# The Medical Office Survey On Patient Safety Culture (MOSOPS): A Tool to Assist Practices in Developing a Team-oriented Medical Home

2010 STFM Conference on Practice Improvement
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Presentation Objectives

- Discuss culture and PCMH
- Introduce the Medical Office Survey On Patient Safety Culture (MOSOPS)
- Share the results of the 2009 MOSOPS study in 311 primary care practices in the United States, including 36 Oregon practices
- Describe how are practices received the MOSOPS results and are using them
- Questions and discussion

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How do family physicians view the Medical Home?
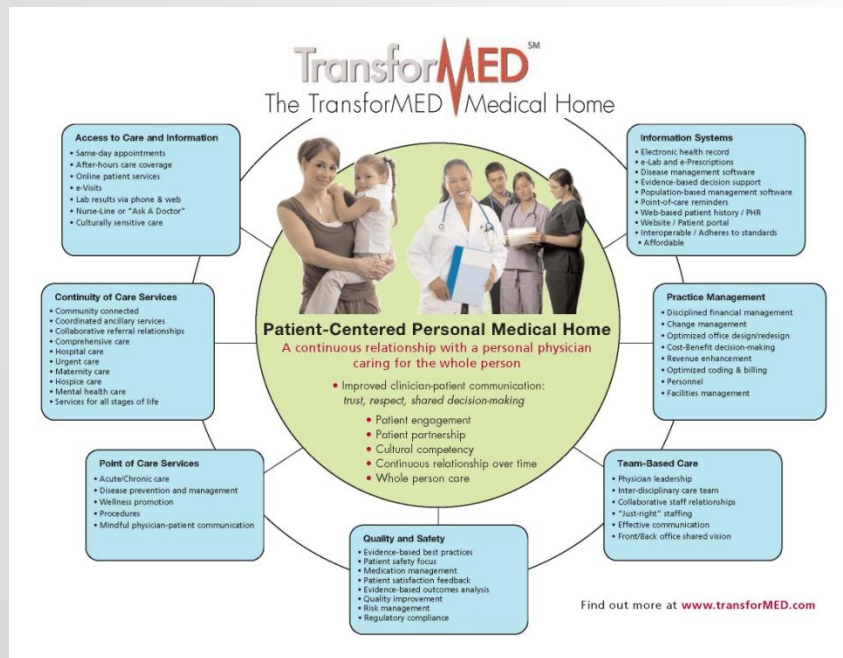
Practice Change and Office Culture

- Creating a patient-centered medical home requires a cultural transformation
- "Culture trumps strategy every time!" (Dr. Anton Kuzel, 10-Steps to a PCMH. STFM 2010 Conference on Practice Improvement)
- If someone asked you to describe the culture of your medical office practice how would you respond?

Definitions of Culture

▸ "The way we do things around here"

▸ "The pattern of shared assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems." (Edgar Schein)

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Measurement Tools for Family Physician Offices

- **Clinical measures**
  - CMS Physician Quality Reporting Initiative (PQRI)
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Oregon Health Care Quality Corporation (Q-Corp)
- **Patient Experience of Care Measures**
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Patient Assessment of Chronic Illness Care (PACIC)
- **Medical Home Measure**
  - National Committee for Quality Assurance (NCQA): Physician Practice Connections—Patient-Centered Medical Home (PPC-PCMH)
  - TransforMed
  - Medicare Medical Home Demonstration
- **Office Culture Measure ??**

AHRQ Patient Safety Culture Surveys

- Hospital Survey on Patient Safety Culture (HSOPS) released in 2004 http://www.ahrq.gov/qual/hospsurvey10/
- Nursing Home Survey on Patient Safety Culture http://www.ahrq.gov/qual/patientsafetyculture/nhsurvindex.htm
- Medical Office Survey on Patient Safety Culture (MOSOPS) released in March 2009: www.ahrq.gov/qual/patientsafetyculture/

Safety Culture Definition

▸ *The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of an organization's health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by the confidence in the efficacy of preventive measures.*

Study Group on Human Factors. Advisory Committee on the Safety of Nuclear Installations. (1993)

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Purpose of MOSOPS

- As a diagnostic tool to assess the status of patient safety culture in a medical office
- As an intervention to raise staff awareness about patient safety issues
- As a mechanism to evaluate the impact of patient safety improvement initiatives
- As a way to track changes in patient safety culture over time

MOSOPS 12 Survey Dimensions

1. Patient safety and quality issues
   - Access to care
   - Charts/medical records
   - Medical equipment
   - Medication
   - Diagnostics & Tests
2. Information exchange with other settings
3. Office processes and standardization
4. Work pressure and pace
5. Patient care tracking/follow-up
6. Staff training

7. Teamwork
8. Organizational learning
9. Overall perceptions of patient safety & quality
10. Owner/managing partner/leadership support for patient safety
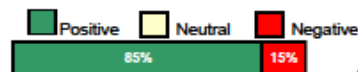11. Communication about error
12. Communication openness

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Sample PDF of Survey Questions and Responses

Item-Level Results

Number of responses = 27

Legend: Positive (green), Neutral (cream), Negative (red)

1. Teamwork

1. When someone in this office gets really busy, others help out. (C1) — Positive 85%, Negative 15% (NA/DK/MI = 0%)

2. In this office, there is a good working relationship between staff and providers. (C2) — Positive 85%, Neutral 11% (NA/DK/MI = 0%)

3. In this office, we treat each other with respect. (C5) — Positive 85%, Neutral 15% (NA/DK/MI = 0%)
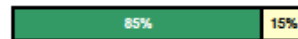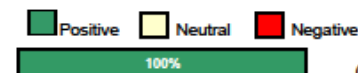
4. This office emphasizes teamwork in taking care of patients. (C13) — Positive 96% (NA/DK/MI = 0%)
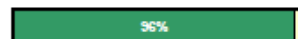
2. Patient Care Tracking/Follow-up

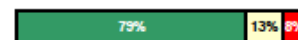1. This office reminds patients when they need to schedule an appointment for preventive or routine care. (D3) — Positive 100% (NA/DK/MI = 7%)

2. This office documents how well our chronic-care patients follow their treatment plans. (D5) — Positive 56%, Neutral 25%, Negative 19% (NA/DK/MI = 41%)
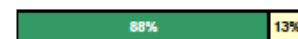
3. Our office follows up when we do not receive a report we are expecting from an outside provider. (D6) — Positive 79%, Neutral 13%, Negative 8% (NA/DK/MI = 11%)
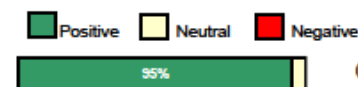
4. This office follows up with patients who need monitoring. (D9) — Positive 88%, Neutral 13% (NA/DK/MI = 11%)

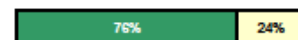**3. Organizational Learning**

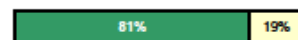1. When there is a problem in our office, we see if we need to change the way we do things. (F1) — Positive 95% (NA/DK/MI = 19%)

2. This office is good at changing office processes to make sure the same problems don't happen again. (F5) — Positive 76%, Neutral 24% (NA/DK/MI = 22%)

