SOPS^{TM} Medical Office Survey

Version: 1.0
Language: English

Note

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a Web-based survey, and preparing and analyzing data, and producing reports, please read the **Survey User's Guide**.

- For the survey items grouped according to the safety culture composites they are intended to measure, please read the **Items and Composites** document.

- To participate in the AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, the survey must have been administered in its entirety without significant modifications or deletions:

    o No changes to any of the survey item text and response options.
    o No reordering of survey items.
    o Questions added only at the end of the survey after Section G, before the demographic questions in Section H.

Medical Office Survey on Patient Safety

SURVEY INSTRUCTIONS

Think about the way things are done in your medical office and provide your opinions on issues that affect the overall safety and quality of the care provided to patients in your office.

▶ In this survey, the term **provider** refers to physicians, physician assistants, and nurse practitioners who diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the office.

- If a question does not apply to you or you don't know the answer, please check "Does Not Apply or Don't Know."

- If you work in more than one office or location for your practice, when answering this survey answer only about the office location where you received this survey—do not answer about the entire practice.

- If your medical office is in a building with other medical offices, answer only about the specific medical office where you work—do not answer about any other medical offices in the building.

SECTION A: List of Patient Safety and Quality Issues

In this survey, think of your "unit" as the work area, department, or clinical area of the facility where you spend _most_ of your work time or provide _most_ of your clinical services.

1.   What is your primary work area or unit in this hospital? Select ONE answer.

☐ a. Clinical Services

☐ b. Support Services

☐ c. Administration

The following items describe things that can happen in medical offices that affect patient safety and quality of care. **In your best estimate, how often did the following things happen in your medical office _OVER THE PAST 12 MONTHS_?**

Access to Care	Daily ▼	Weekly ▼	Monthly ▼	Several times in the past 12 months ▼	Once or twice in the past 12 months ▼	Not in the past 12 months ▼	Does Not Apply or Don't Know ▼
1. A patient was unable to get an appointment within 48 hours for an acute/serious problem	☐1	☐2	☐3	☐4	☐5	☐6	☐9
Patient Identification							
2. The wrong chart/medical record was used for a patient	☐1	☐2	☐3	☐4	☐5	☐6	☐9
Charts/Medical Records							

		Daily	Weekly	Monthly	Several times in the past 12 months	Once or twice in the past 12 months	Not in the past 12 months	Does Not Apply or Don't Know
3.	A patient's chart/medical record was not available when needed	☐1	☐2	☐3	☐4	☐5	☐6	☐9
4.	Medical information was filed, scanned, or entered into the wrong patient's chart/medical record	☐1	☐2	☐3	☐4	☐5	☐6	☐9

Medical Equipment

5.	Medical equipment was not working properly or was in need of repair or replacement	☐1	☐2	☐3	☐4	☐5	☐6	☐9

SECTION A: List of Patient Safety and Quality Issues (continued)

How often did the following things happen in your medical office _OVER THE PAST 12 MONTHS_?

		Daily ▼	Weekly ▼	Monthly ▼	Several times in the past 12 months ▼	Once or twice in the past 12 months ▼	Not in the past 12 months ▼	Does Not Apply or Don't Know ▼
Medication								
6.	A pharmacy contacted our office to clarify or correct a prescription ..	☐1	☐2	☐3	☐4	☐5	☐6	☐9
7.	A patient's medication list was not updated during his or her visit	☐1	☐2	☐3	☐4	☐5	☐6	☐9
Diagnostics & Tests								
8.	The results from a lab or imaging test were not available when needed..................................	☐1	☐2	☐3	☐4	☐5	☐6	☐9
9.	A critical <u>abnormal</u> result from a lab or imaging test was not followed up within 1 business day..	☐1	☐2	☐3	☐4	☐5	☐6	☐9

SECTION B: Information Exchange With Other Settings

Over the past 12 months, how often has your medical office had <u>problems exchanging accurate, complete, and timely information</u> with:

		Problems daily ▼	Problems weekly ▼	Problems monthly ▼	Problems several times in the past 12 months ▼	Problems once or twice in the past 12 months ▼	No problems in the past 12 months ▼	Does Not Apply or Don't Know ▼
1.	Outside labs/imaging centers?................................	☐1	☐2	☐3	☐4	☐5	☐6	☐9
2.	Other medical offices/ outside physicians?	☐1	☐2	☐3	☐4	☐5	☐6	☐9

	3. Pharmacies?........................	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	$\square_9$
	4. Hospitals?.............................	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	$\square_9$
	5. Other ? (Specify): _____	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$	$\square_9$

