

Track: SOPS in Medical Offices, Nursing Homes
Session: Linking SOPS Results to Outcomes and
Setting Characteristics

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Track Number: SOPS T3 – S4

Variation in Safety Culture in the Primary Care Practice Sites of Two Large Healthcare Organizations

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Variation in Safety Culture in the Primary Care Practice Sites of Two Large Healthcare Organizations

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Background

- A strong safety culture is an essential component of patient safety and quality.
- We will describe our experience administering the MO-SOPS in primary care practices of two large but very different organizations; Access Community Health Network (ACCESS), a large multi-site community health center in Chicago; and the primary care practices of Cleveland Clinic.
- We also examined the association between MO-SOPS scores and quality scores in Cleveland Clinic primary care practices.

Aims

- We wanted to measure the degree to which safety principles were known and practiced by primary care physicians and support staff and to study the variability in scores from site to site.
- In addition, at Cleveland Clinic we examined if scores on the MO-SOPS were positively associated with quality indicator scores of chronic disease management and prevention.

Methods

- The MO-SOPS was administered to all clinicians and support staff of the 45 ACCESS primary care clinics in 2008 and the 26 primary care offices of Cleveland Clinic in 2009.
- We used the MO-SOPS analysis software to produce tables summarizing the percent positive responses to the 12 domains, the six summary safety and quality scales and selected individual items at ACCESS
- At Cleveland Clinic we used t-tests to determine if practices with higher MO-SOPS scores had higher quality scores for chronic disease management and prevention

Survey Instrument

- 12 dimensions of office safety culture
- 5 overall quality rankings
 - Patient centered
 - Timely
 - Effective
 - Efficient
 - Equitable
- 1 overall safety rating

MO-SOPS 12 dimensions

- Patient safety and quality issues
- Teamwork
- Info exchange with other settings
- Organizational learning
- Office processes and standardization
- Overall perceptions of patient safety & quality
- Work pressure and pace
- Owner/leadership support for patient safety
- Patient care tracking/follow-up
- Communication about error
- Staff training
- Communication openness

Results summary

- Response rate was over 70% in both organizations
- There was great variability in safety scores and the 12 safety domains among the practice sites in both organizations.
- There was no association between safety culture and chronic disease management scores ($R = 0.046$, $p = 0.830$) while there was a slightly negative association between safety culture and preventive care scores ($R = 0.599$, $p = 0.002$).

Cleveland Clinic Study

- We will present the details of the Cleveland Clinic study first

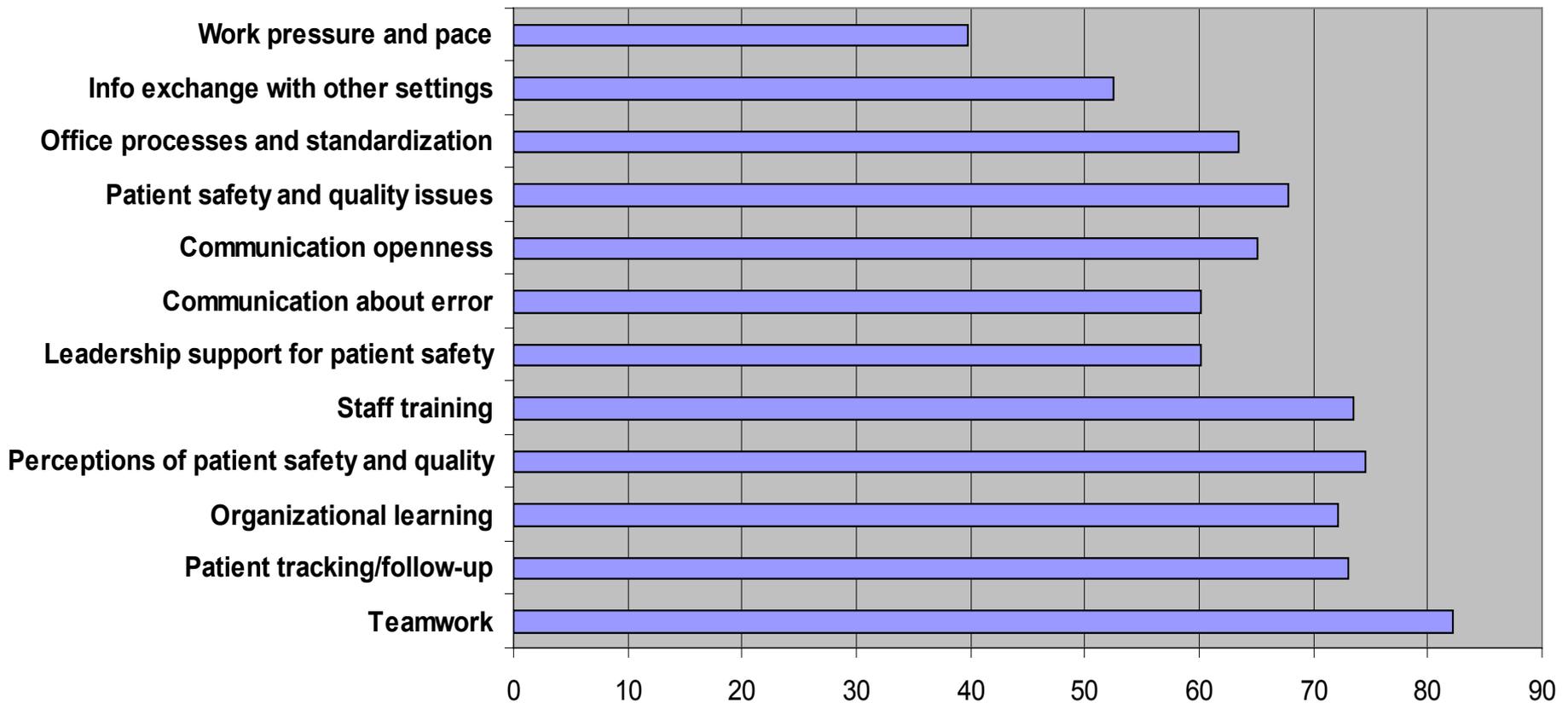
Survey Methods

- Distributed to physicians and support staff in family medicine, general internal medicine and general pediatrics practices in summer of 2009
- We defined a practice as “a front desk and everyone behind it”
- Findings summarized as “percent positive responses”: two top categories from 5 or 6 point Likert-type scales for each question, all questions within a given dimension were averaged

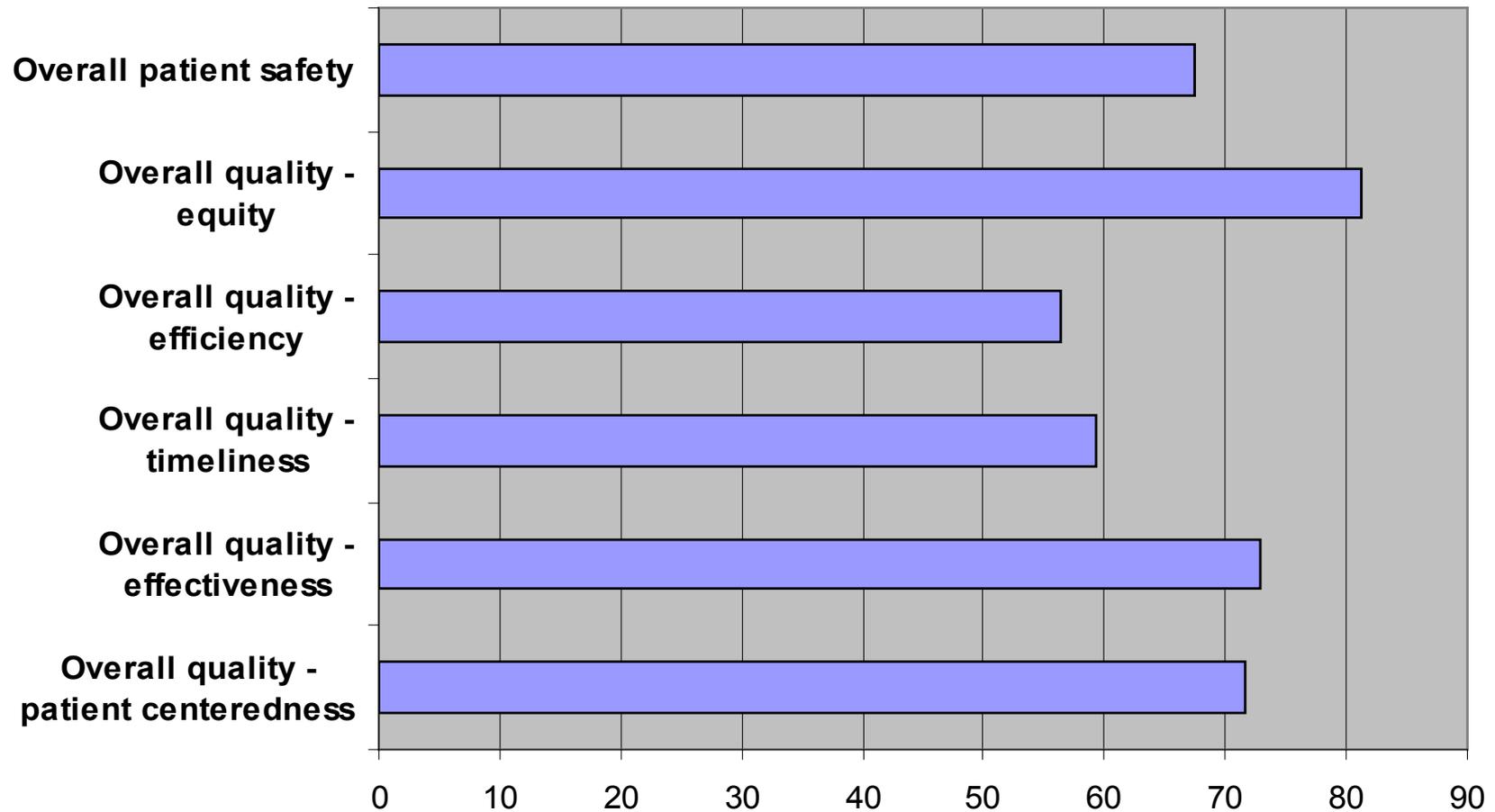
Results

- 32 practices participated with 523 total respondents
- Average response rate 77%, range from 27% to 100% in individual offices

Percentage of Postive Response for Cleveland Clinic Primary Care Offices



Quality and Safety Rating for Cleveland Clinic Primary Care Offices



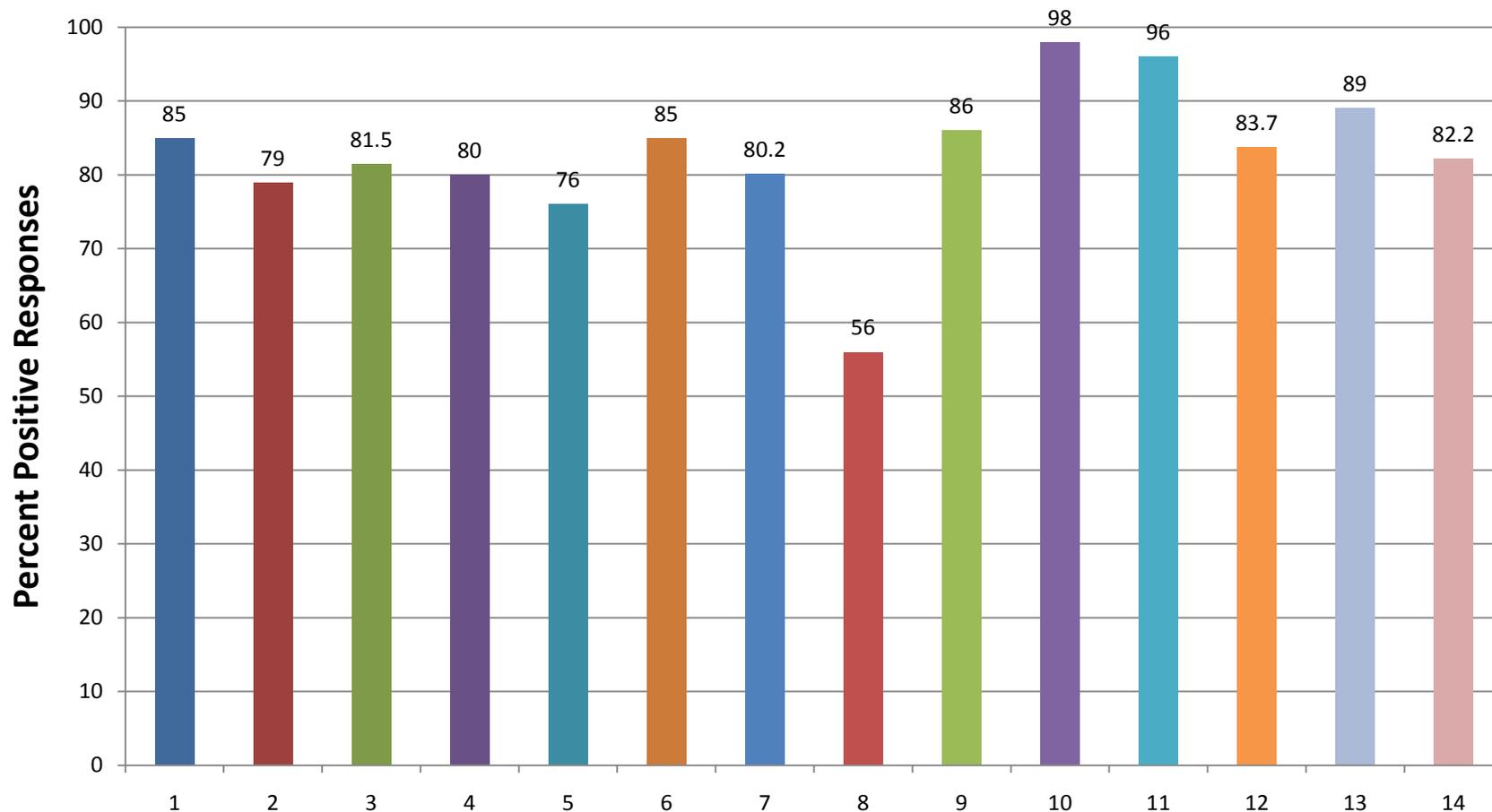
Safety Culture by Building

- Each bar represents the average value for a building
- These values were calculated by averaging the values of each practice within a given building (i.e., practices with different survey return numbers were given the same weight)

Results – Details from Cleveland Clinic

- The following slides will be presented in rapid succession so that you get a “moving picture” of the wide variation in safety scores among different practice sites of Cleveland Clinic
- Then I will present some of the comments made by respondents

