety

If you have questions about this report, please contact the Center for Patient Safety.
CENTER FOR PATIENT SAFETY
www.centerforpatientsafety.org
573.636.1014

SAMPLE MEDICAL CENTER - EMERGENCY DEPARTMENT

Survey period: 04/01/2021 to 04/30/2021

2021 Responses: 54
2020 Responses: 45
2019 Responses: 40

OVERALL PERCENT POSITIVE (ALL DIMENSIONS)	2019	2020	2021		ORG	AHRQ	AHRQ
	% Pos.	% Pos.	% Pos.	AHRQ %ile	% Pos.	50th %ile	90th %ile
Average of All Twelve (12) Survey Dimensions	50.3%	73.1%	73.7%	75th	66.7%	58.9%	78.7%

These are the dimensional areas (and specific questions) that staff have indicated as current weaknesses.

OPPORTUNITIES BY DIMENSION (TOP PRIORITIES)	2019	2020	2021		ORG	AHRQ	AHRQ
	% Pos.	% Pos.	% Pos.	AHRQ %ile	% Pos.	50th %ile	90th %ile
Handoffs & Transitions	38.6%	34.8%	46.2%	25th	40.0%	50.0%	75.0%
Non-punitive Response to Error	32.1%	65.9%	48.2%	50th	47.1%	39.0%	62.0%
Staffing	41.4%	72.9%	62.4%	75th	49.9%	45.0%	69.0%
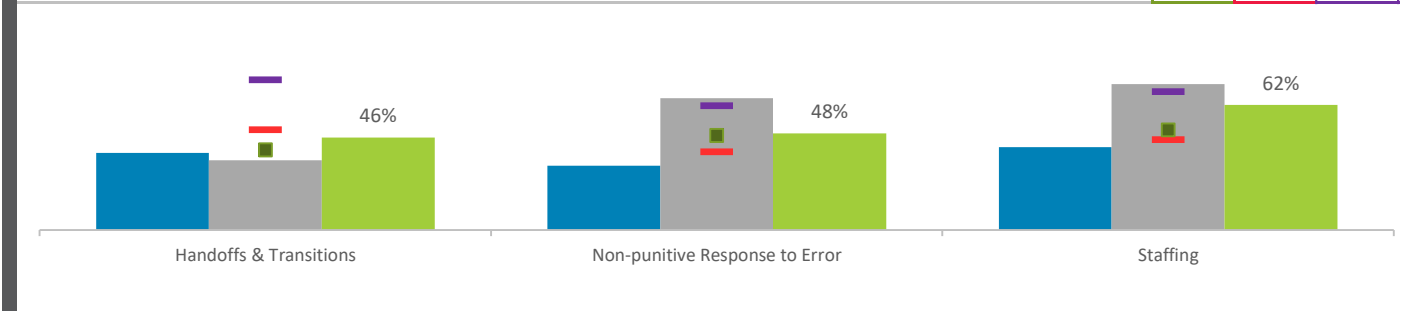
OPPORTUNITIES BY QUESTION	2019	2020	2021		ORG	AHRQ	AHRQ
	% Pos.	% Pos.	% Pos.	AHRQ %ile	% Pos.	50th %ile	90th %ile
*Staff worry that mistakes they make are kept in their personnel file.	26.3%	46.7%	15.4%	10th	31.2%	30.0%	52.0%
Staff feel free to question the decisions or actions of those with more authority.	23.1%	55.6%	24.5%	<10th	39.4%	45.0%	67.0%
*Problems often occur in the exchange of information across hospital units.	27.0%	31.8%	36.0%	25th	35.4%	46.0%	73.0%

These are the dimensional areas (and specific questions) that staff have indicated as current strengths.

STRENGTHS BY DIMENSION	2019	2020	2021		ORG	AHRQ	AHRQ
	% Pos.	% Pos.	% Pos.	AHRQ %ile	% Pos.	50th %ile	90th %ile
Feedback & Communication About Error	49.6%	82.1%	89.2%	90th	77.2%	63.0%	80.0%
Supr/Mgr Expectations & Actions Promoting Patient Safety	66.7%	84.9%	87.4%	75th	81.3%	77.0%	92.0%
Management Support for Patient Safety	52.6%	83.3%	86.3%	90th	72.3%	60.0%	81.0%
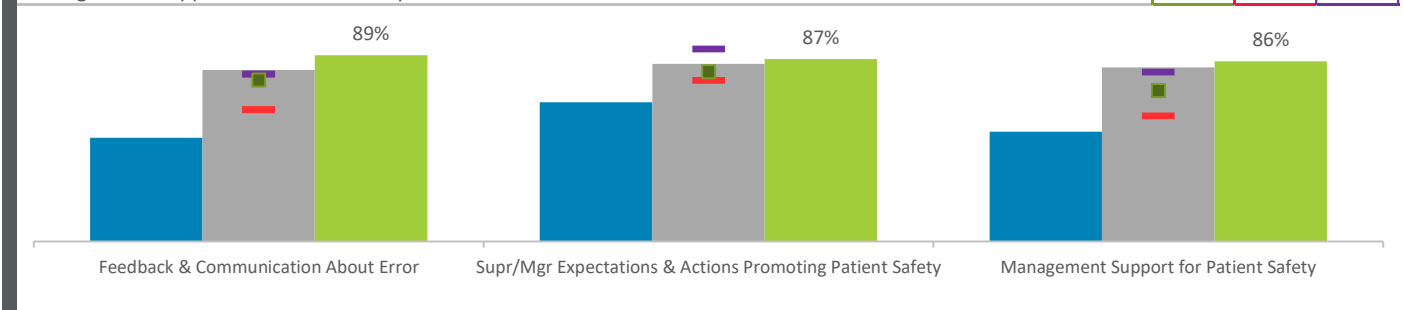
STRENGTHS BY QUESTION	2019	2020	2021		ORG	AHRQ	AHRQ
	% Pos.	% Pos.	% Pos.	AHRQ %ile	% Pos.	50th %ile	90th %ile
In this unit, we discuss ways to prevent errors from happening again.	65.8%	88.6%	96.0%	90th	86.2%	70.0%	90.0%
Staff will freely speak up if they see something that may negatively affect patient care.	46.2%	77.8%	94.0%	90th	84.9%	74.0%	91.0%
*My supv/mgr overlooks patient safety problems that happen over and over.	92.3%	95.6%	94.0%	90th	81.7%	77.0%	92.0%