SECTION C: Working in Your Medical Office

How much do you agree or disagree with the following statements?	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. When someone in this office gets really busy, others help out...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
2. In this office, there is a good working relationship between staff and providers...............	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
3. In this office, we often feel rushed when taking care of patients...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
4. This office trains staff when new processes are put into place	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
5. In this office, we treat each other with respect......	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
6. We have too many patients for the number of providers in this office………..........................	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
7. This office makes sure staff get the on-the-job training they need	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
8. This office is more disorganized than it should be...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
9. We have good procedures for checking that work in this office was done correctly…………..	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
10. Staff in this office are asked to do tasks they haven't been trained to do..................................	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
11. We have enough staff to handle our patient load..	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
12. We have problems with workflow in this office	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
13. This office emphasizes teamwork in taking care of patients	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
14. This office has too many patients to be able to handle everything effectively	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$

15. Staff in this office follow standardized processes to get tasks done .... $\square_1$ $\square_2$ $\square_3$ $\square_4$ $\square_5$ $\square_9$

SECTION D: Communication and Followup

How often do the following things happen in your medical office?	Never ▼	Rarely ▼	Some-times ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
1. Providers in this office are open to staff ideas about how to improve office processes.................	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
2. Staff are encouraged to express alternative viewpoints in this office...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
3. This office reminds patients when they need to schedule an appointment for preventive or routine care...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
4. Staff are afraid to ask questions when something does not seem right	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
5. This office documents how well our chronic-care patients follow their treatment plans..............	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
6. Our office follows up when we do not receive a report we are expecting from an outside provider..	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
7. Staff feel like their mistakes are held against them...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
8. Providers and staff talk openly about office problems...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
9. This office follows up with patients who need monitoring..	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
10. It is difficult to voice disagreement in this office	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
11. In this office, we discuss ways to prevent errors from happening again...	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$
12. Staff are willing to report mistakes they observe in this office..	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_9$

SECTION E: Owner/Managing Partner/Leadership Support

A. Are you an owner, a managing partner, or in a leadership position with responsibility for making financial decisions for your medical office?

☐1 Yes → *Go to Section F*

☐2 No → *Continue below*

How much do you agree or disagree with the following statements about the <u>owners/ managing partners/leadership of your medical office?</u>	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. They aren't investing enough resources to improve the quality of care in this office.......	☐1	☐2	☐3	☐4	☐5	☐9
2. They overlook patient care mistakes that happen over and over	☐1	☐2	☐3	☐4	☐5	☐9
3. They place a high priority on improving patient care processes	☐1	☐2	☐3	☐4	☐5	☐9
4. They make decisions too often based on what is best for the office rather than what is best for patients	☐1	☐2	☐3	☐4	☐5	☐9

SECTION F: Your Medical Office

How much do you agree or disagree with the following statements?	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. When there is a problem in our office, we see if we need to change the way we do things	☐1	☐2	☐3	☐4	☐5	☐9
2. Our office processes are good at preventing mistakes that could affect patients...	☐1	☐2	☐3	☐4	☐5	☐9
3. Mistakes happen more than they should in this office	☐1	☐2	☐3	☐4	☐5	☐9
4. It is just by chance that we don't make more mistakes that affect our patients	☐1	☐2	☐3	☐4	☐5	☐9
5. This office is good at changing office processes to make sure the same problems don't happen again......................	☐1	☐2	☐3	☐4	☐5	☐9
6. In this office, getting more work done is more important than quality of care.............	☐1	☐2	☐3	☐4	☐5	☐9
7. After this office makes changes to improve the patient care process, we check to see if the changes worked.............	☐1	☐2	☐3	☐4	☐5	☐9

SECTION G: Overall Ratings

Overall Ratings on Quality

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

		Poor ▼	Fair ▼	Good ▼	Very good ▼	Excellent ▼
a. Patient centered	Is responsive to individual patient preferences, needs, and values	☐1	☐2	☐3	☐4	☐5
b. Effective	Is based on scientific knowledge	☐1	☐2	☐3	☐4	☐5
c. Timely	Minimizes waits and potentially harmful delays	☐1	☐2	☐3	☐4	☐5
d. Efficient	Ensures cost-effective care (avoids waste, overuse, and misuse of services)..................	☐1	☐2	☐3	☐4	☐5
e. Equitable	Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.	☐1	☐2	☐3	☐4	☐5

Overall Rating on Patient Safety

2. **Overall, how would you rate the systems and clinical processes your medical office has in place to prevent, catch, and correct problems that have the potential to affect patients?**

Poor ▼	Fair ▼	Good ▼	Very good ▼	Excellent ▼
☐1	☐2	☐3	☐4	☐5

SECTION H: Background Question

1. **Typically, how many hours per week do you work in <u>this medical office location</u>?**

   ☐a. 1 to 4 hours per week   ☐d. 25 to 32 hours per week

   ☐b. 5 to 16 hours per week   ☐e. 33 to 40 hours per week

   ☐c. 17 to 24 hours per week   ☐f. 41 hours per week or more

SECTION I: Your Comments

Please feel free to write any comments you may have about patient safety or quality of care in your medical office.

THANK YOU FOR COMPLETING THIS SURVEY.