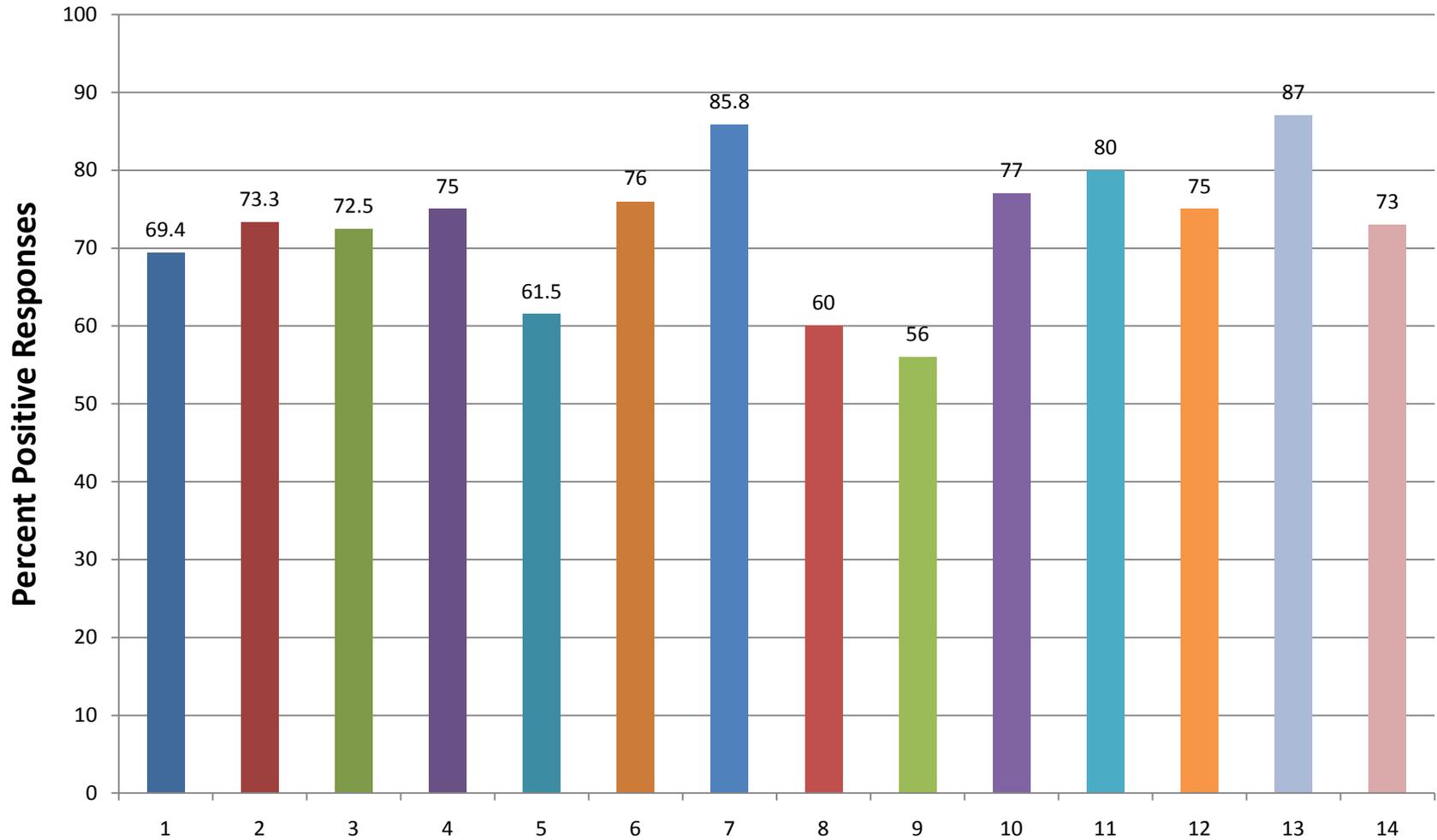
Teamwork



Building Number, CCF avg is #14



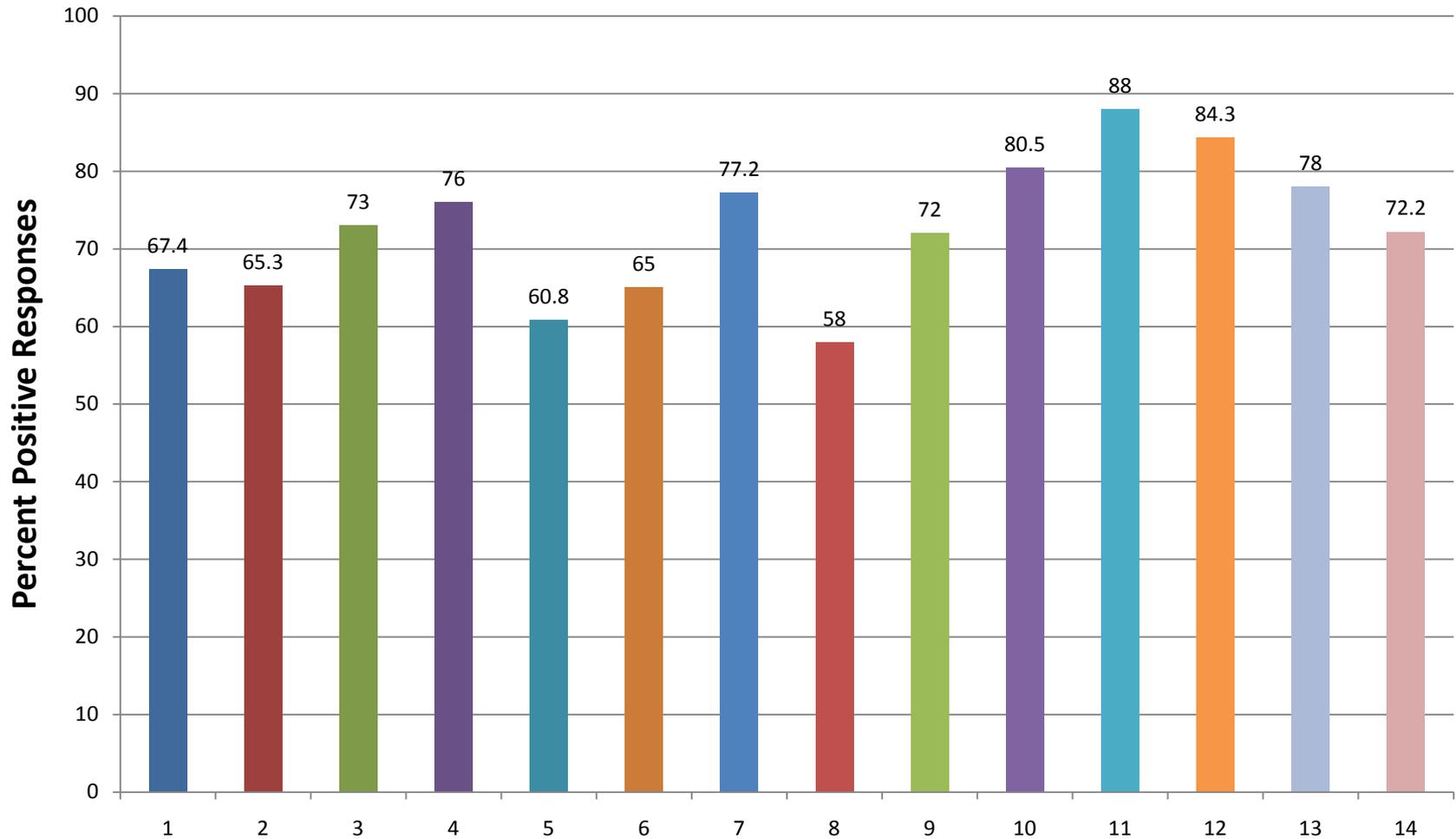
Patient Tracking/Follow Up



Building Number, CCF avg is #14



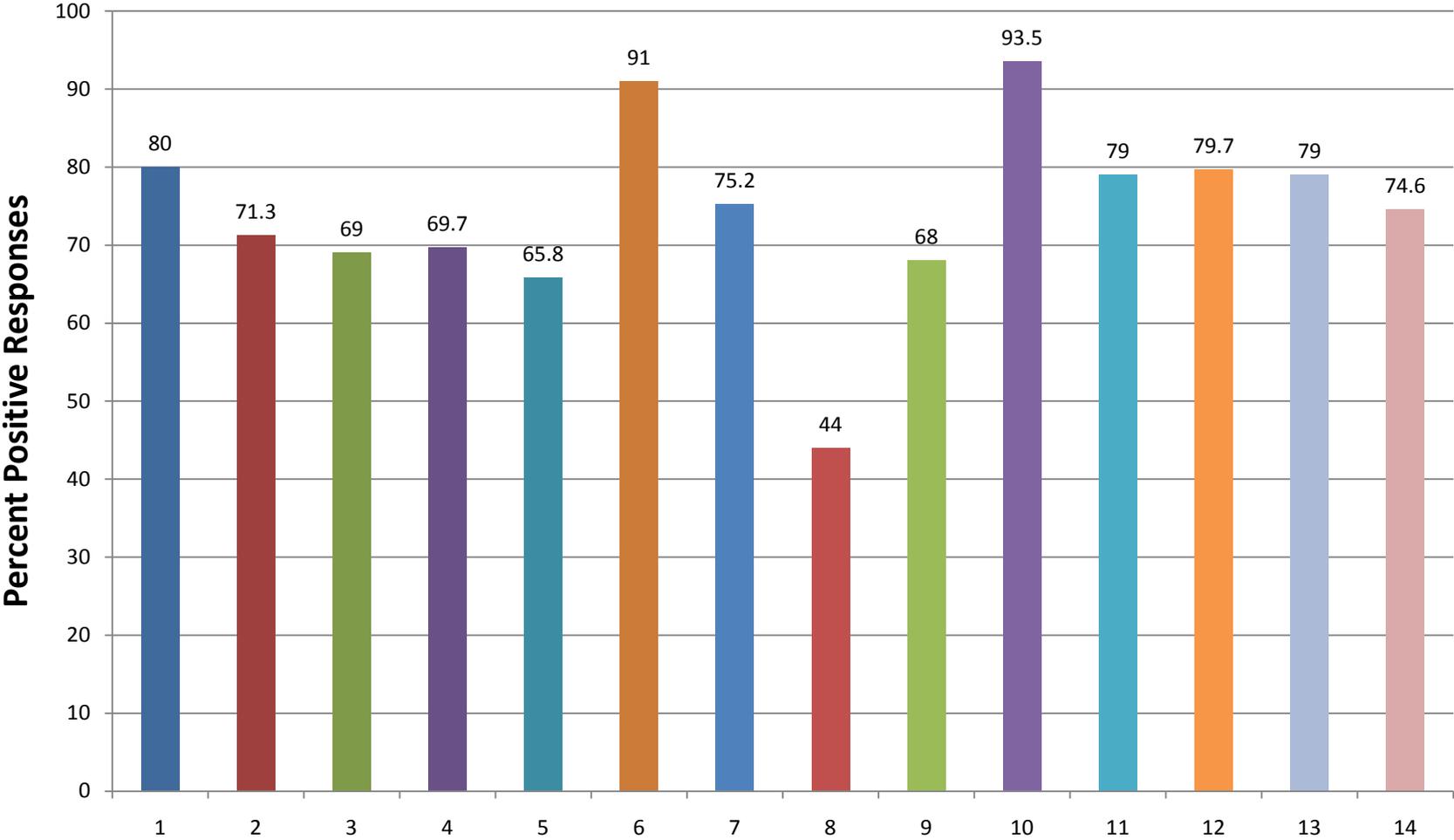
Organizational Learning



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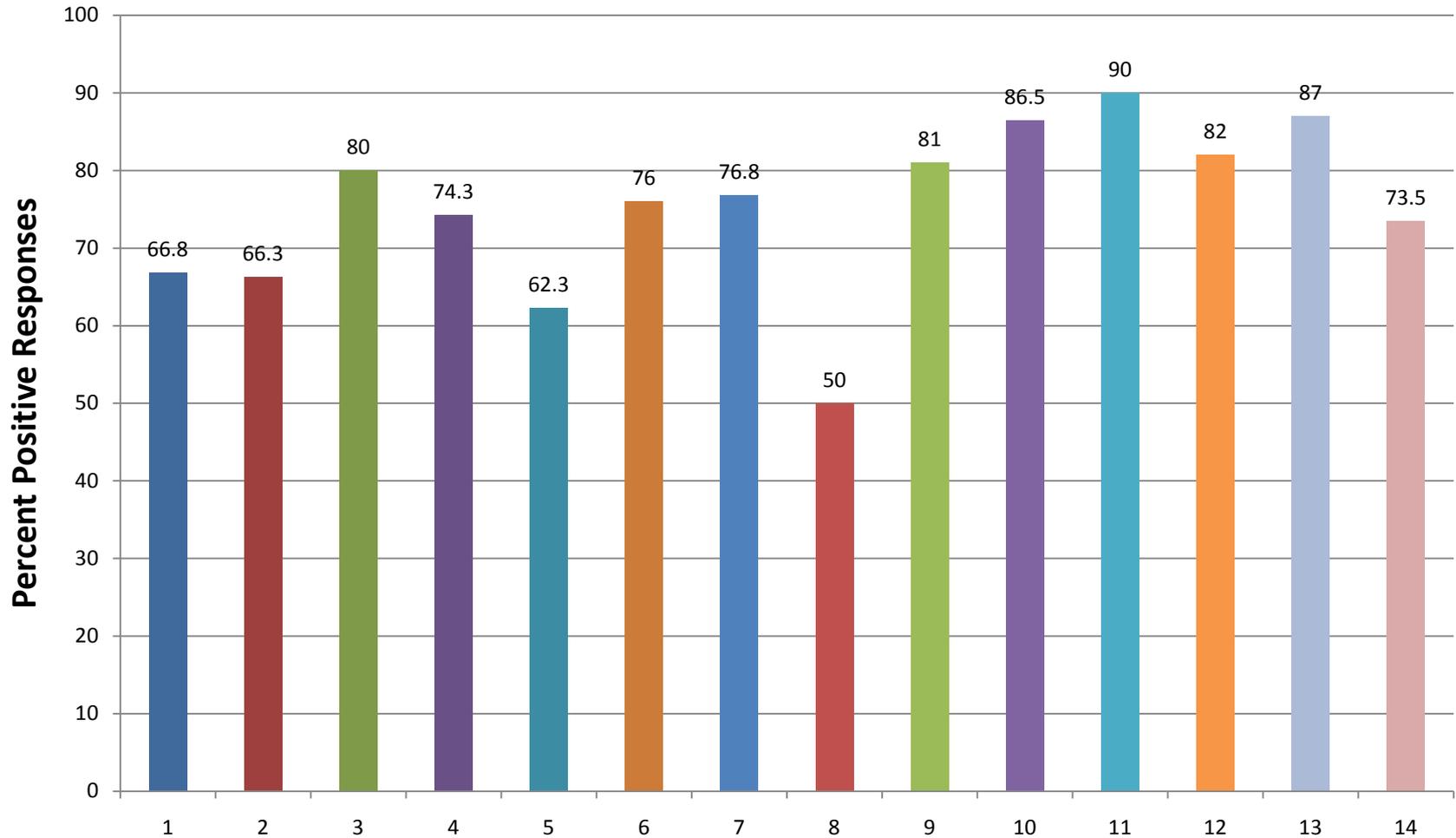
Perceptions of Safety and Quality