3. After this office makes changes to improve the patient care process, we check to see if the changes worked. (F7) — Positive 81%, Neutral 19% (NA/DK/MI = 22%)
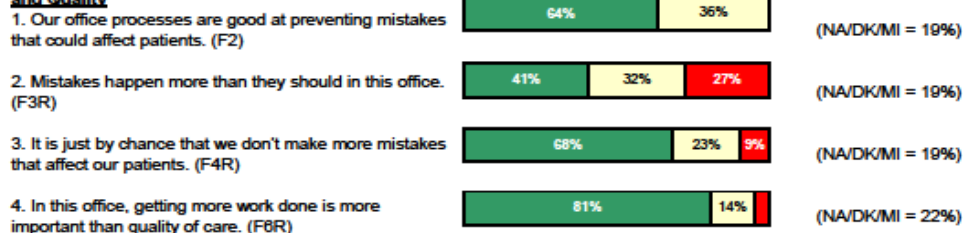
Notes: 1) "R" = a negatively worded item; 2) Chart totals exclude missing & NA/DK & may not sum to 100% due to rounding; 3) NA/DK/MI = % of respondents answering NA/DK or with missing data; 4) Item data not displayed for fewer than 3 respondents; 5) % not displayed for 5% or less.
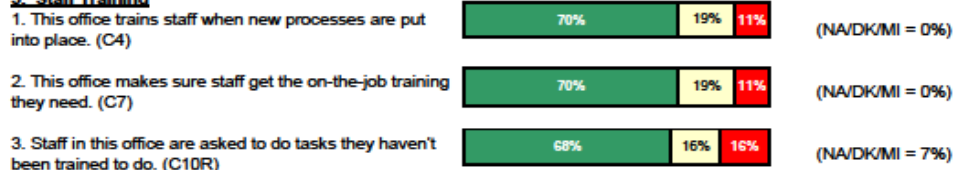
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Item-Level Results

Number of responses = 27

4. Overall Perceptions of Patient Safety and Quality

Legend: Positive (green) Neutral (yellow) Negative (red)

1. Our office processes are good at preventing mistakes that could affect patients. (F2) — 64% / 36% (NA/DK/MI = 19%)

2. Mistakes happen more than they should in this office. (F3R) — 41% / 32% / 27% (NA/DK/MI = 19%)

3. It is just by chance that we don't make more mistakes that affect our patients. (F4R) — 68% / 23% / 9% (NA/DK/MI = 19%)

4. In this office, getting more work done is more important than quality of care. (F6R) — 81% / 14% (NA/DK/MI = 22%)

5. Staff Training

Legend: Positive (green) Neutral (yellow) Negative (red)

1. This office trains staff when new processes are put into place. (C4) — 70% / 19% / 11% (NA/DK/MI = 0%)

2. This office makes sure staff get the on-the-job training they need. (C7) — 70% / 19% / 11% (NA/DK/MI = 0%)

3. Staff in this office are asked to do tasks they haven't been trained to do. (C10R) — 68% / 16% / 16% (NA/DK/MI = 7%)

6. Owner/Managing Partner/Leadership Support for Patient Safety

Legend: Positive (green) Neutral (yellow) Negative (red)

1. They aren't investing enough resources to improve the quality of care in this office. (E1R) — 63% / 16% / 21% (NA/DK/MI = 30%)

2. They overlook patient care mistakes that happen over and over. (E2R) — 95% (NA/DK/MI = 30%)

3. They place a high priority on improving patient care processes. (E3) — 80% / 15% (NA/DK/MI = 26%)

4. They make decisions too often based on what is best for the office rather than what is best for patients. (E4R) — 84% / 16% (NA/DK/MI = 30%)

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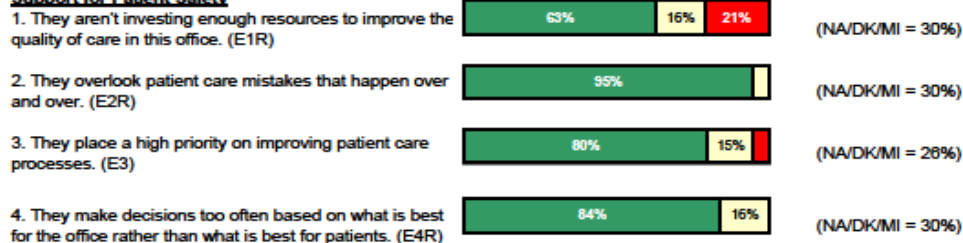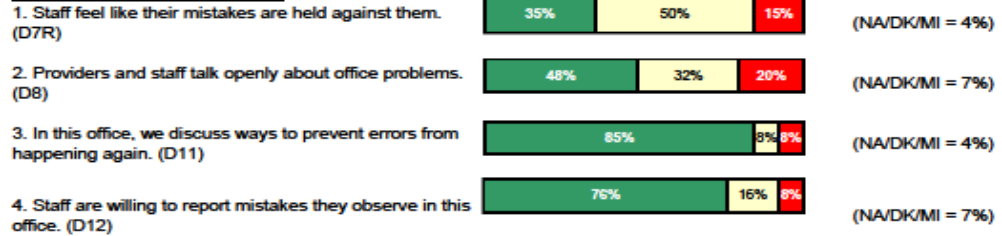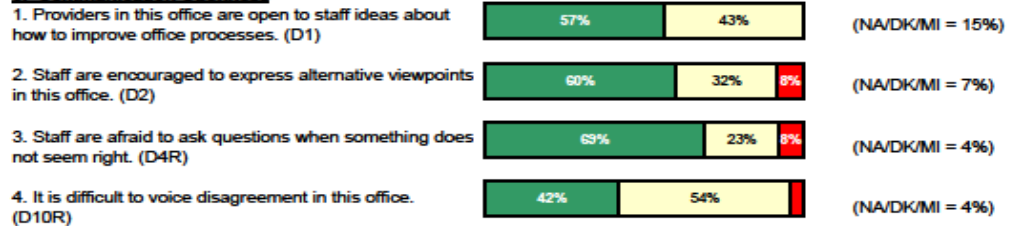## Item-Level Results

Number of responses = 27

	Positive	Neutral	Negative

7. Communication About Error

1. Staff feel like their mistakes are held against them. (D7R)
35% | 50% | 15% (NA/DK/MI = 4%)

2. Providers and staff talk openly about office problems. (D8)
48% | 32% | 20% (NA/DK/MI = 7%)

3. In this office, we discuss ways to prevent errors from happening again. (D11)
85% | 8% | 8% (NA/DK/MI = 4%)

4. Staff are willing to report mistakes they observe in this office. (D12)
76% | 16% | 8% (NA/DK/MI = 7%)

	Positive	Neutral	Negative

8. Communication Openness

1. Providers in this office are open to staff ideas about how to improve office processes. (D1)
57% | 43% (NA/DK/MI = 15%)

2. Staff are encouraged to express alternative viewpoints in this office. (D2)
60% | 32% | 8% (NA/DK/MI = 7%)

3. Staff are afraid to ask questions when something does not seem right. (D4R)
69% | 23% | 8% (NA/DK/MI = 4%)

4. It is difficult to voice disagreement in this office. (D10R)
42% | 54% (NA/DK/MI = 4%)

Notes: 1) "R" = a negatively worded item; 2) Chart totals exclude missing & NA/DK & may not sum to 100% due to rounding; 3) NA/DK/MI = % of respondents answering NA/DK or with missing data; 4) Item data not displayed for fewer than 3 respondents; 5) % not displayed for 5% or less.

Item-Level Results

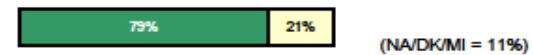**Number of responses = 27**

9. Patient Safety and Quality Issues
Access to Care

Positive | Neutral | Negative

1. A patient was unable to get an appointment within 48 hours for an acute/serious problem. (A1)
| 50% | 23% | 27% | (NA/DK/MI = 19%)
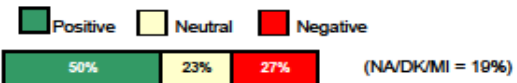
Patient Identification

2. The wrong chart/medical record was used for a patient. (A2)
| 79% | 21% | (NA/DK/MI = 11%)

Charts/Medical Records

3. A patient's chart/medical record was not available when needed. (A3)
| 56% | 28% | 16% | (NA/DK/MI = 7%)
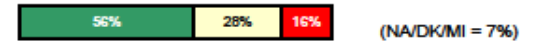
4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record. (A4)
| 57% | 43% | (NA/DK/MI = 15%)
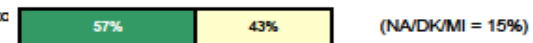
Medical Equipment

5. Medical equipment was not working properly or was in need of repair or replacement. (A5)
| 79% | 21% | (NA/DK/MI = 30%)
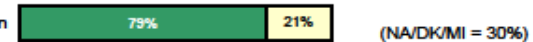
Medication