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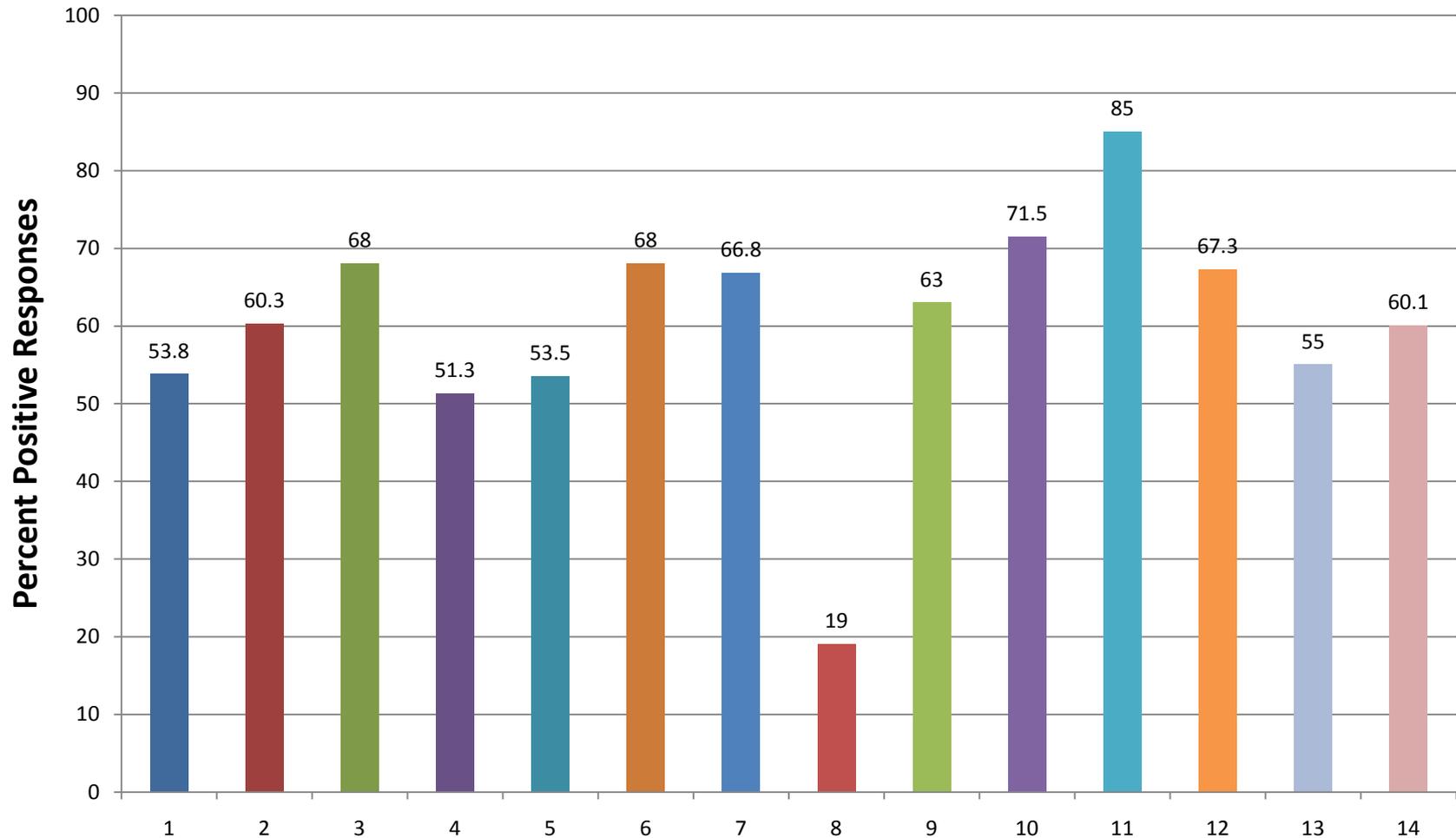
Staff Training



Building Number, CCF avg is #14



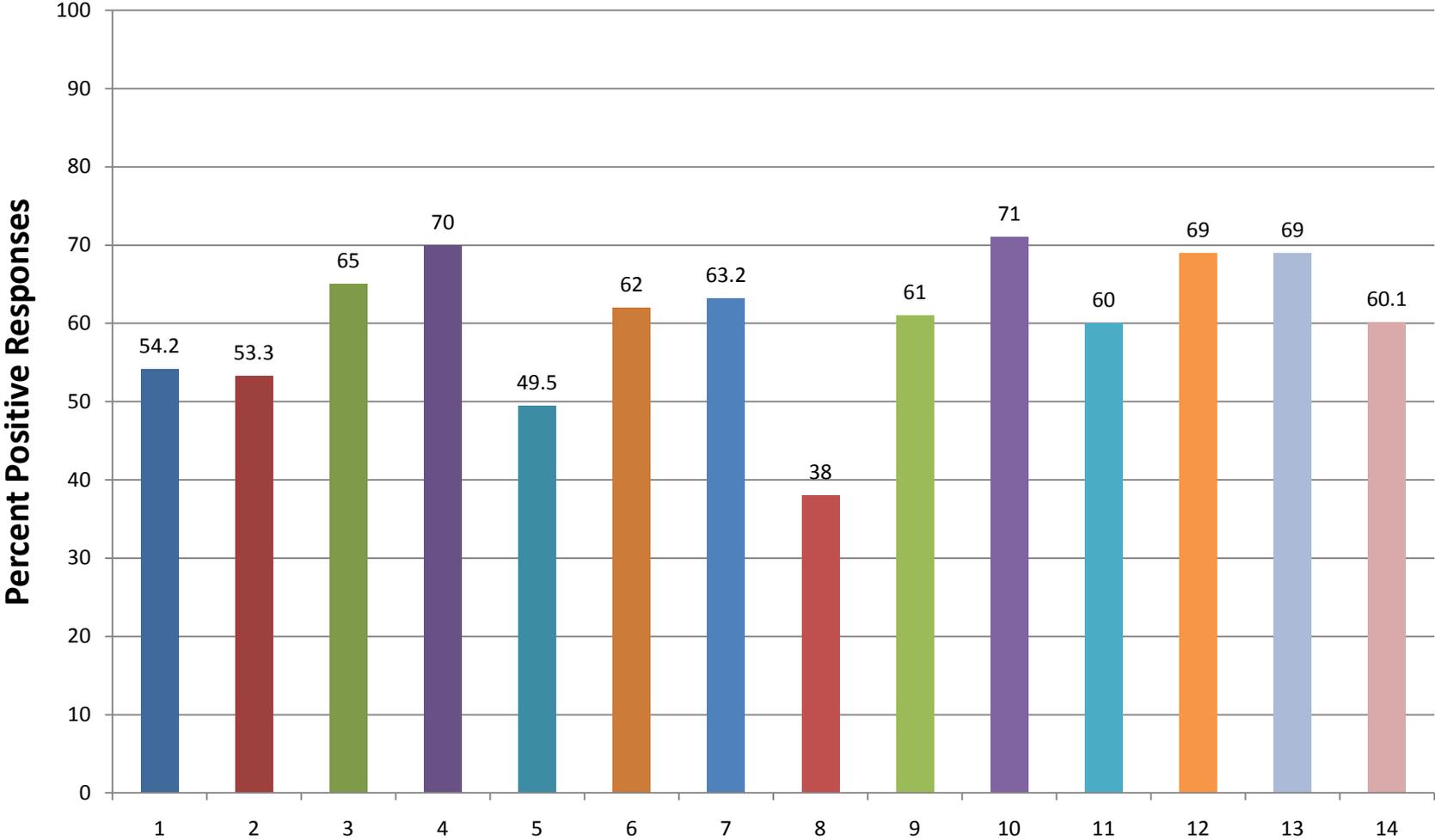
Leadership Support for Patient Safety



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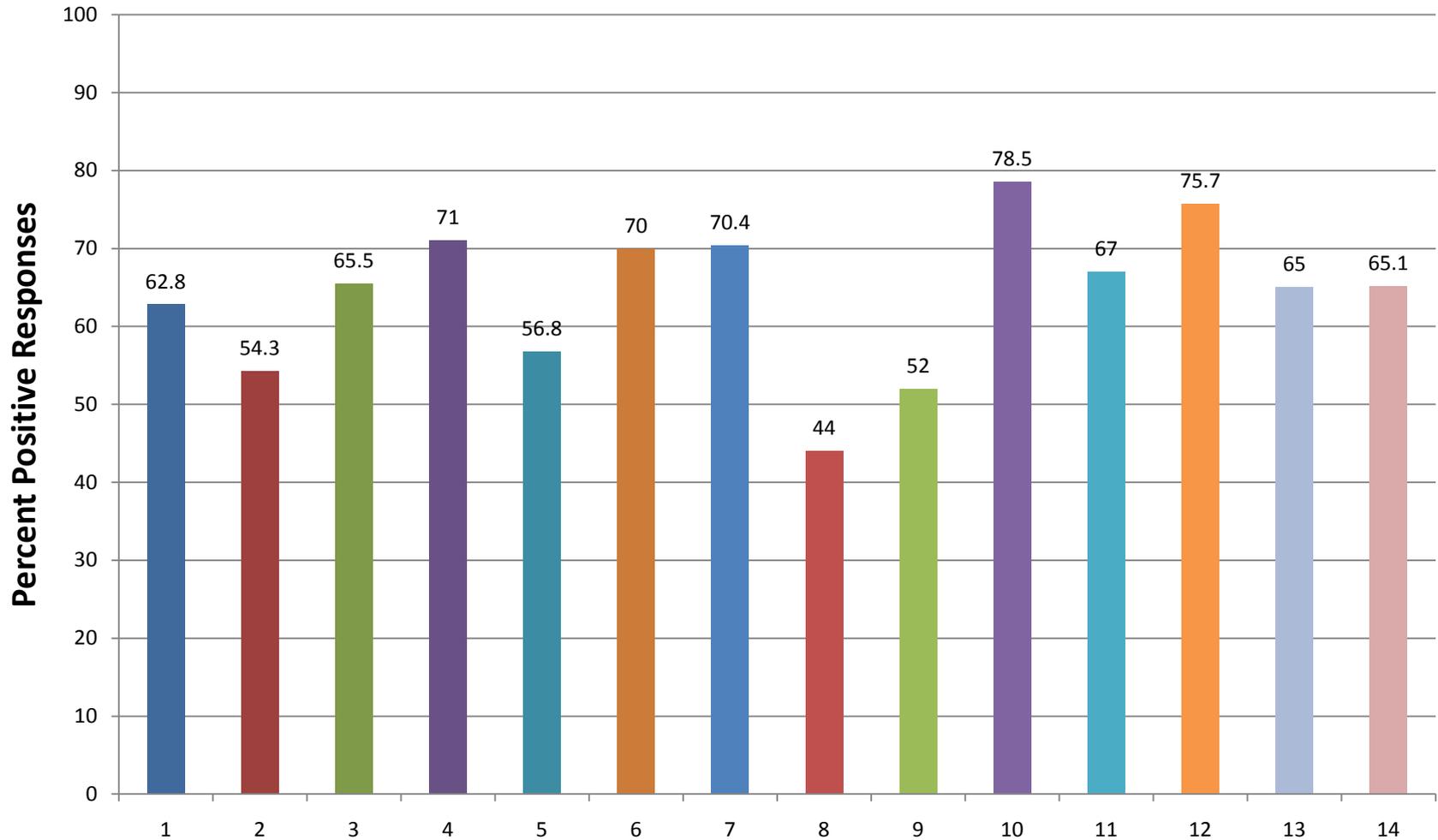
Communication about Error



Building Number, CCF avg is #14



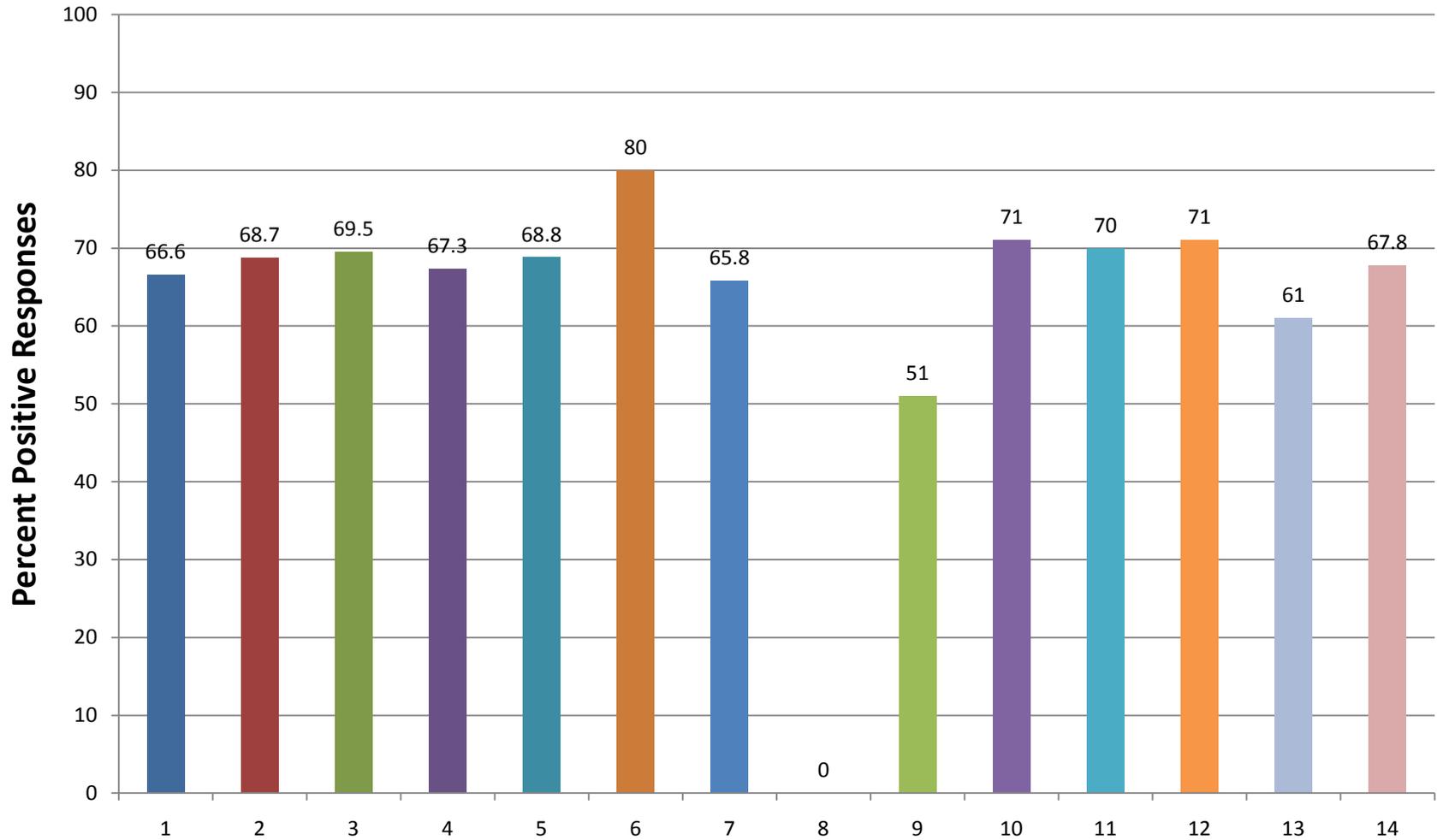
Communication Openness



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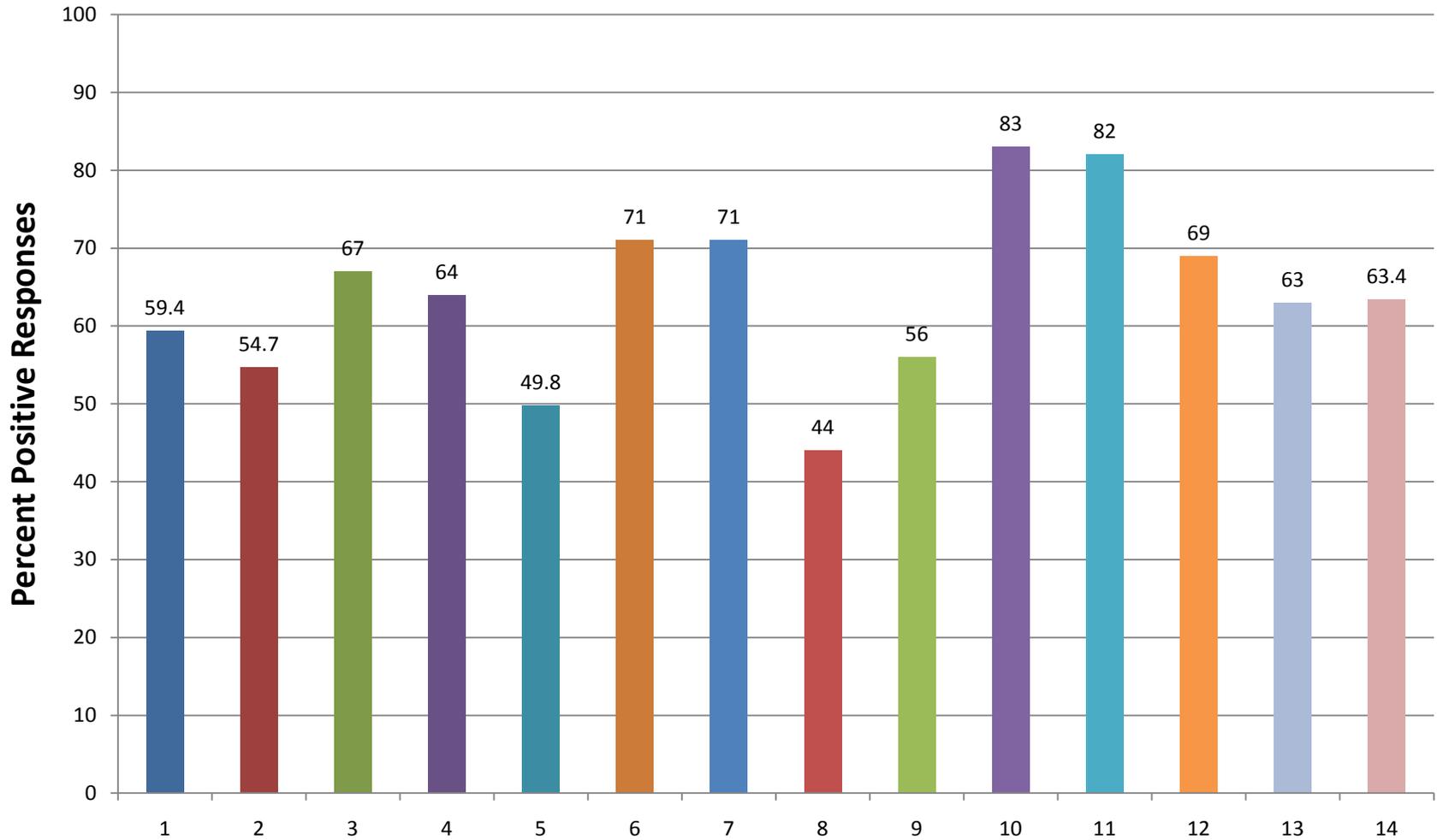
Patient Safety and Quality Issues



Building Number, CCF avg is #14, Building 8 had insufficient data



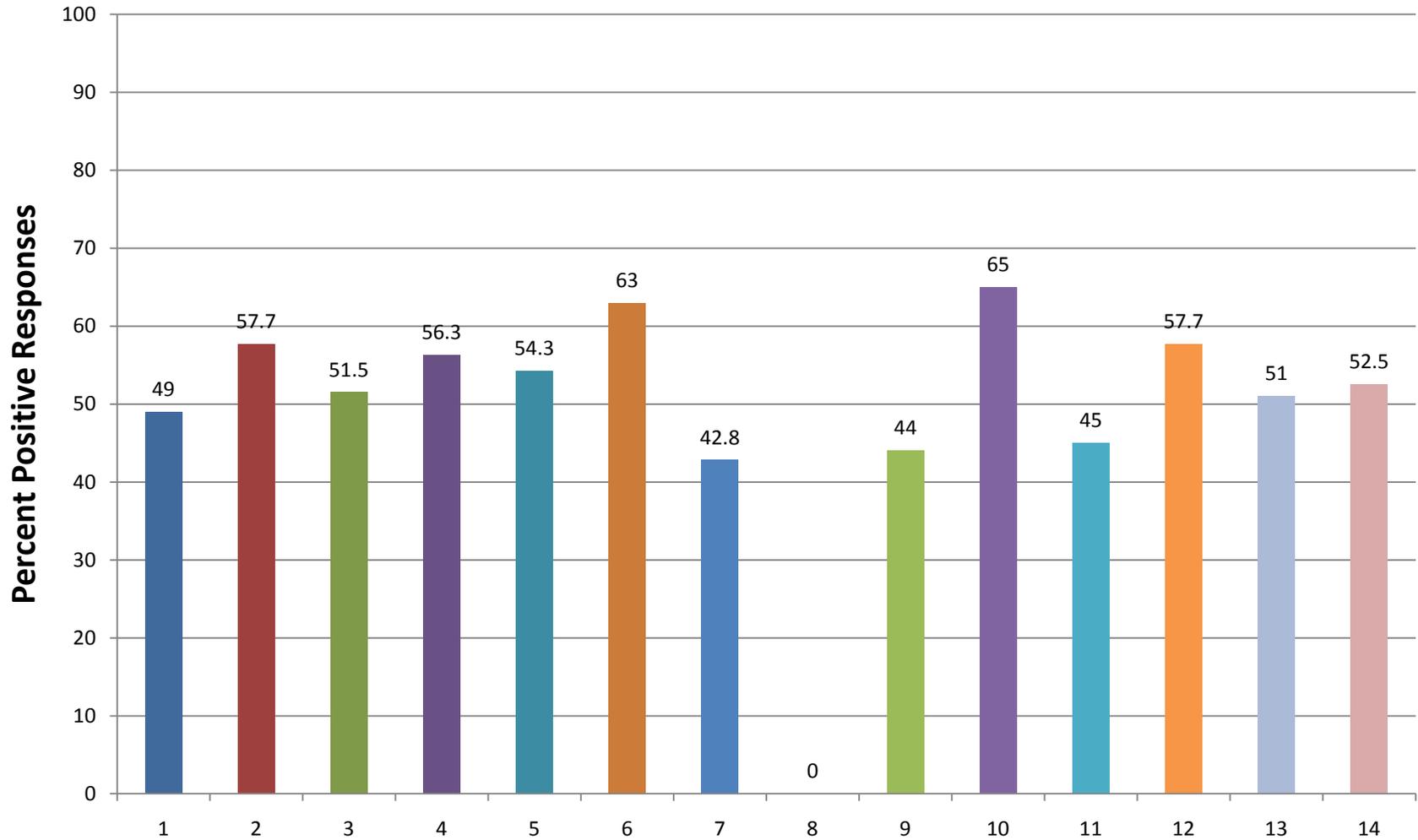
Office Processes and Standardization



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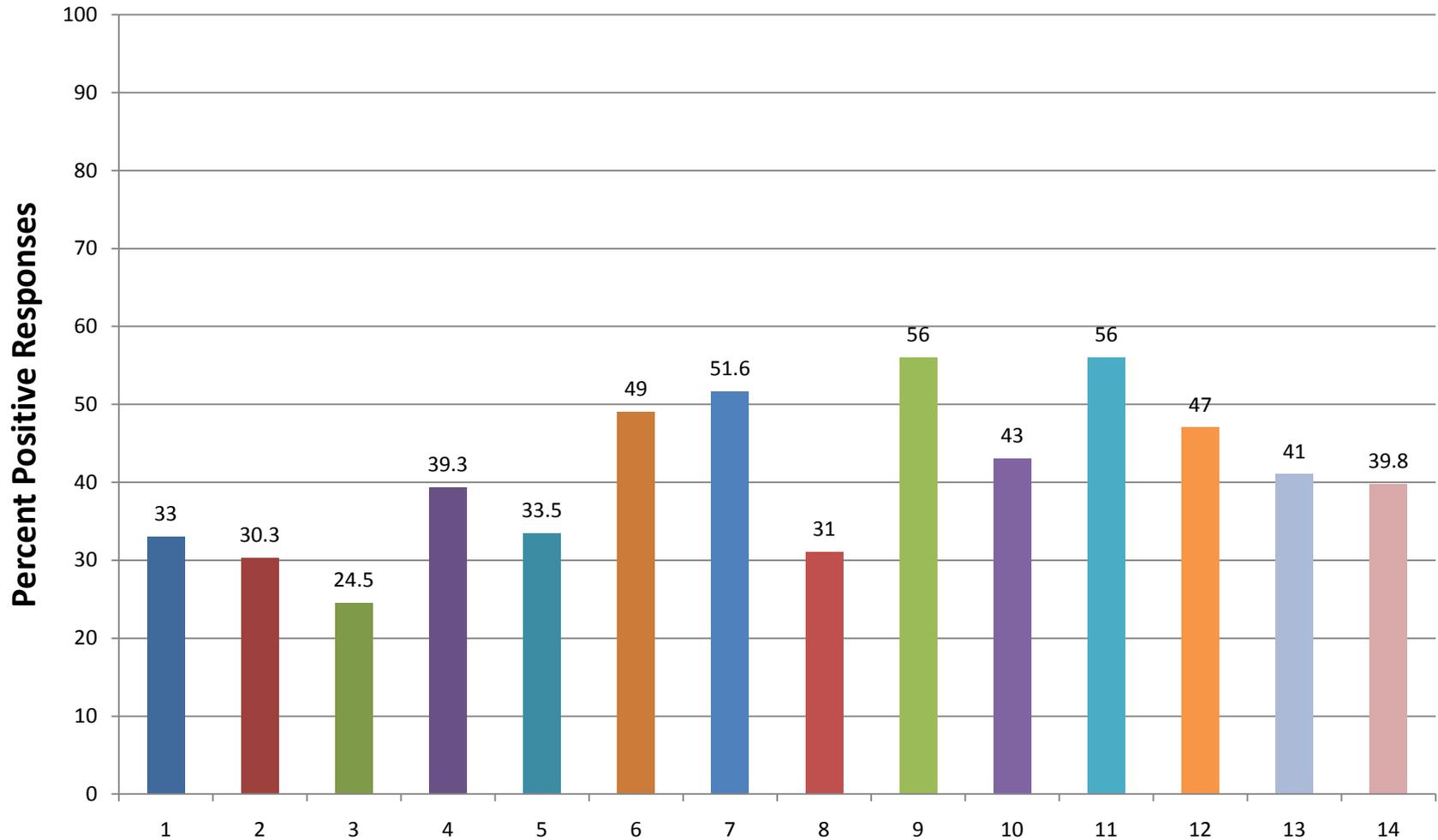
Information Exchange with Other Settings



Building Number, CCF avg is #14 , Building 8 had insufficient data



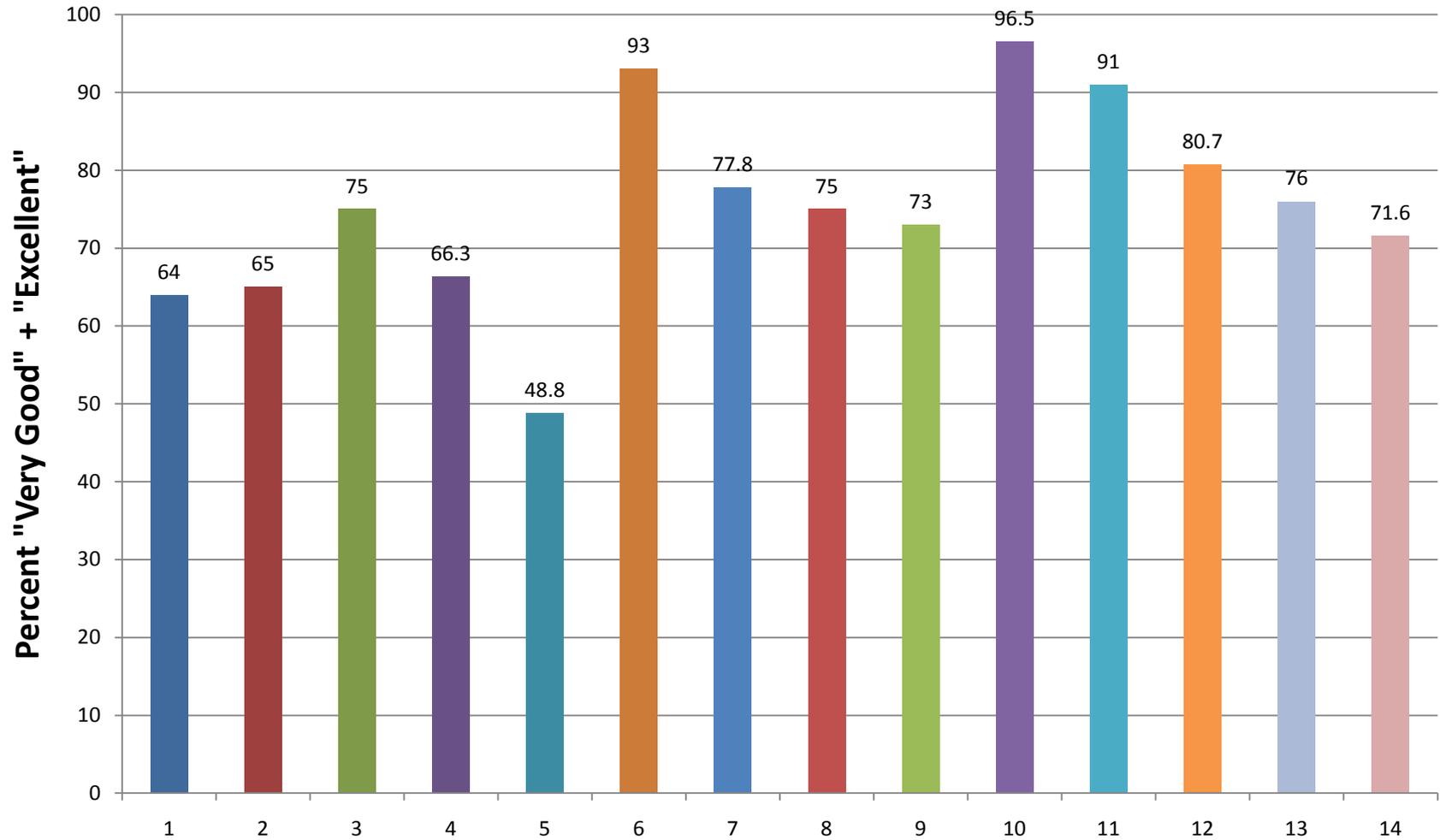
Work Pressure and Pace



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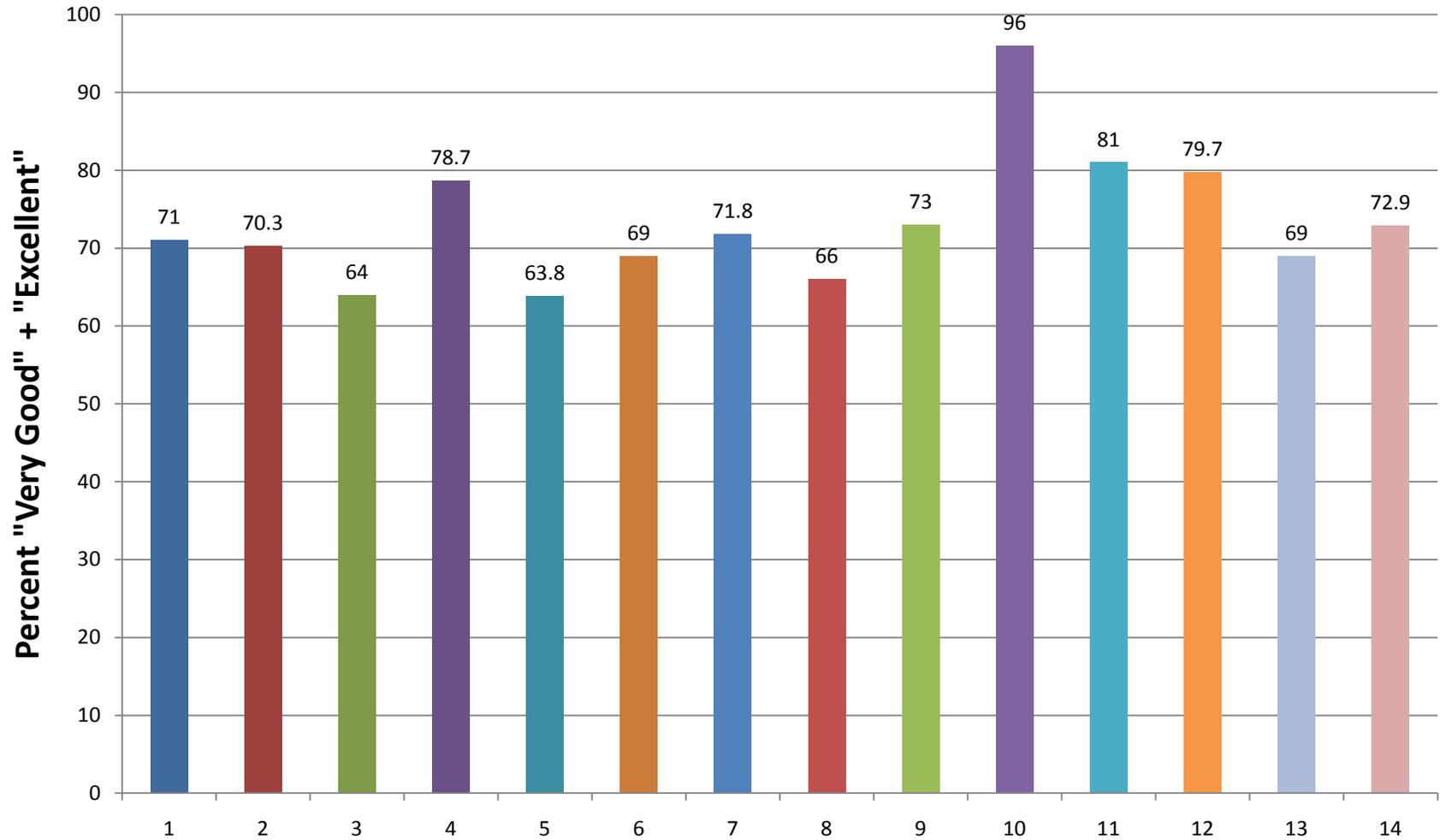
Overall Quality - Patient Centeredness