6. A pharmacy contacted our office to clarify or correct a prescription. (A6)
| 42% | 54% | (NA/DK/MI = 11%)

7. A patient's medication list was not updated during his or her visit. (A7)
| 24% | 33% | 43% | (NA/DK/MI = 22%)

Diagnostics & Tests

8. The results from a lab or imaging test were not available when needed. (A8)
| 13% | 48% | 39% | (NA/DK/MI = 15%)

9. A critical abnormal result from a lab or imaging test was not followed up within 1 business day. (A9)
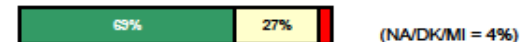| 58% | 33% | 8% | (NA/DK/MI = 56%)
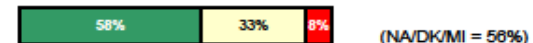
Positive | Neutral | Negative

10. Office Processes and Standardization

1. This office is more disorganized than it should be. (C8R)
| 42% | 19% | 38% | (NA/DK/MI = 4%)
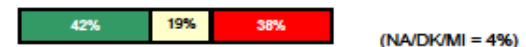
2. We have good procedures for checking that work in this office was done correctly. (C9)
| 69% | 27% | (NA/DK/MI = 4%)

3. We have problems with workflow in this office. (C12R)
| 48% | 36% | 16% | (NA/DK/MI = 7%)

4. Staff in this office follow standardized processes to get tasks done. (C15)
| 85% | 8% | 8% | (NA/DK/MI = 4%)

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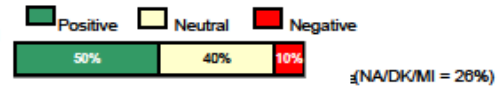
7
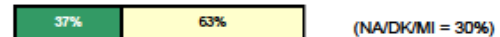
Item-Level Results

Number of responses = 27

11. 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:
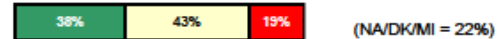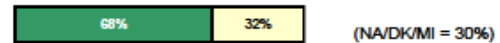
Legend: Positive (green), Neutral (yellow), Negative (red)

1. Outside labs/imaging centers? (B1) — 50% | 40% | 10% (NA/DK/MI = 26%)

2. Other medical offices/Outside physicians? (B2) — 37% | 63% (NA/DK/MI = 30%)

3. Pharmacies? (B3) — 38% | 43% | 19% (NA/DK/MI = 22%)

4. Hospitals? (B4) — 68% | 32% (NA/DK/MI = 30%)

5. Other? (Specify) (B5)
(Not included in composite results)

12. Work Pressure and Pace

Legend: Positive (green), Neutral (yellow), Negative (red)

1. In this office, we often feel rushed when taking care of patients. (C3R) — 21% | 50% | 29% (NA/DK/MI = 11%)
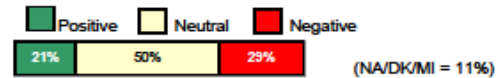
2. We have too many patients for the number of providers in this office. (C6R) — 59% | 33% | 7% (NA/DK/MI = 0%)
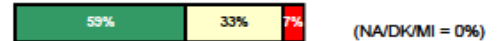
3. We have enough staff to handle our patient load. (C11) — 60% | 32% | 8% (NA/DK/MI = 7%)
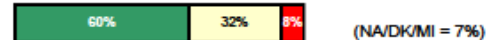
4. This office has too many patients to be able to handle everything effectively. (C14R) — 85% | 15% (NA/DK/MI = 0%)

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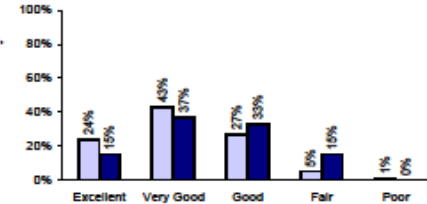
8

Overall Ratings of Quality

Responses

Item Survey Items

Overall, how would you rate your medical office on each of the following areas of health care quality?
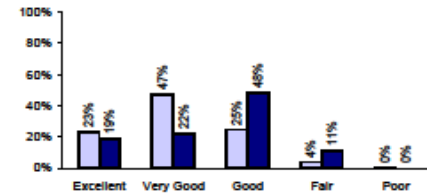
G1a. Patient Centered
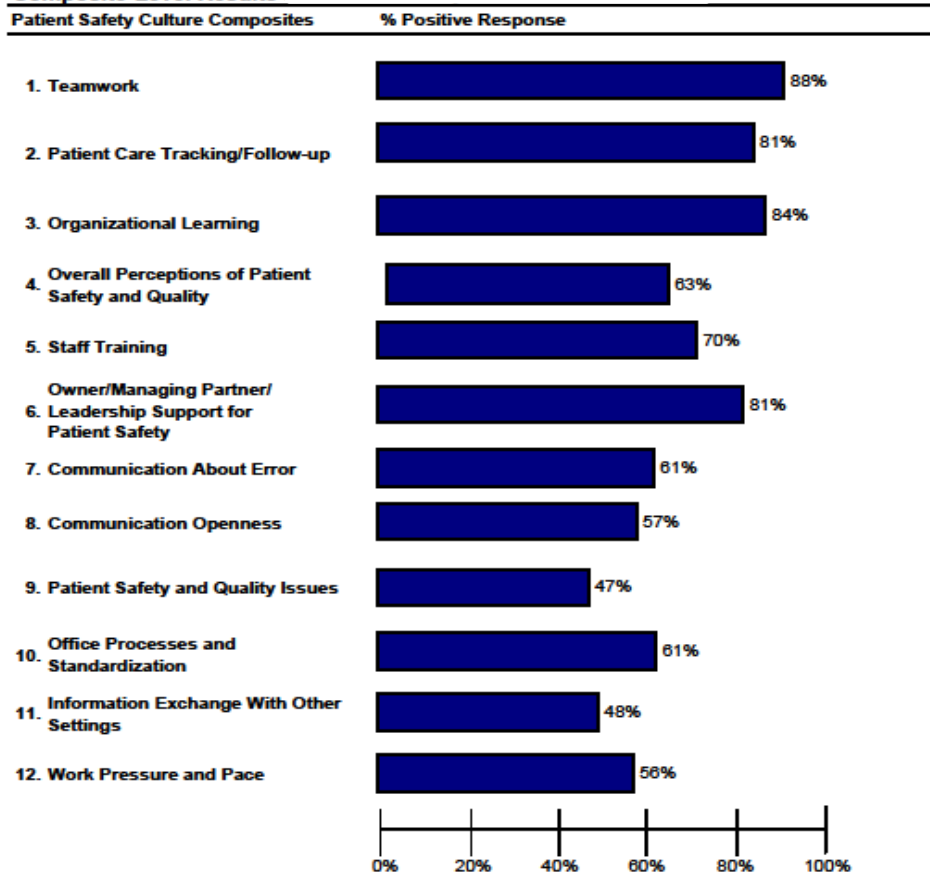
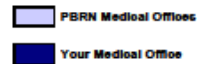Is responsive to individual patient preferences, needs, and values.

G1b. Effective

Is based on scientific knowledge.

G1c. Timely

Minimizes waits and potentially harmful delays.

■ PBRN Medical Offices

■ Your Medical Office
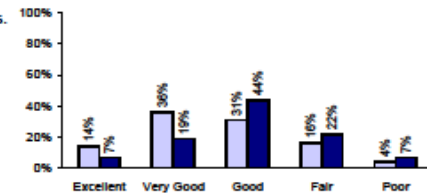
Notes: 1) Comparative results are based on data from 292 PBRN Medical Offices; 2) Item data not displayed for fewer than 3 respondents.

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Overall Ratings of Quality

Responses

Item Survey Items

Overall, how would you rate your medical office on each of the following areas of health care quality?

G1d. Efficient

Ensures cost-effective care (avoids waste, overuse, and misuse of services).

G1e. Equitable

Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.

☐ PBRN Medical Offices

■ Your Medical Office

Overall Ratings of Quality

Responses

Item Survey Items

Overall, how would you rate your medical office on each of the following areas of health care quality?

G1a. **Patient Centered**

Is responsive to individual patient preferences, needs, and values.

Excellent 15%, Very Good 37%, Good 33%, Fair 15%, Poor 0%   NA/DK/MI = 0%

G1b. **Effective**

Is based on scientific knowledge.

Excellent 19%, Very Good 22%, Good 48%, Fair 11%, Poor 0%   NA/DK/MI = 0%

G1c. **Timely**

Minimizes waits and potentially harmful delays.

Excellent 7%, Very Good 19%, Good 44%, Fair 22%, Poor 7%   NA/DK/MI = 0%
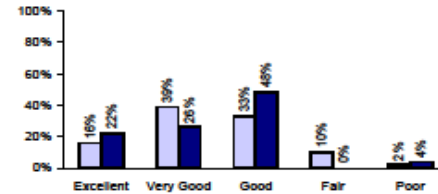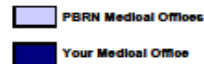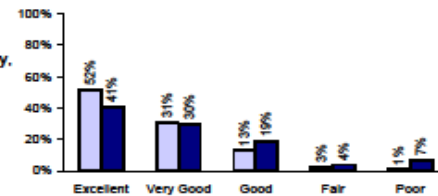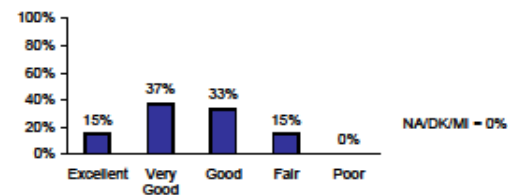
Overall Ratings of Quality

Responses

Item Survey Items

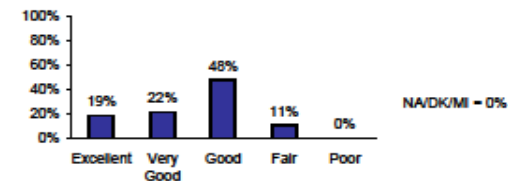Overall, how would you rate your medical office on each of the following areas of health care quality?

G1d. **Efficient**

Ensures cost-effective care (avoids waste, overuse, and misuse of services).

NA/DK/MI = 0%

	Excellent	Very Good	Good	Fair	Poor
	22%	26%	48%	0%	4%

G1e. **Equitable**

Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.

NA/DK/MI = 0%

	Excellent	Very Good	Good	Fair	Poor
	41%	30%	19%	4%	7%

Overall Rating on Patient Safety
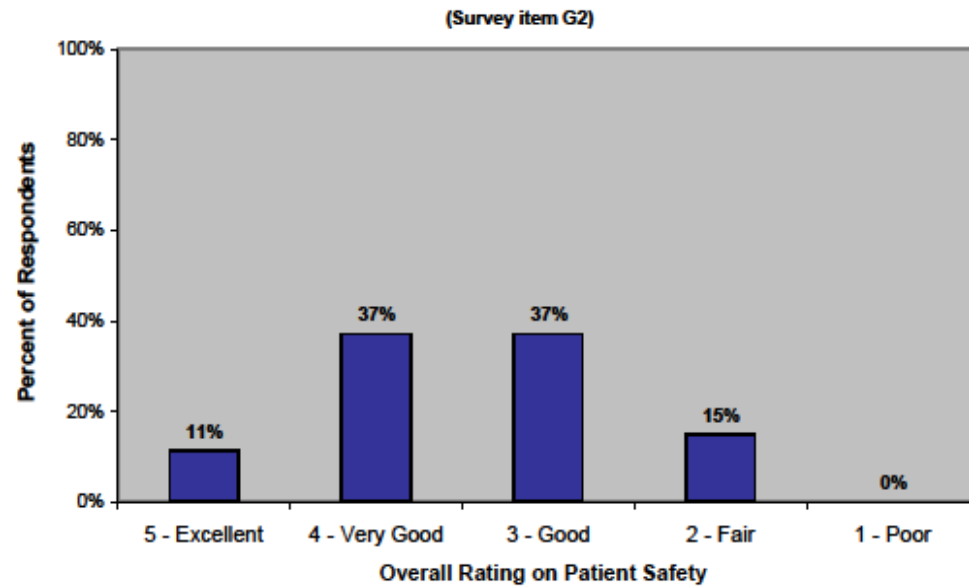
NA/DK/MI = 0%
Notes: 1) NA/DK/MI refers to the percentage of respondents that answered Does Not Apply or Don't Know or did not respond to the item; 2) Item data does not display for fewer than three respondents; 3) % do not include NA/DK/MI.

11

Creation of the Consortium of Practice–Based Research Networks

- Task Order from the Agency for Healthcare Research Quality to survey 311 primary care offices with MOSOPS, building on the 187 pilot study of primary care offices that included members of the AAFP National Research Network (NRN) completed in 2007

PBRNs

- Eastern Pennsylvania Inquiry Collaborative (EPICNet)
- Great Lakes Research Into Practice Network (GRIN)
- Guthrie Healthcare System
- Indiana Family Practice Research Network (INet)
- Minnesota Academy of Family Physicians Research Network (MAFPRN)

- National Interdisciplinary Primary Care Practice-Based Research Network and American College of Clinical Pharmacy PBRN
- Oklahoma Physicians Resource/Research Network (OKPRN)
- Oregon Rural Practice-based Research Network (ORPRN)
- Penn State Ambulatory Research Network (PSARN)
- South Texas Ambulatory Research Network (STARNet)
- Wisconsin Research and Education Network (WREN)

Medical office sampling

- Specialty
- Size
- HIT-enabled

Medical Office Survey on Patient Safety (SOPS)

Please fill in this chart with an estimate of the 25 practices (or more) that your PBRN is recruiting.

Your PBRN: _____

Single Specialty = clinicians in this practice are all FM or all PEDs or all IM
Multi-Specialty = this practice has at least one clinician outside the main specialty in that practice

HIT-enabled = this practice has 3 of 5 of the following tools *implemented by June 2009*:

1. Electronic appointment scheduling
2. Electronic ordering of medications (with pharmacies capable of processing electronic orders)
3. Electronic ordering of tests, imaging or procedures (with test/imaging centers capable of processing electronic orders)
4. Electronic access to your patients' test or imaging results
5. Electronic medical/health records (EMR/EHR)

	SINGLE SPECIALTY		MULTI-SPECIALTY		
	HIT-enabled	Not HIT-enabled	HIT-enabled	Not HIT-enabled	TOTAL PRACTICES
SMALL PRACTICE (2-3 MDs, NPs, PAs)					
LARGE PRACTICE (4+ MDs, NPs, PAs)					
TOTAL					

Medical Office Characteristics

- ORPRN: 61% single specialty National*: 51%

- Single specialty offices:

	ORPRN N=22	National* N=168
Family medicine	82%	71%
Pediatrics	18%	8%

- Office sizes (# of providers & staff):

	ORPRN	National*
3 to 10	14%	23%
11 to 20	36%	27%
21 to 30	22%	18%
31 or more	28%	32%

*Excluding ORPRN offices

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Medical Office Ownership

	ORPRN	National*
	N=36	N=275
Provider or Physician:	39%	31%
Hospital or Health System:	36%	39%
Government:	22%	5%
Other:	3%	3%
Managed Care/HMO:	––	1%
University or Academic:	––	19%

*Excluding ORPRN offices

Use of Electronic Tools

Implementation Stage:	ORPRN N=36		National N=275	
	Full	In Process	Full	In Process
Electronic appointment scheduling	97%	0%	92%	2%
Electronic ordering of medications	44%	19%	53%	20%
Electronic ordering of images and tests	28%	19%	47%	15%
Electronic access to test results	67%	25%	67%	22%
Electronic medical/health records	58%	14%	60%	11%

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Staff Positions of Respondents