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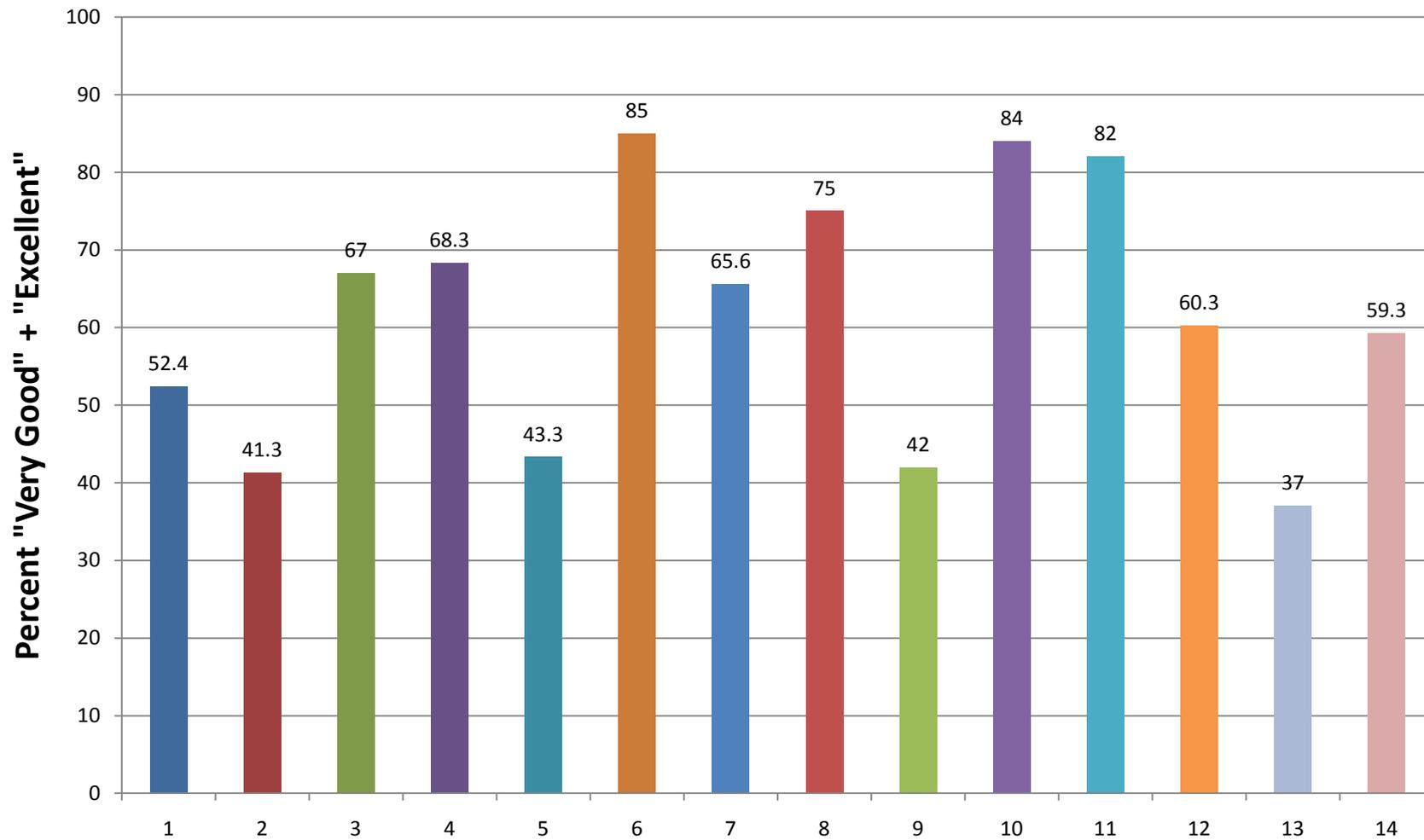
Overall Quality - Effectiveness



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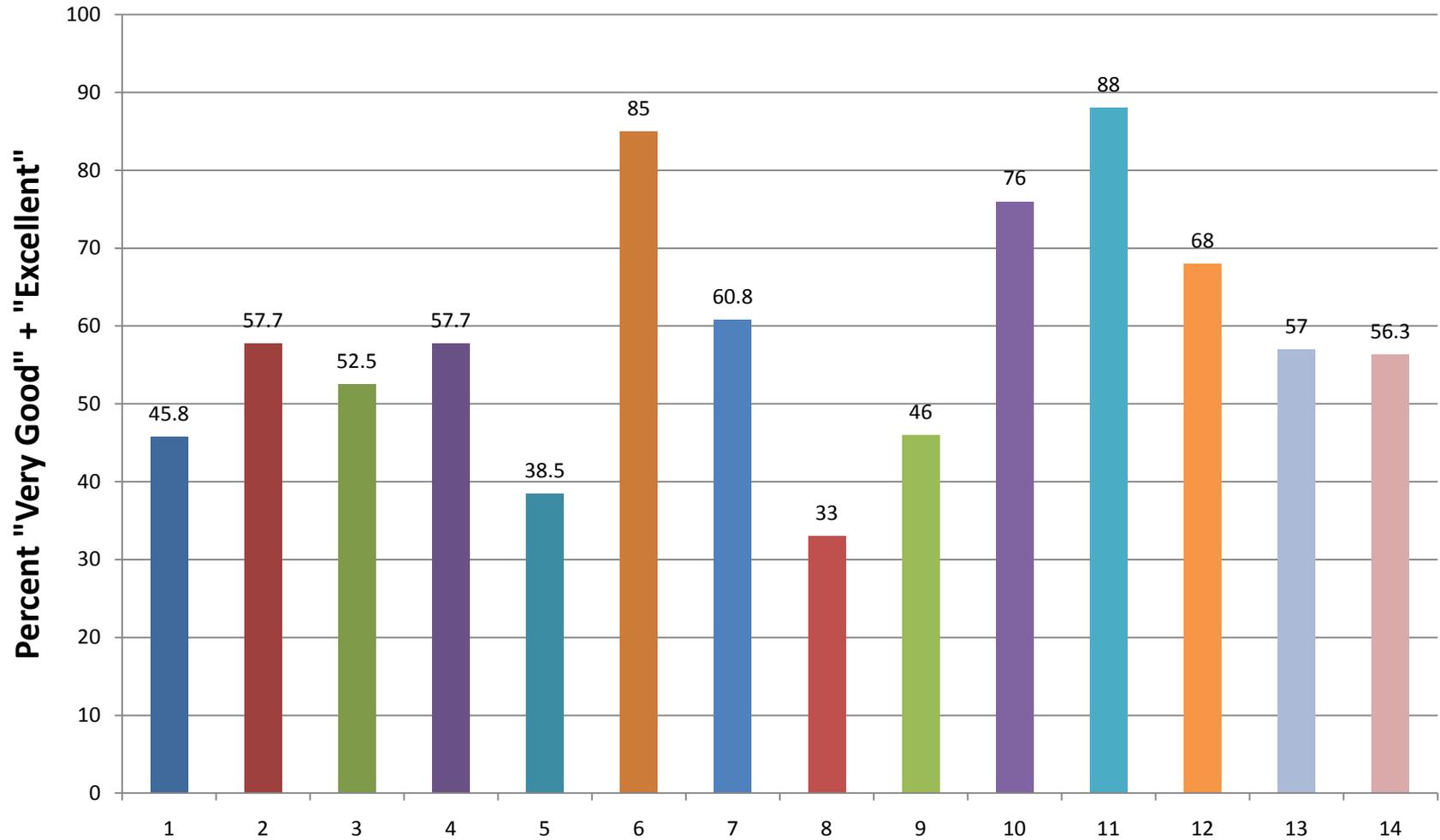
Overall Quality - Timeliness



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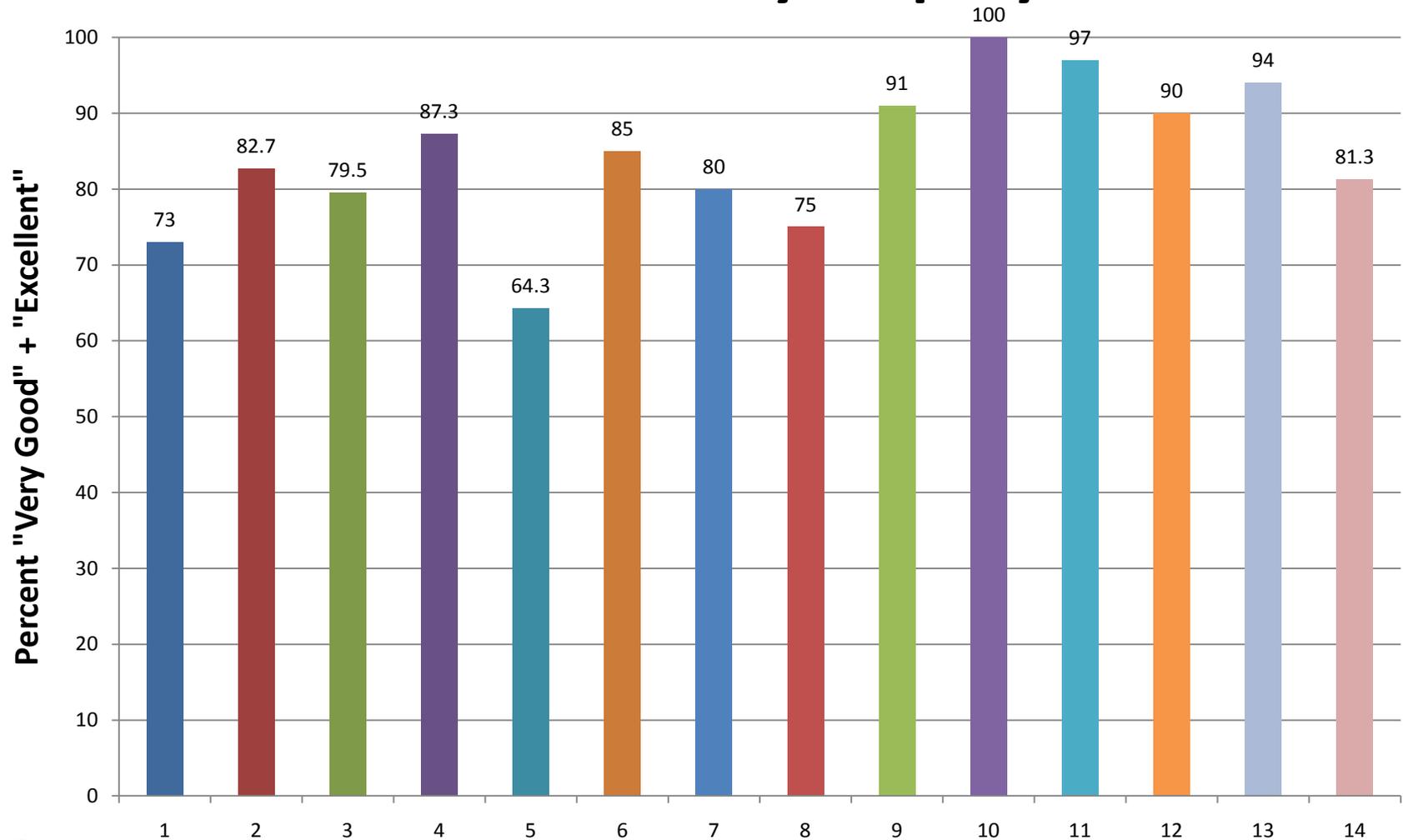
Overall Quality - Efficiency



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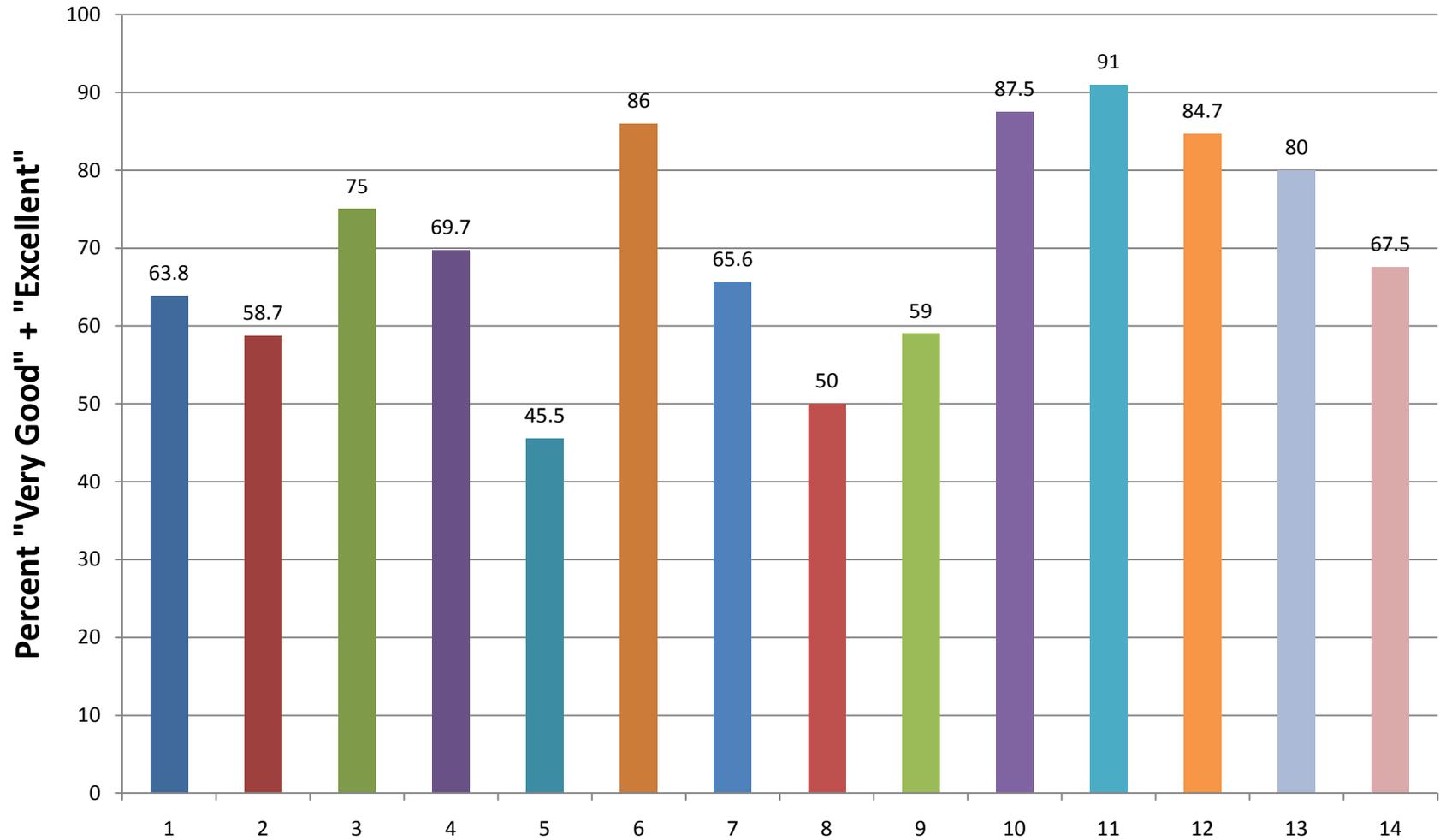
Overall Quality - Equity



Building Number, CCF avg is #14



Overall Patient Safety



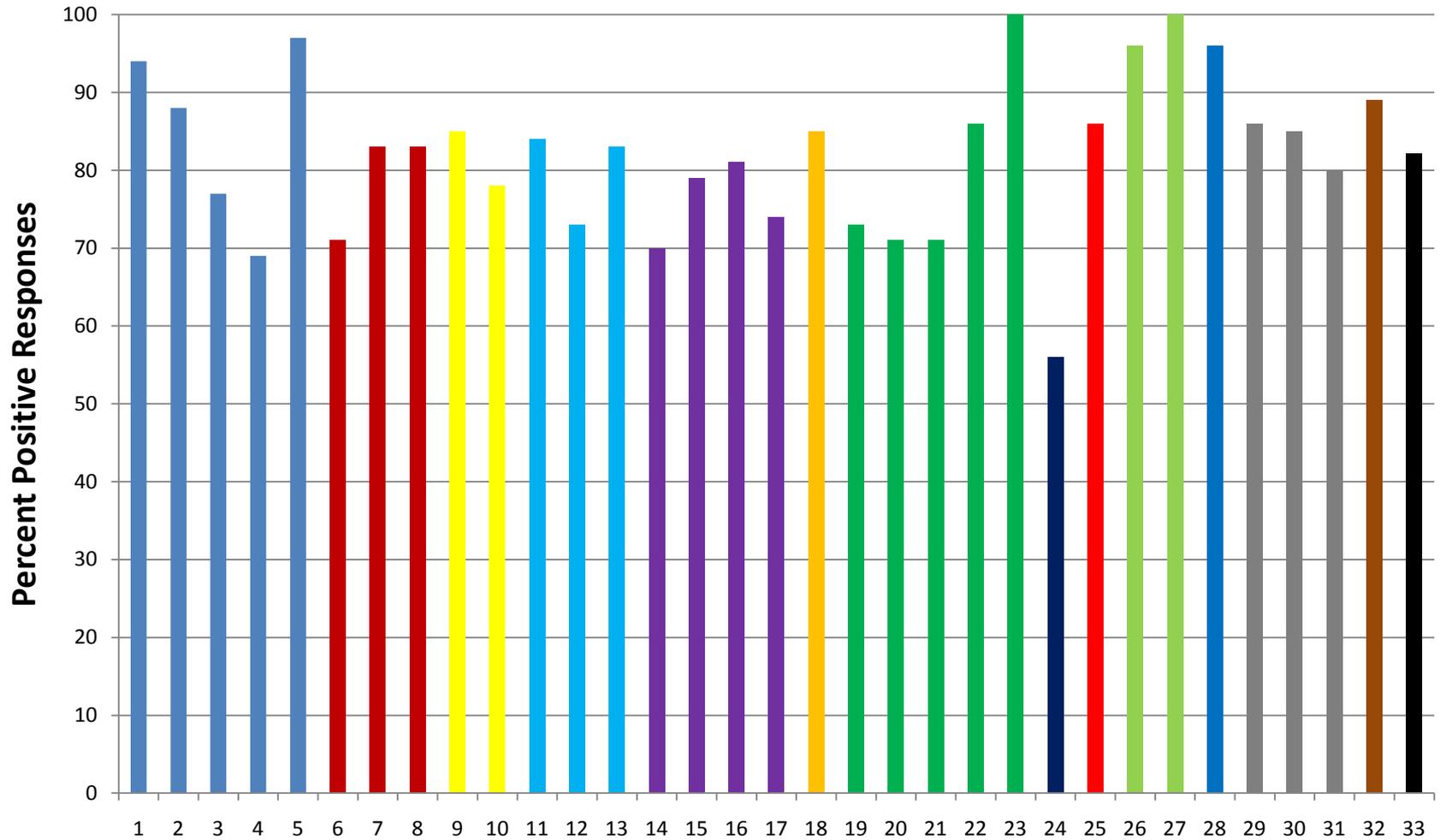
Building Number, CCF avg is #14



Safety Culture Dimensions by Practice Site

- Each bar represents an individual practice, 32 total
- Practices within the same building are grouped together and have the same colored bars

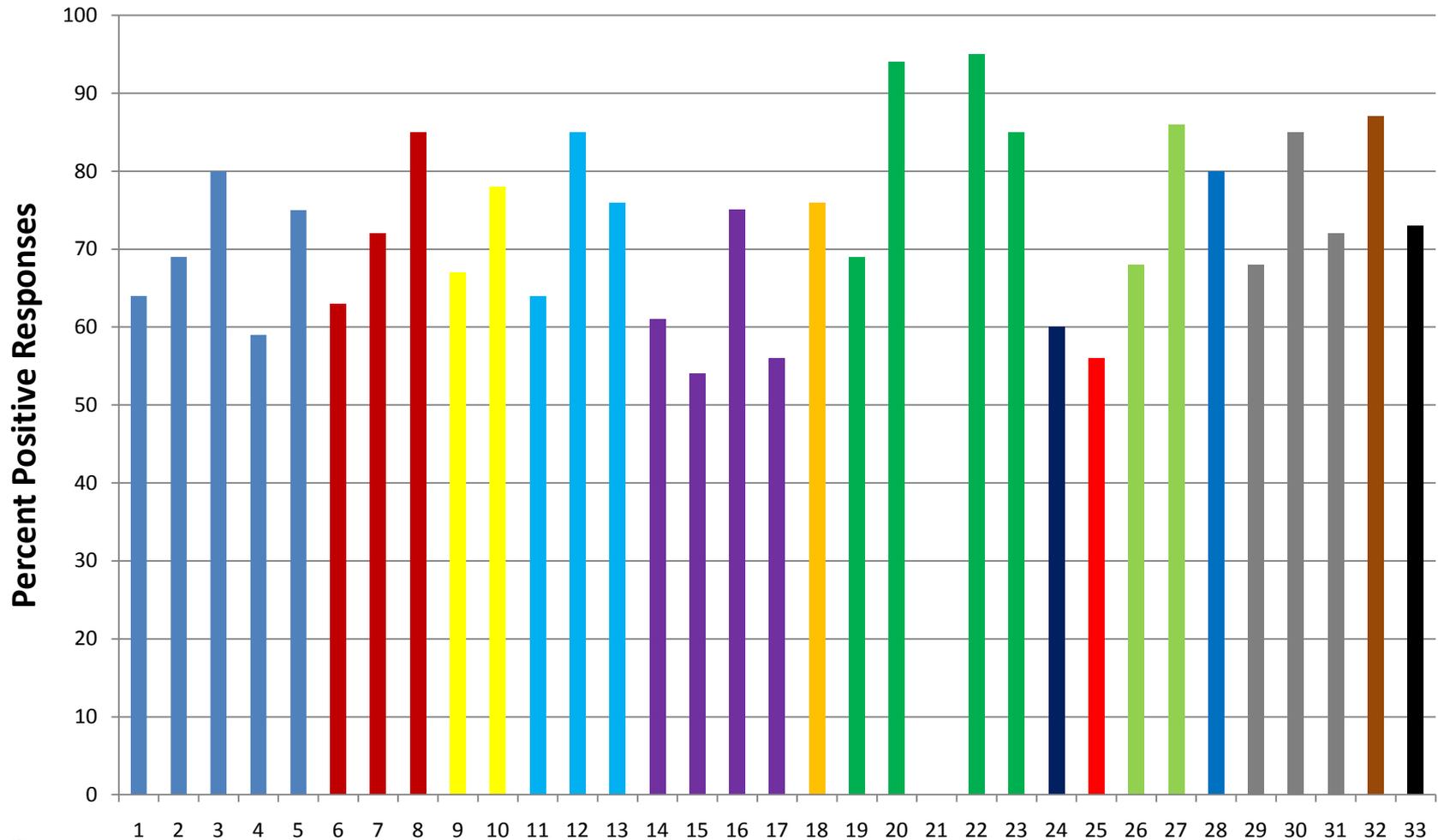
Teamwork



Practice Number, CCF avg is #33

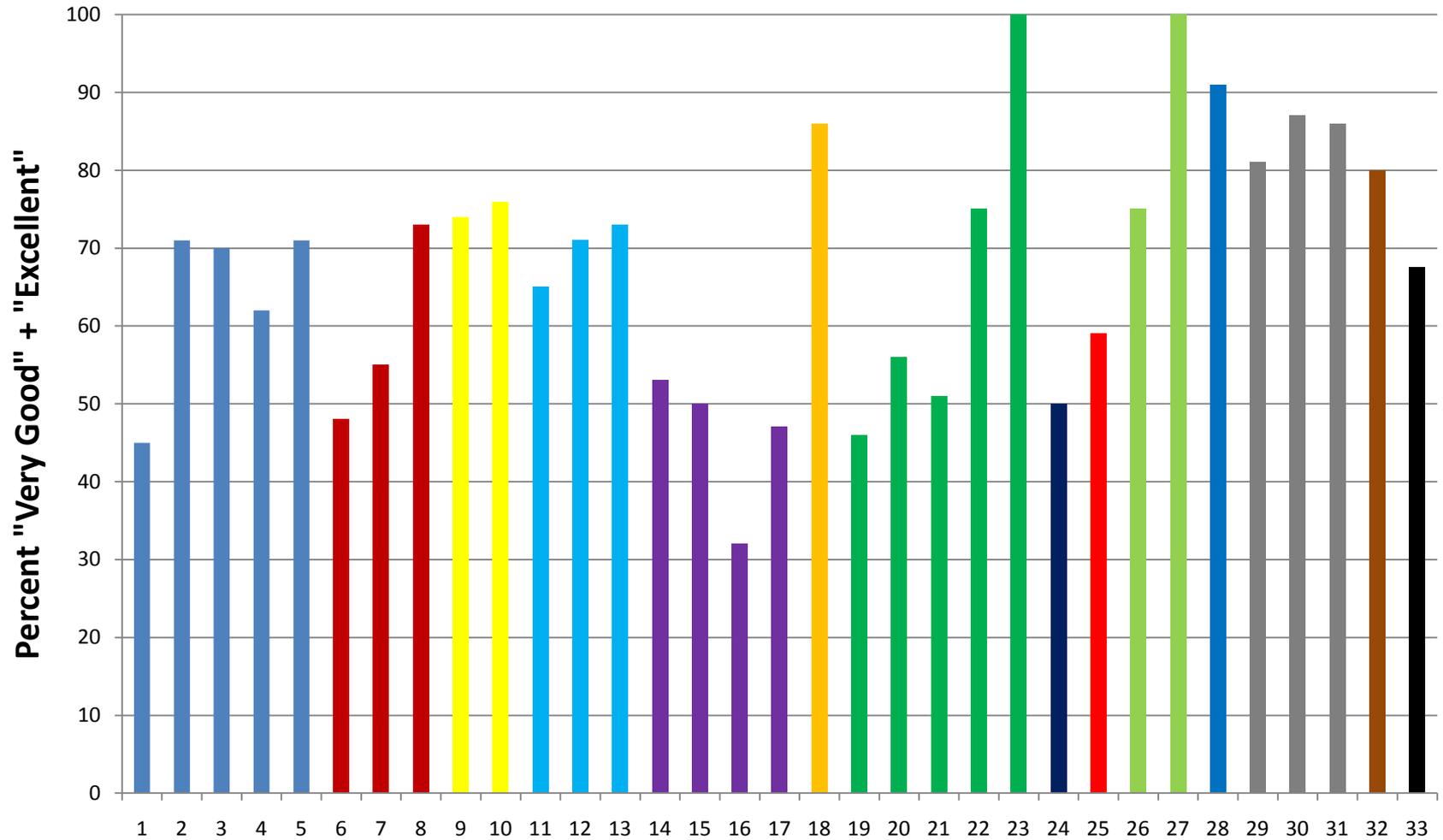


Patient Tracking/Follow Up



Practice Number, CCF avg is #33 , Practice 21 had insufficient data

Overall Patient Safety



Practice Number, CCF avg is #33



Survey Comments

- 94 surveys had something in either the comment or suggestion boxes
- 8 positive comments
- 113 suggestions for improvement

Representative Positive Comments

- We are doing a better job of taking steps to avoid preventable mistakes.
- This place is organized, all the staff take pride in keeping out pts safe - plug covers/workers equipment/organized rooms. The staff takes ownership in the office.
- Great teamwork and drive to improve.
- This office is always on top of the patient's safety. I am very pleased and send my family and friends here as well.

Representative Suggestions for Improvement

- Staffing
 - More staff and staff that is genuinely motivated to work together, not lazy. Staff that is willing to teach each other. Management that knows what it's doing would help!
- Teamwork
 - Increasing the culture of teamwork; too many people are still focused on their own little area (i.e. 'I'll let someone else handle that.')
- Scheduling
 - Sometimes it seems that we are over booking just make the #'s look good.
- Time constraints
 - Everyone is trying to do more work in less time. I think we also have to be aware of the effect this has on our patient care.