ORPRN
N=36 practices
Response rate 84% (799/950)
respondents/office: 22 (5-65)
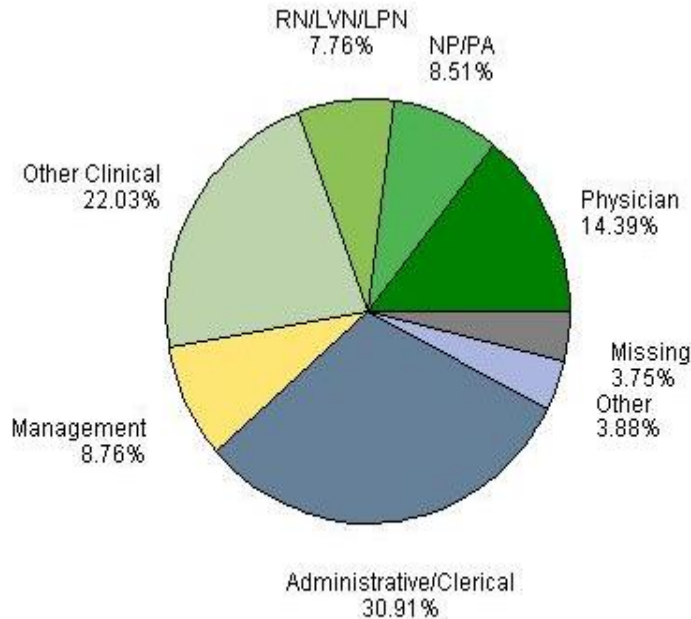
National
N=275 practices
Response rate 72% (5866/8104)
#respondents/office: 21 (2-106)
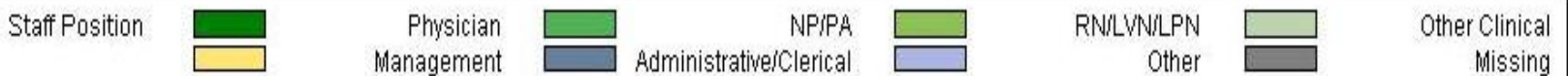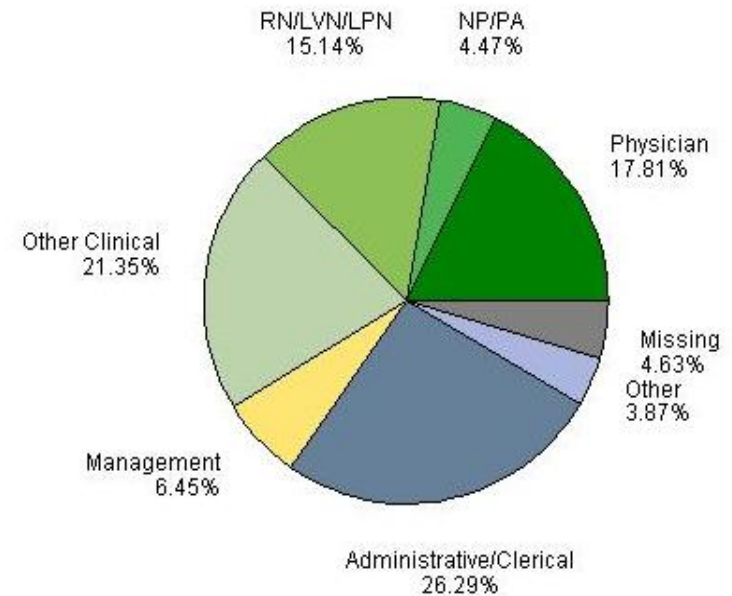
MOSOPS Domains
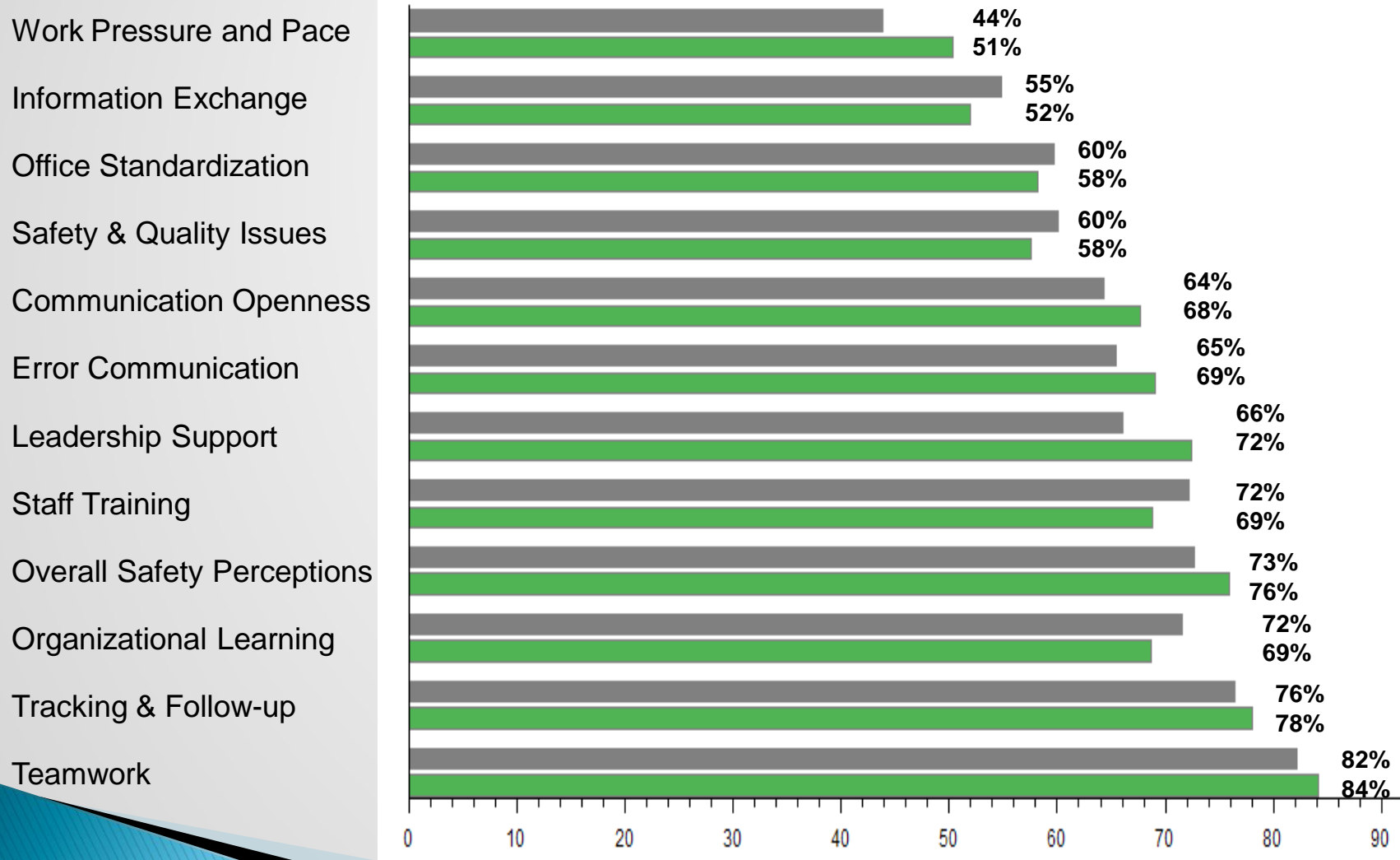
Teamwork:
The most positively rated domain

▸ **Survey Items**

"In this office…"
◦ When someone gets busy, others help out
◦ There is a good working relationship between staff and providers
◦ We treat each other with respect
◦ Emphasize teamwork in taking care of patients

Communication Openness

▸ Survey Items

  ◦ Providers are open to staff ideas about office improvement
  ◦ Staff are encourages to express alternate viewpoints
  ◦ Staff are afraid to ask questions when something doesn't seem right
  ◦ It is difficult to voice disagreement in this office

▸ ORPRN Composite Results

  ◦ 68% positive responses
    Range 30% to 98%

  ◦ National 65% positive
  ◦ Range 13% to 100%

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Communication Openness Comments

- *"I don't feel that we can say anything without some kind of retribution, if is negative.   'Only positive comment allowed'."* (RN, LPN)

- *"On a frequent basis, our staff discuss ways to improve care & safety.   We have monthly meetings."* (RN, LPN)

- *"Staff does not always feel consulted or communicated with or appreciated by upper management. This relates to quality of care only as it relates to morale & self esteem of staff."* (RN, LPN)

Work Pressure and Pace: Least positively rated domain

- Survey items
  - Often feel rushed taking care of patients
  - Too many patients
    - or too many for the number of providers
  - Enough staff to handle patient load

ORPRN Distribution of Positive Response to Work Pressure and Pace
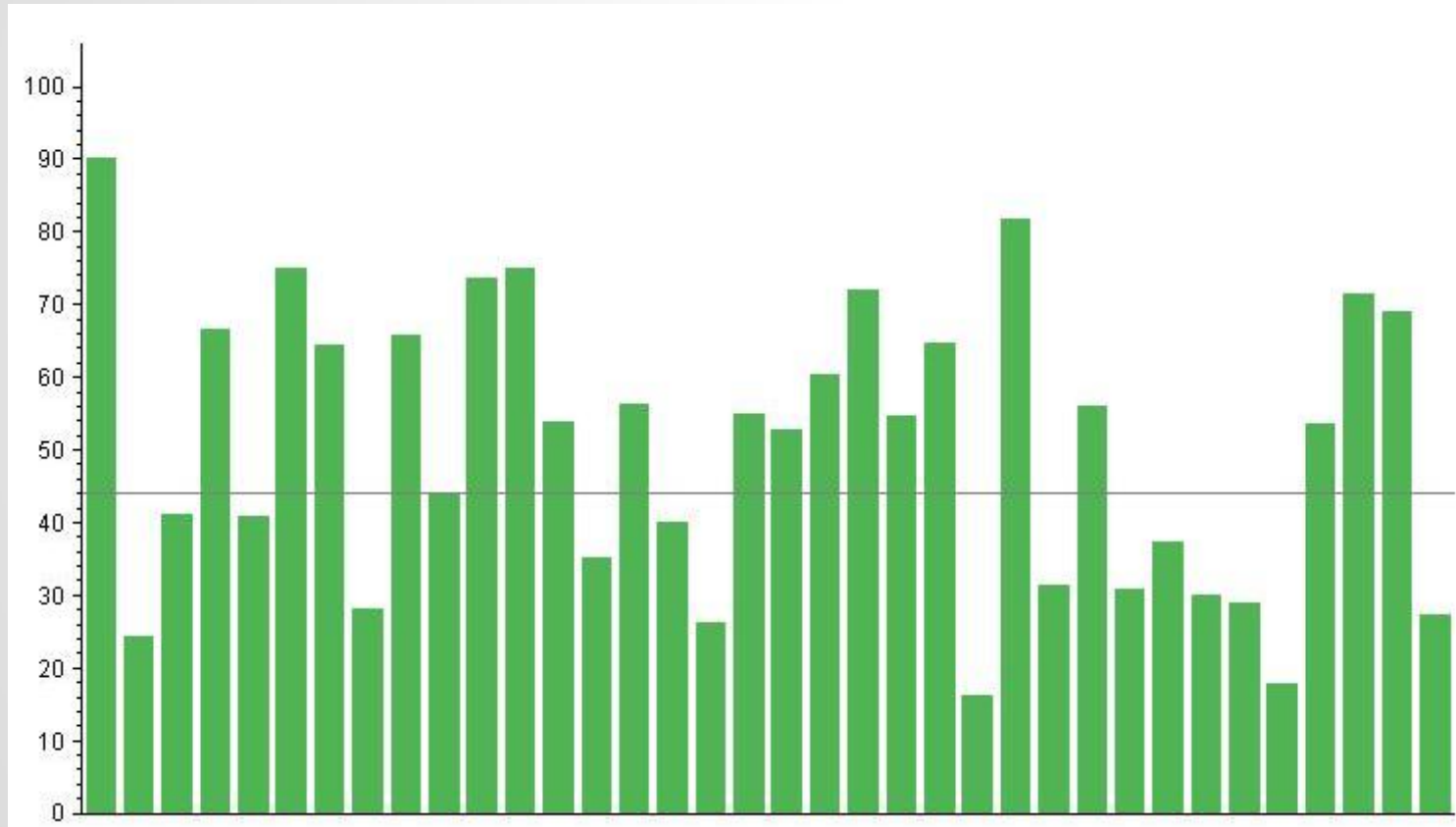
Bars represent 36 individual ORPRN offices.
Line and arrow indicate mean of 275 National offices.

Work Pressure and Pace Comments

▸ *"A patient is not a commodity and physicians should not be pressured to generate higher numbers of patients seen to generate more revenue."* (Physician)

▸ *"The push to increase the number of patients to be seen by doctor is a huge patient safety issue and this push is humongous in this clinic up to a level of insanity."* (Physician)

▸ *"We are pushed to see more patients which means less time with the patients.   The numbers may increase but you sacrifice quality of care in the process."* (Medical Assistant)

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Practice Responses to the survey

- Point of contact feedback
  - "Obtaining internal data in a 'safe environment' was very beneficial and allowed for honest answers." (clinician)
  - "Doubt that we will discuss the report. Office manager/physician did not seem interested in exploring the report." (office staff POC)
  - "It is a great tool to reinforce the need for patient safety in the practice. I have broken up the survey and discussed sections at staff meetings." (clinician)
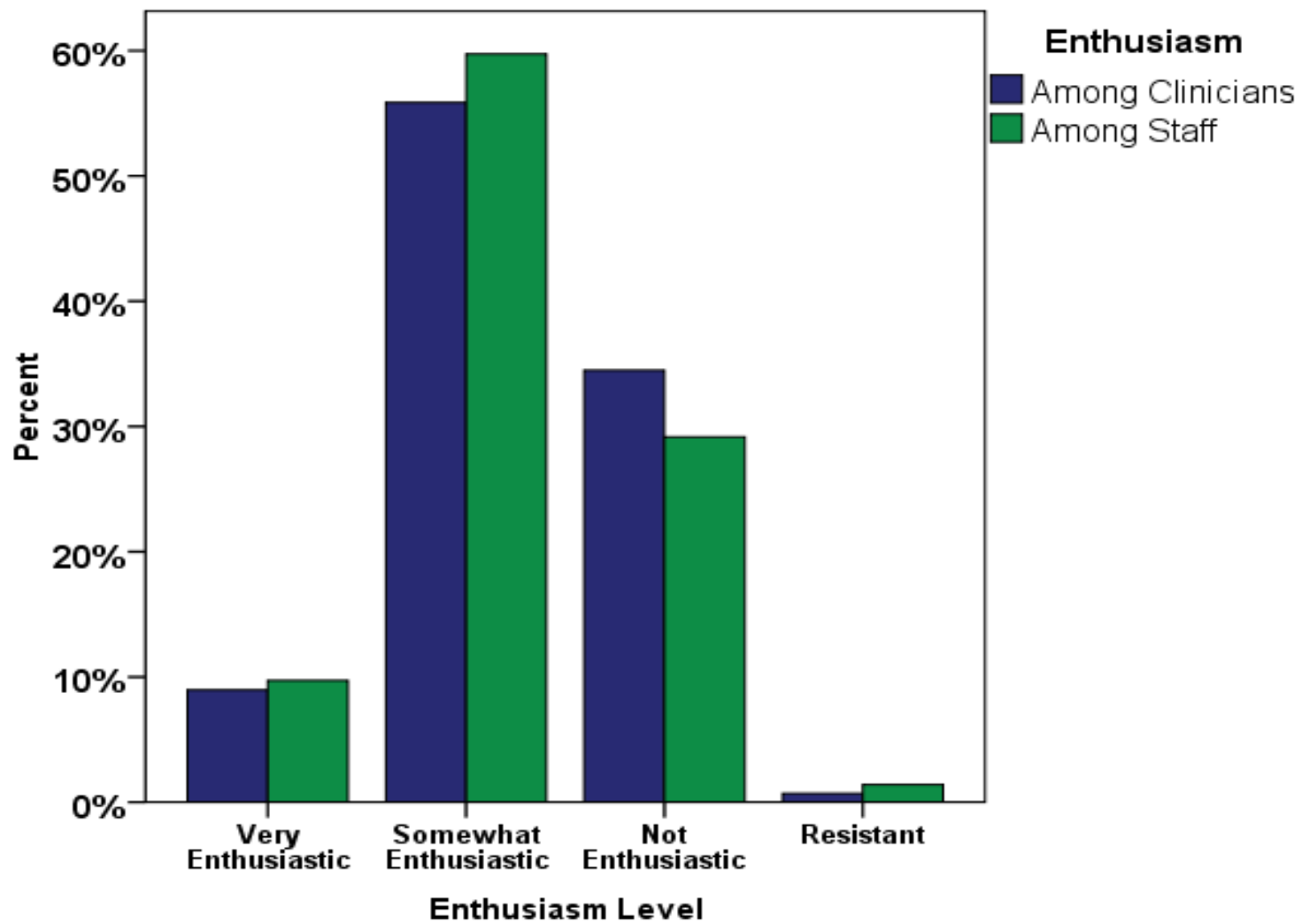
Ranking of Importance of Survey Sections