Representative Suggestions for Improvement

- Environment
 - The ventilation is not good. We are always having headaches and tiredness issues.
- Safety issues
 - Medication reconciliation is a big problem.
 - Help to improve employee satisfaction and it will trickle down (or up) to patients.
 - Concerns about patient safety are frequently squelched.
 - Too often what is most convenient/easiest for staff determines what is done, not what is safest for patients
- My favorite
 - We need more support staff and less department heads or people that have no clue what it is like to deal face to face with patients day in and day out

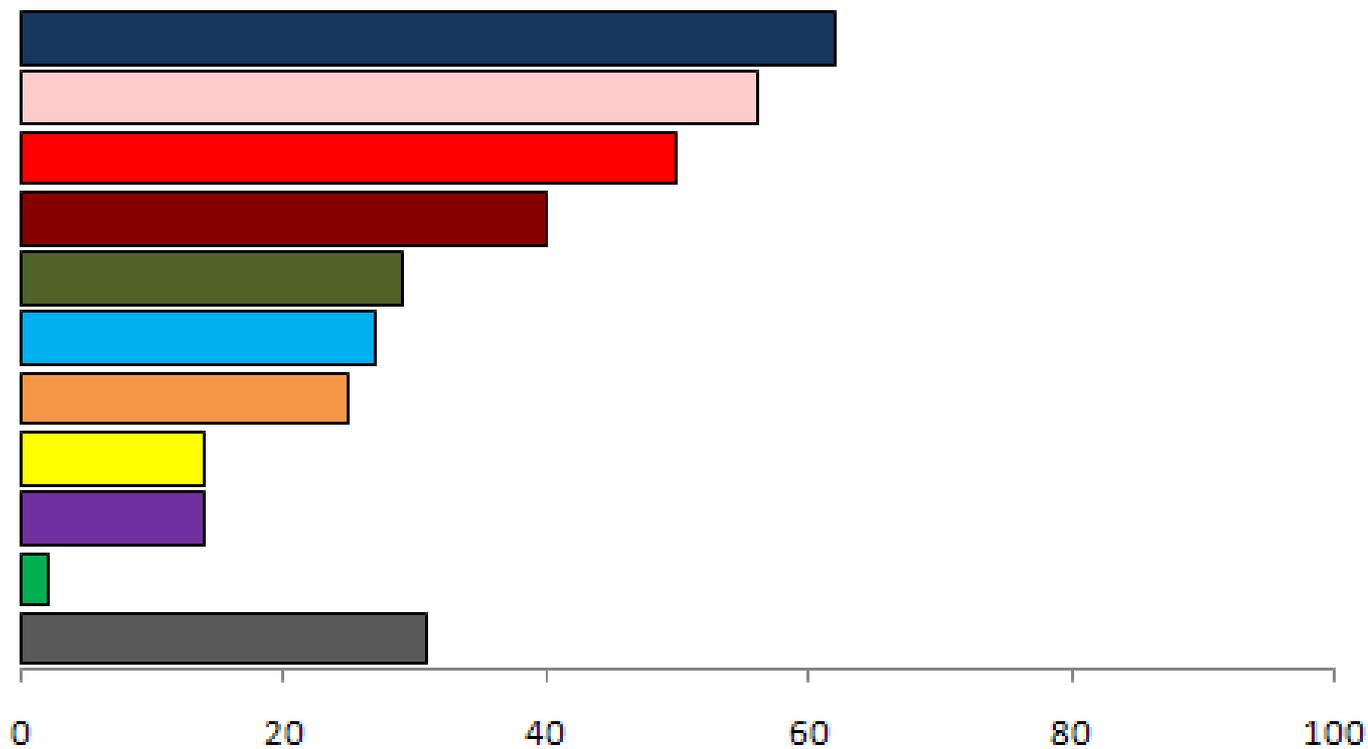
Bottom Line for Cleveland Clinic Primary Care

- Great variability in safety culture among practices and locations
- Safety culture is practice specific!
- Strong ratings in teamwork
- Work pressure and pace are perceived as patient safety problems
- Offices feel understaffed
- Efficiency and timeliness are rated low

Access Community Health Network Results

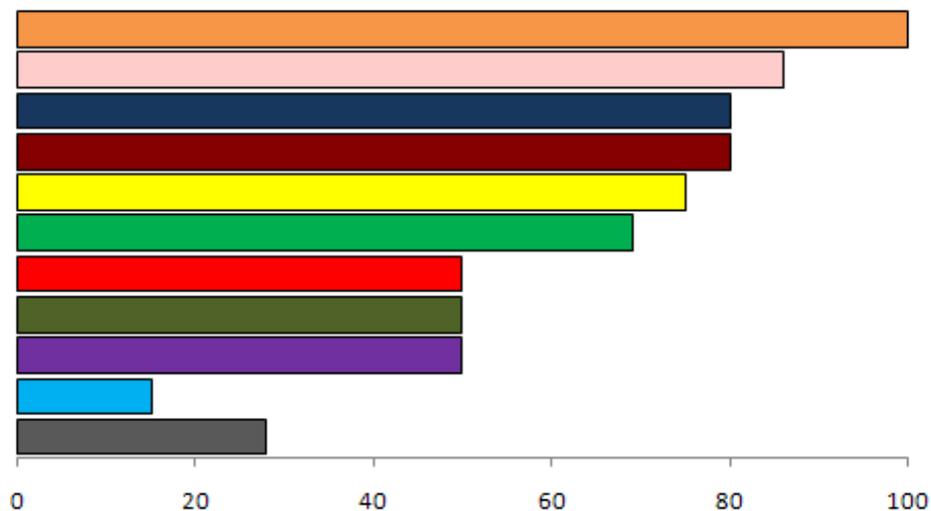
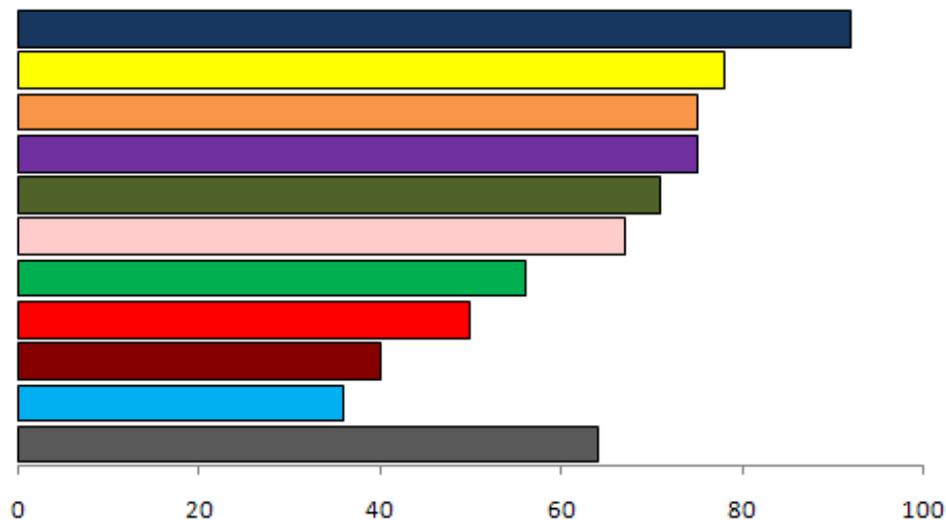
- Network of 43 community health centers in Chicago, a “Network Federally Qualified Health Center”
- All 43 health centers participated in the survey
- I will present only the results from 10 that participated in a risk assessment of testing processes as part of a research study

Needed Chart/Medical Record Was Available



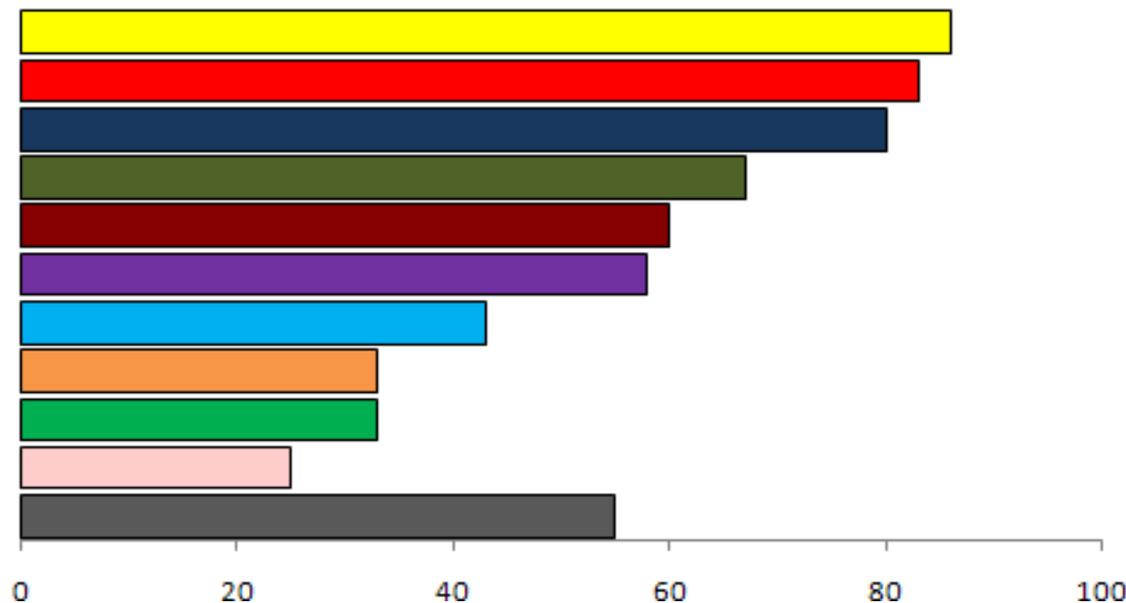
Medical information was entered into the correct patient's chart/medical record

Result from a critical abnormal lab/imaging usually followed up w/in 1 business day



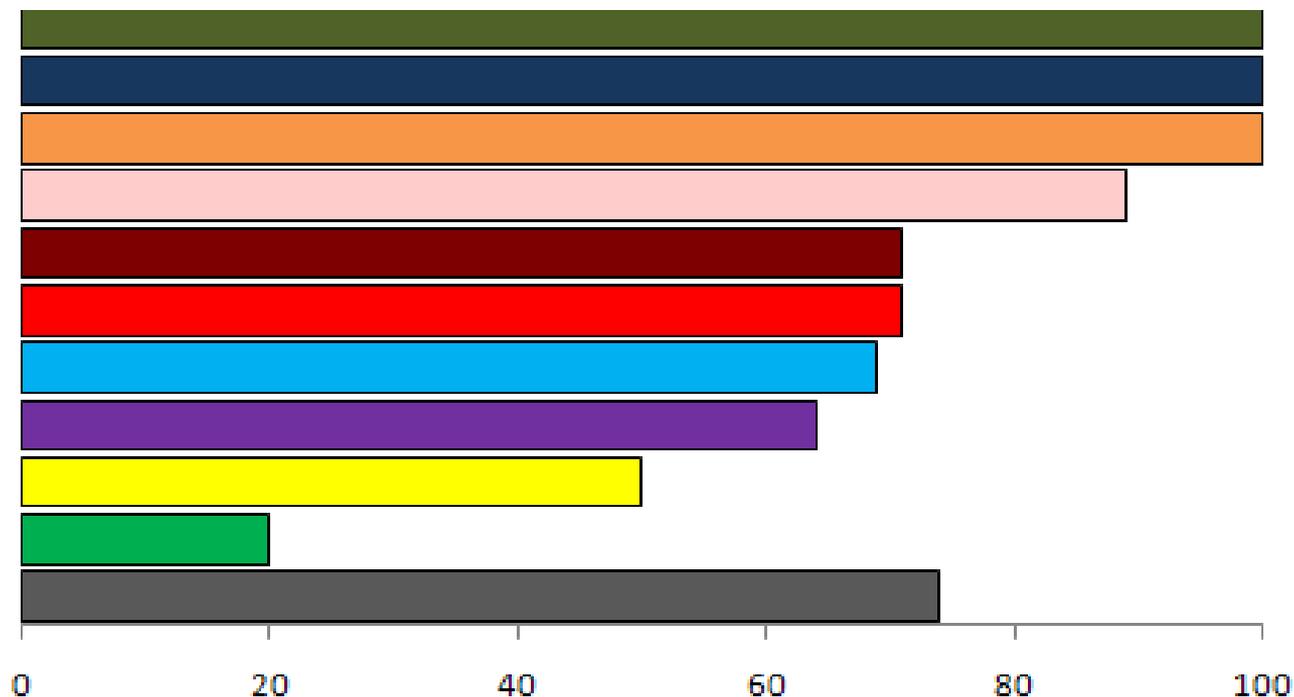
Information Exchange With Other Settings

Over the past 12 months, how often has your medical office had problems exchanging accurate, complete, and timely information with Outside labs/imaging centers? (% responses reporting “once or twice/year or none”)



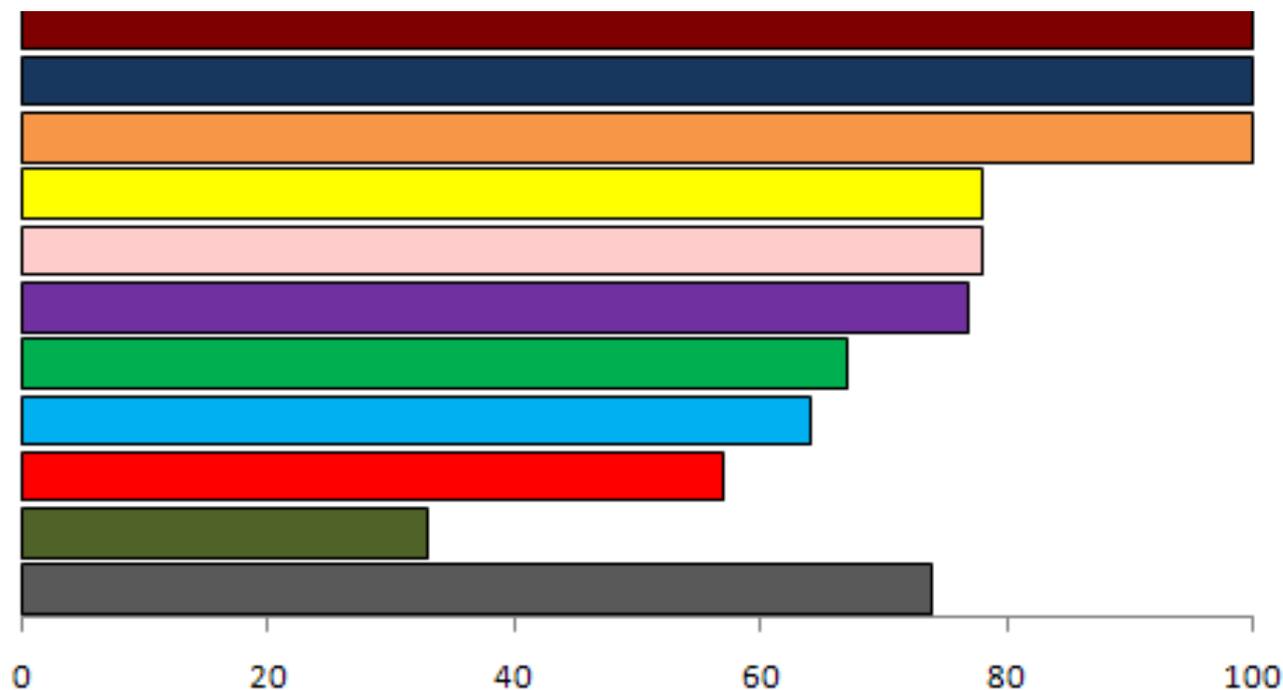
Working in Your Medical Office

Staff in this office follow standardized processes to get tasks done (% responses “agree” or “strongly agree”)

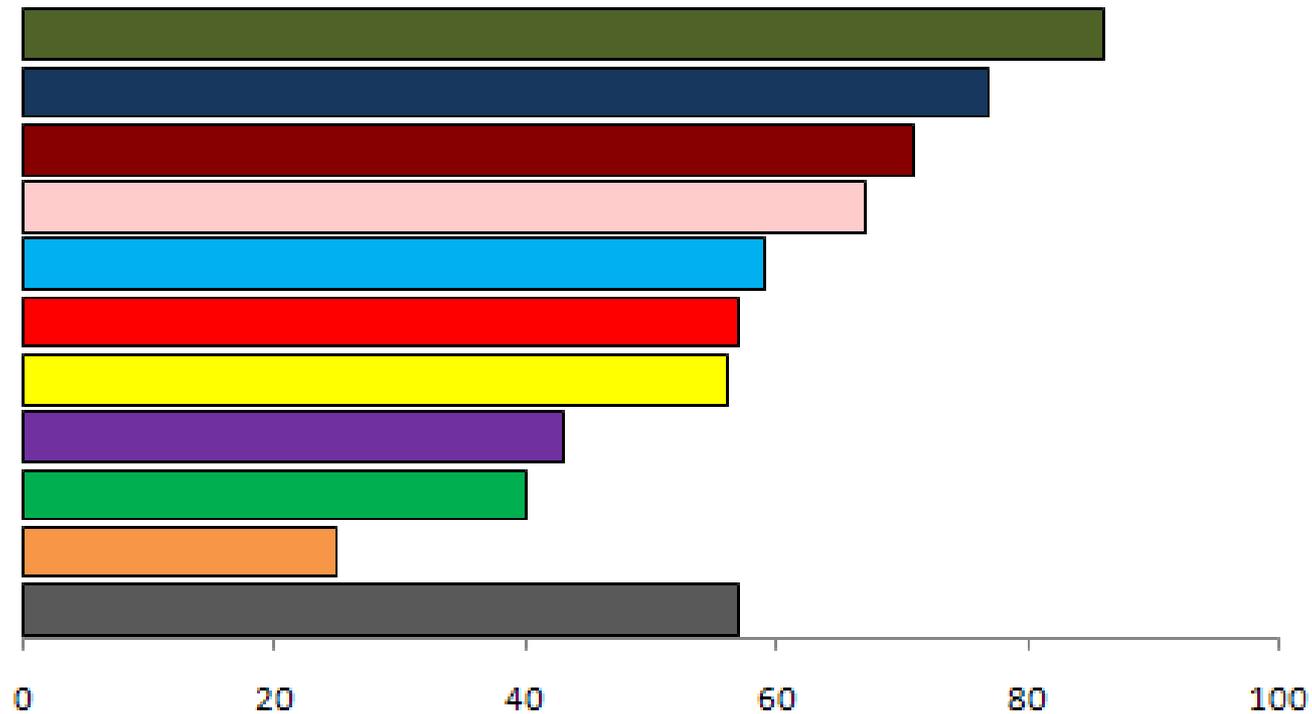


Communication and Follow-Up

Our office follows up when we do not receive a report we are expecting from an outside provider

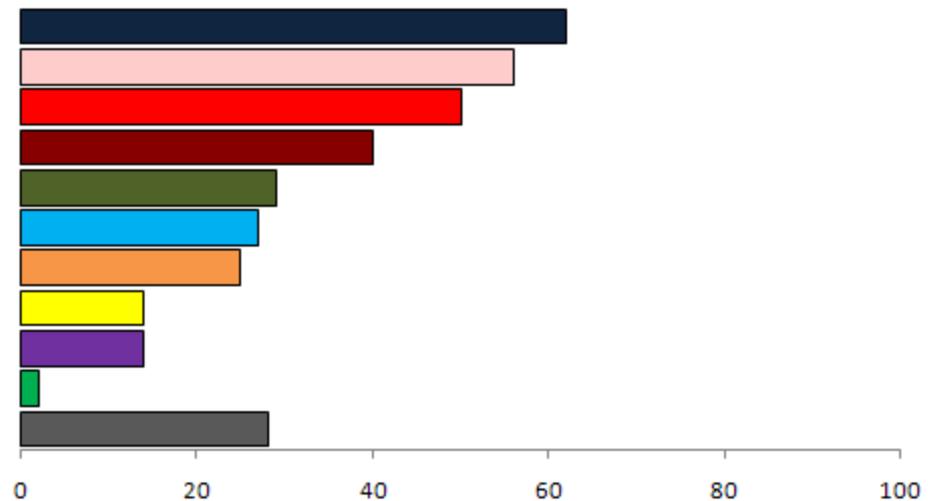
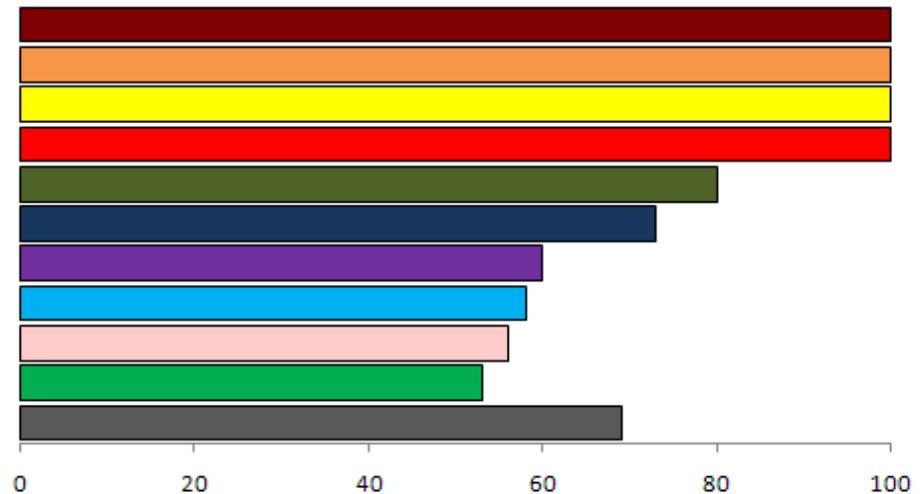


Providers and staff talk openly about office problems

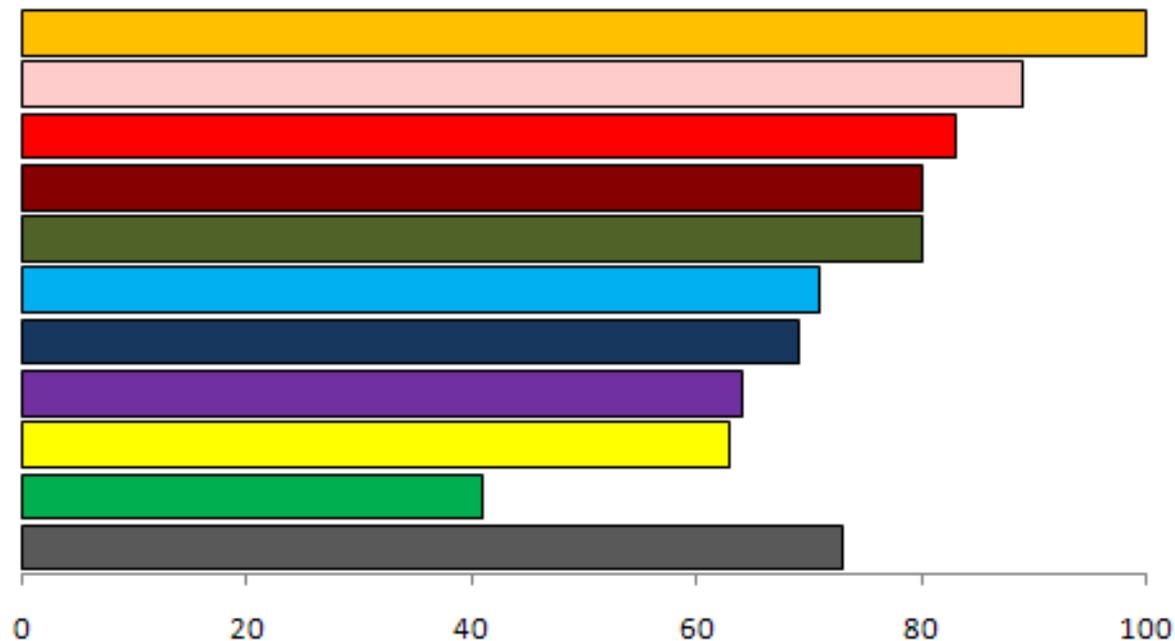


Providers' mistakes are not held against them

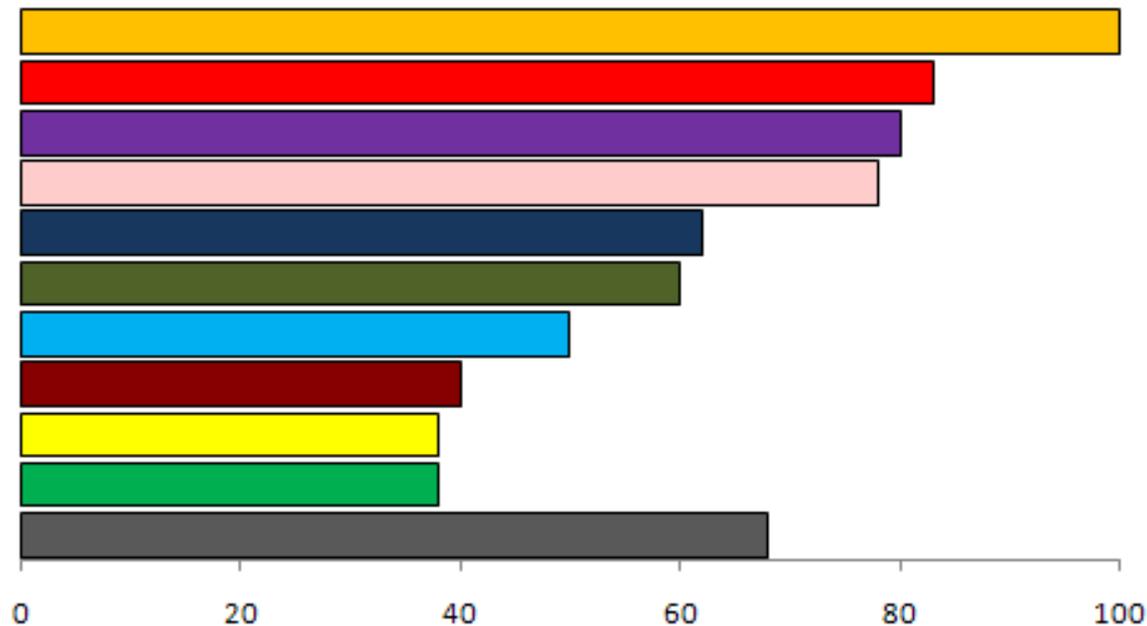
Staff mistakes are not held against them...



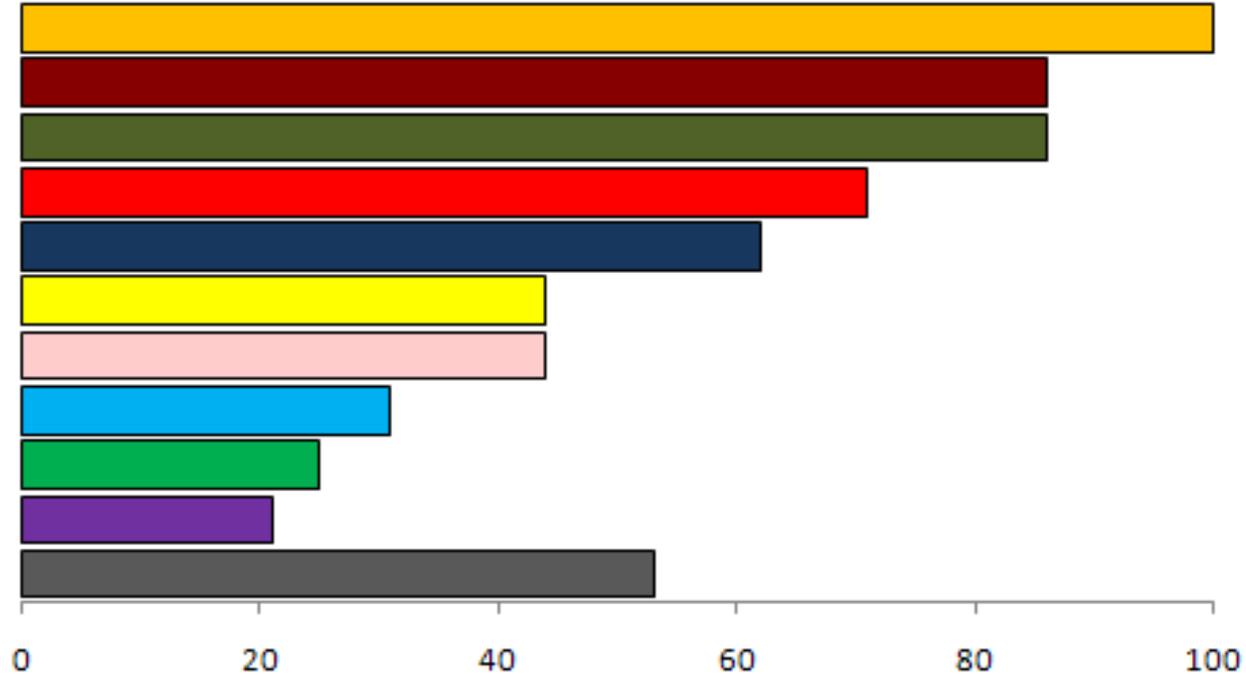
This office is good at changing office processes to make sure the same problems don't happen again (% responses "agree" or "strongly agree")



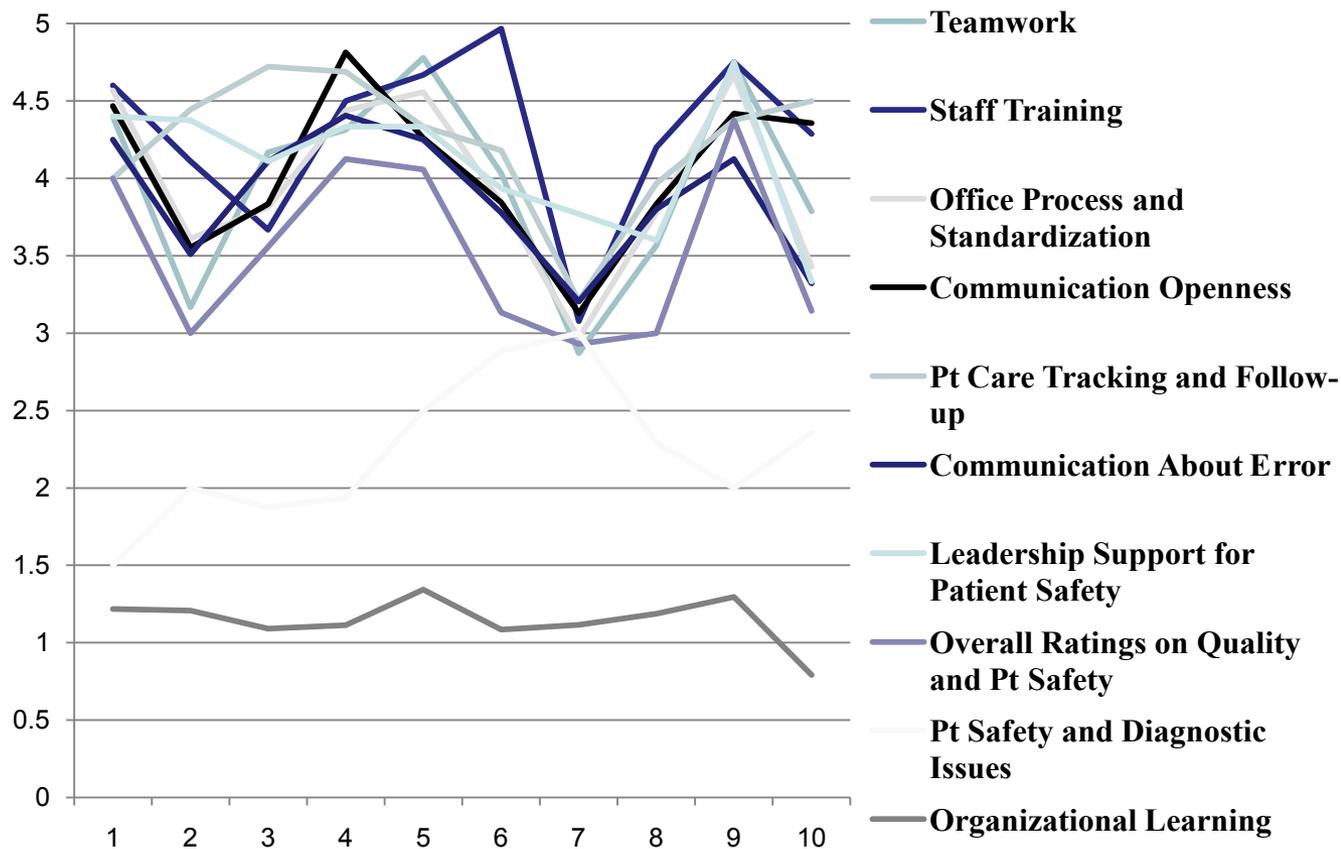
After this office makes changes to improve the patient care process, we check to see if the changes worked (% responses “agree” or “strongly agree”)



Overall Rating On Patient Safety



Variation in Safety Scores at ACCESS



Summary of ACCESS findings

- There was great variation in safety ratings among ACCESS community health centers
- ACCESS choose to use a combination of selected individual MO-SOPS items, dimension scores and summary safety scores in providing feedback

Bottom Line

- High response rates to the MO-SOPS are possible in primary care practices
- Safety culture is a property of a front desk and everyone behind it
- Useful improvement data can be obtained from the MO-SOPS

Acknowledgements

- All of the physicians and office staff at ACCESS and Cleveland Clinic who completed the surveys
- Research Staff at Cleveland Clinic (Kelly Nottingham, Anne Curry Smith, Matt Karafa), ACCESS (James Cappleman), and Case Western University (Mendel Singer)

Discussion

- There is lot's more to talk about, and we don't have enough time!
- John Hickner, hicknej@ccf.org
- Mickey Eder, edem@accesscommunityhealth.net