A. List of Safety/Quality Issues
B. Information Exchange
C. Working in Your Medical Office
D. Communication and Follow-up
E. Ownership/Leadership Support
F. Your Medical Office
G. Overall Ratings
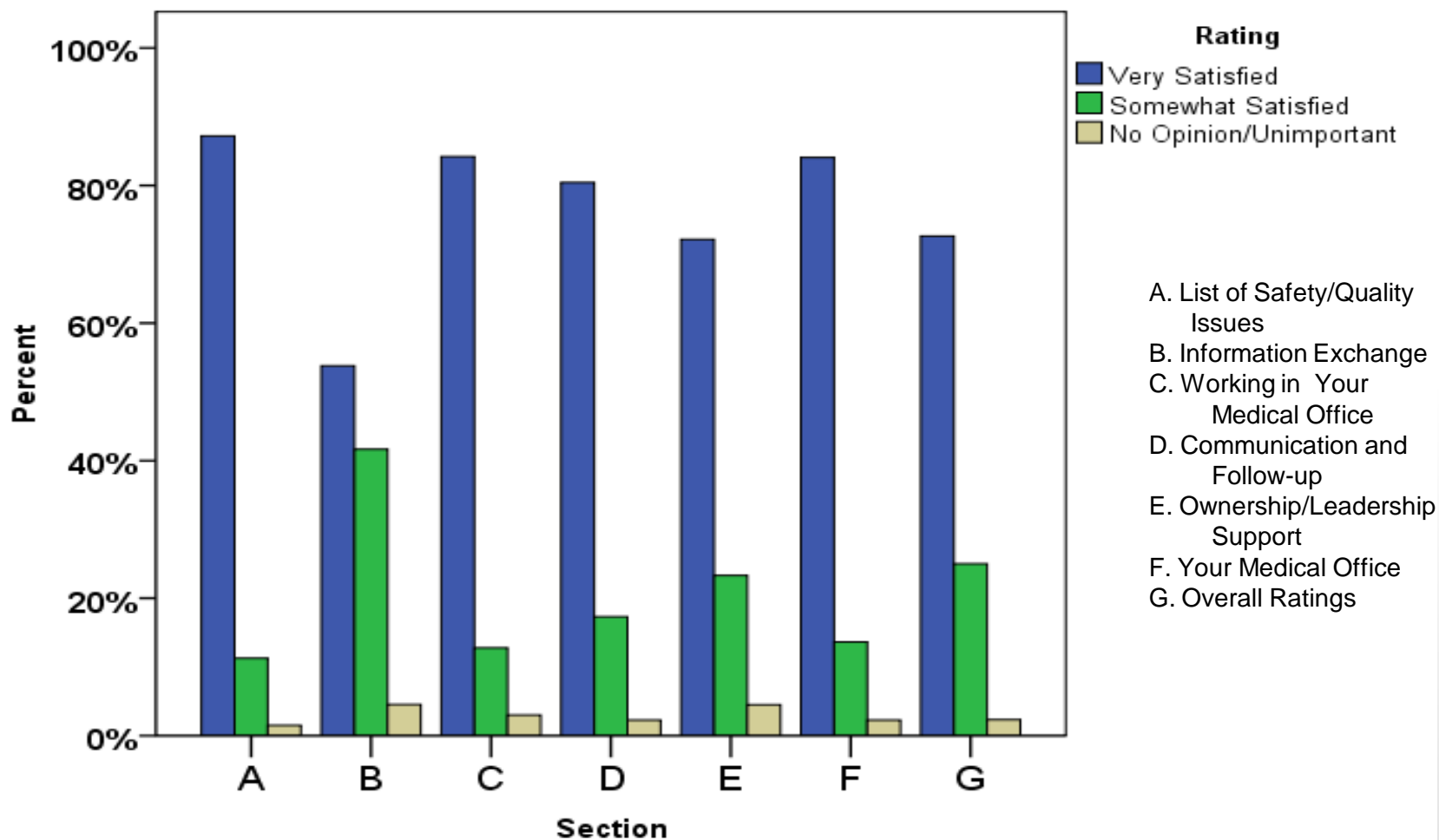
Have you shared or do you plan to share your medical office's survey report/results with all providers and staff in your office?
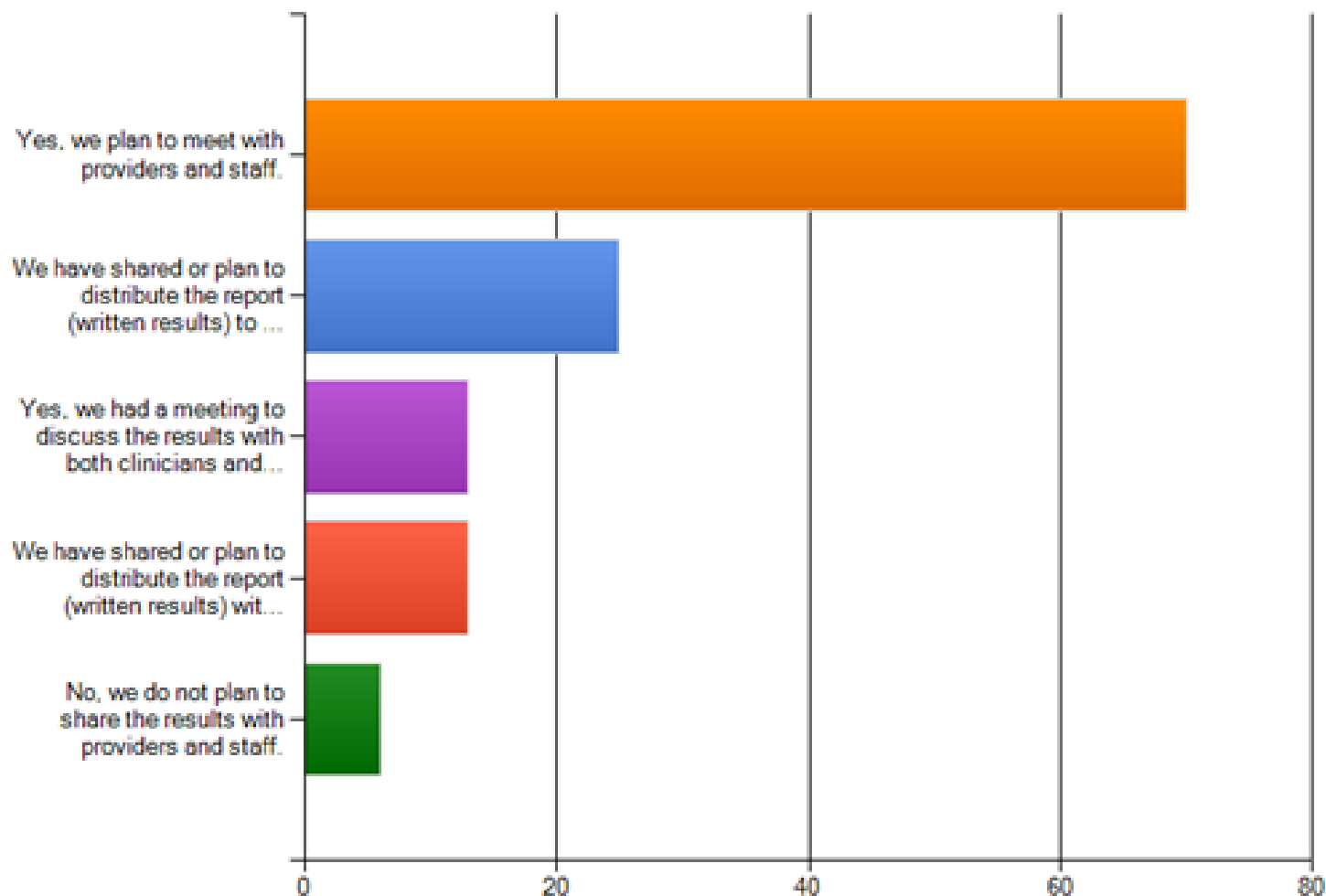
How would you respond?

To start…

▸ Leadership team considers: How does the clinic look?

◦ Any areas to celebrate?

◦ Any red flags?

Composite-Level Results for Sample Report A

Patient Safety Culture Composites	% Positive Response
1. Teamwork	78%
2. Patient Care Tracking/Follow-up	86%
3. Organizational Learning	83%
4. Overall Perceptions of Patient Safety and Quality	75%
5. Staff Training	87%
6. Owner/Managing Partner/ Leadership Support for Patient Safety	60%
7. Communication About Error	68%
8. Communication Openness	55%
9. Patient Safety and Quality Issues	60%
10. Office Processes and Standardization	57%
11. Information Exchange With Other Settings	73%
12. Work Pressure and Pace	43%

Note: Composite scores are not calculated when any item in the composite has fewer than 3 respondents.

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Next step…

- How does **our** clinic look compared to others?
  - Dark blue = your clinic
  - Light blue = national clinic benchmarking database
- Discrepancies?

Responses for Sample Report A

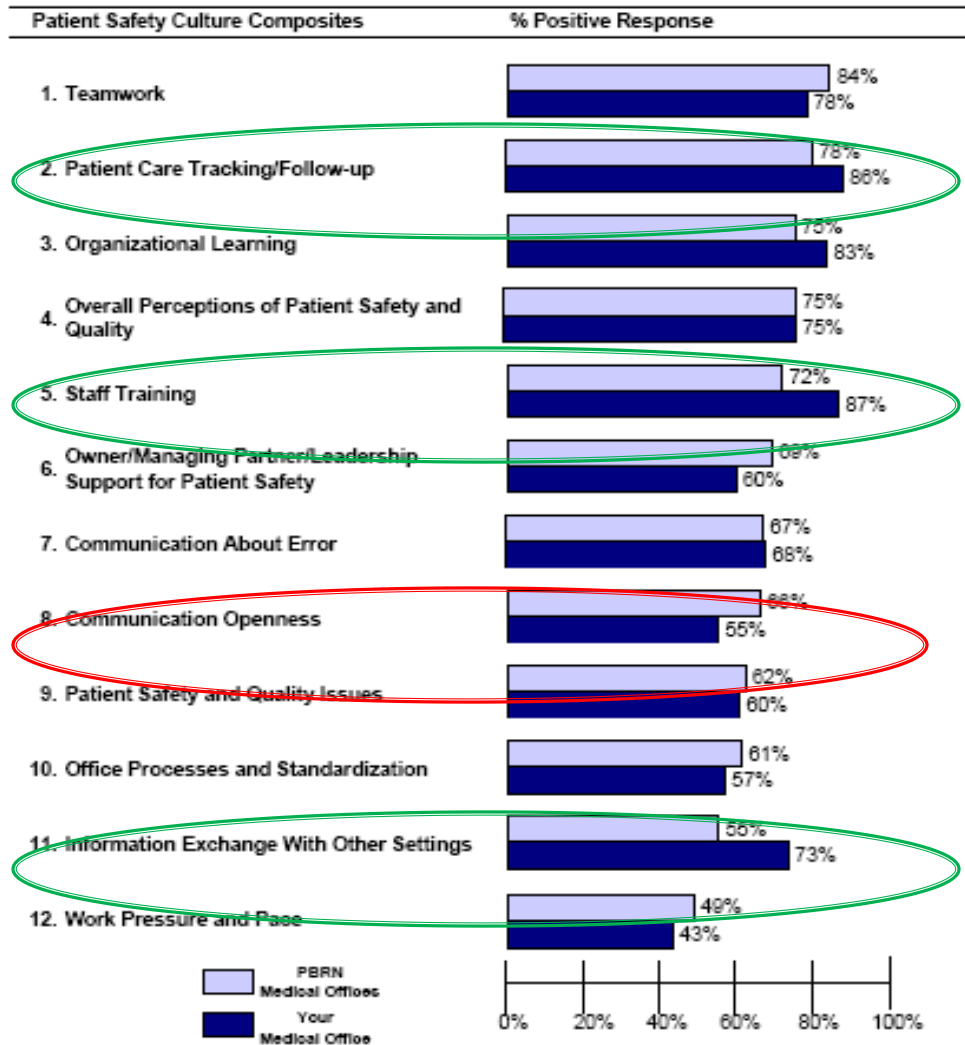| Patient Safety Culture Composites	% Positive Response
1. Teamwork	84% / 78%
2. Patient Care Tracking/Follow-up	78% / 86%
3. Organizational Learning	75% / 83%
4. Overall Perceptions of Patient Safety and Quality	75% / 75%
5. Staff Training	72% / 87%
6. Owner/Managing Partner/Leadership Support for Patient Safety	69% / 60%
7. Communication About Error	67% / 68%
8. Communication Openness	68% / 55%
9. Patient Safety and Quality Issues	62% / 60%
10. Office Processes and Standardization	61% / 57%
11. Information Exchange With Other Settings	55% / 73%
12. Work Pressure and Pace	49% / 43%

PBRN Medical Offices
Your Medical Office

Note: Composite scores are not calculated when any item in the composite has fewer than three respondents.

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Medical Office Survey on Patient Safety (MOSOPS)

GENERIC FAMILY HEALTH CENTER

Responders (100% response rate)

Staff Position	N	%
Physician	4	15%
NP, PA, other clinicians	2	8%
Management	2	8%
Administrative/Clerical	11	42%
RN, LPN	1	4%
MA, other clinical staff	5	19%
Other	1	4%
	26	100%
Missing	1	

(See page 2 of your Individual Medical Office Feedback Report.)

Most POSITIVELY rated areas
- Teamwork
- Organizational Learning

Most NEGATIVELY rated areas
- Patient Safety and Quality Issues
- Information Exchange With Other Settings

(See page 3 of your Individual Medical Office Feedback Report.)

Areas of STRENGTH (Exceeded national average by ≥ 5%)
- Teamwork (+6)
- Patient Care Tracking/Follow-up (+5)
- Organizational Learning (+10)
- Owner/Managing Partner/Leadership Support for Patient Safety (+15)
- Work Pressure and Pace (+12)

Areas for IMPROVEMENT (Lagged behind national averages by ≥ 5%)
- Overall Perceptions of Patient Safety and Quality (-11)
- Communication About Error (-5)
- Communication Openness (-8)
- Patient Safety and Quality Issues (-12)

Areas ON PAR with other primary care practices nationally (< 5% difference)
- Staff Training (-2)
- Office Processes and Standardization (+3)
- Information Exchange With Other Settings (-3)

(See page 13 of your Individual Medical Office Feedback Report.)

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Implications and Tools for Practice

- Each practice can benefit from examining their safety culture
  - Identify areas of strength and weakness
  - Develop quality improvement plans
- Medical Office Resources
  - Patient Safety Action Planning Guide
    http://www.ohsu.edu/orprn/SOPS/Seven%20Steps%20of%20Action%20Planning%202010.pdf
  - Improving Patient Safety in Medical Offices: A Resource List for Users
    http://www.ohsu.edu/orprn/SOPS/Improving%20Patient%20Safety%20in%20Medical%20Offices%20Resource%20List_3-1-10.pdf

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