

## Interpreting Nursing Home SOPS Results and Action Planning

Katherine Jones, PT, PhD



Resident & Patient Safety Learning Collaborative  
March 26, 2009

Supported by Stratis Health

1

## Objectives

- Explain the role of culture assessment in a program of resident safety
- Identify 4 components of a culture of safety
- Describe advantages of using the nursing home survey as opposed to the hospital survey
- Identify the dimensions, beliefs, behaviors assessed by the nursing home survey
- Benchmark your results to AHRQ pilot data from 40 nursing homes
- Use sound methodology to conduct the survey

2

## The Problem and Challenge...

"The problem is not bad people; the problem is that the system needs to be made safer . . ."

*IOM (2000). To Err is Human: Building a Safer Health System*

"The biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm."

*IOM (2001). Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century, p. 79*



## Definition of Safety Culture

- Enduring, shared beliefs and behaviors that reflect an organization's willingness to learn from errors\*
- Four beliefs present in a safe, informed culture\*\*
  - Our processes are designed to prevent failure
  - We are committed to detect and learn from error
  - We have a just culture that disciplines based on risk
  - People who work in teams make fewer errors

\*Wiegmann. A synthesis of safety culture and safety climate research; 2002. <http://www.humanfactors.uiluc.edu/Reports&PapersPDFs/TechReport/02-03.pdf>

\*\*Institute of Medicine. Patient safety: Achieving a new standard of care. Washington, DC: The National Academies Press; 2004.

4

## Measure Safety Culture in Healthcare with SOPS Family of Surveys

- Patient Safety Culture Surveys funded by AHRQ and developed by Westat to support a culture of patient safety and quality improvement in the Nation's health care system  
<http://www.ahrq.gov/qual/patientsafetyculture/>
  - Hospital Survey on Patient Safety Culture (HSOPS) 11/04
  - Nursing Home Survey on Patient Safety Culture (NHSOPS) 12/08
  - Medical Office Survey on Patient Safety Culture (MOSOPS) 12/08

5

## Role of Safety Culture Assessment

- Diagnostic tool to assess strengths/areas of weakness in safety culture
- Raise awareness about role of culture
- Evaluate impact of patient safety initiatives
- Track changes in patient safety over time



We have to be able to measure in order to improve!

6

## Components of Safety Culture

A culture of safety is informed. It never forgets to be afraid...

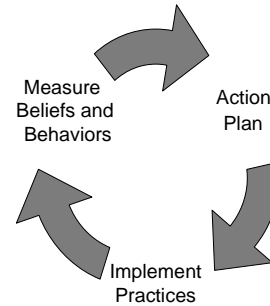
Reason, J. (1997). *Managing the Risks of Organizational Accidents*. Hampshire, England: Ashgate Publishing Limited.

Battles et al. (2006). Sensemaking of patient safety risks and hazards. *HSR*, 41(4 Pt 2), 1555-1575.



7

## How to Become an HRO: Engage in Continuous Improvement



8

## Measure Beliefs & Behaviors with NHSOPS

- Developed by AHRQ to provide nursing homes with a valid tool to assess safety culture <http://www.ahrq.gov/qual/patientsafetyculture/nhsurvindex.htm>
- 42 items categorized in 12 dimensions
  - 9 dimensions similar to HSOPS
  - 3 dimensions unique to NHSOPS
    - Compliance with Procedures
    - Training and Skills
    - Teamwork

9

## Advantages of Using NHSOPS for Nursing Homes

- Developed and validated in nursing homes
- Directed at all nursing home staff
- Uses simple language with a Flesch-Kincaid score 5.3 grade reading level
- Survey item wording relatively short
- Focuses on entire nursing home not "units" or "departments"
- Not appropriate for assisted living, rehab, or independent living facilities

10

## NHSOPS 2008 Pilot Test of 40 Nursing Homes

- |                    |                      |
|--------------------|----------------------|
| ■ Size             | ■ Ownership          |
| ■ ≤50 beds 5%      | ■ For Profit 50%     |
| ■ 51-99 beds 40%   | ■ Not for Profit 50% |
| ■ 100-199 beds 45% |                      |
| ■ 200+ beds 10%    |                      |
| ■ Urban/Rural      |                      |
| ■ Urban 65%        |                      |
| ■ Rural 35%        |                      |

11

## NHSOPS 2008 Pilot Test of 40 Nursing Homes

- |                     |                       |
|---------------------|-----------------------|
| ■ Staff Position    | ■ Work Area           |
| ■ NA 33%            | ■ Many diff areas 42% |
| ■ Support Staff 20% | ■ Other area 25%      |
| ■ LVN/LPN 17%       | ■ Skilled nursing 18% |
| ■ Admin/Mgt 10%     | ■ Alz/Dementia 8%     |
| ■ Direct Care 10%   | ■ Rehab 7%            |
| ■ Other 4%          |                       |
| ■ MD, DO 1%         |                       |
| ■ Other Provider 1% |                       |

12

## Pilot Test: Interpreting Results

- Only aggregate results available
- We know culture varies within organizations...analyze your results by work area and staff position
- Response Rate of 73% is Excellent!
  - Need > 50% to ensure results are representative
- Wrap your mind around reverse worded questions...to disagree is positive
- Open-ended comments are gifts of feedback

13

## See Item-Level Comparative Results

14

## Strengths

- Feedback & Communication about Incident
  - "Staff tell someone if they see something that might harm a resident." 89% agree
- Overall Perceptions of Resident Safety
  - "This nursing home is a safe place for residents." 88% agree
- Supv/Mgr Expectations & Actions Promoting Resident Safety
  - "My supervisor pays attention to resident safety problems in this nursing home." 87% agree

15

## Areas for Improvement

- Compliance with Procedures
  - R:"Staff use shortcuts to get their work done." 47% disagree
- Nonpunitive Response to Mistakes
  - R:"Staff are blamed when a resident is harmed." 42% disagree
- Staffing
  - "We have enough staff to handle the workload." 34% agree

16

## Comments

- 24% of respondents provided comments (17% provide comments on HSOPS)
- Most comments were negative - focused on perceived issues or problems
- Recurring themes
  - Positive
  - Negative
  - Staffing
  - Nonpunitive Response to Mistakes
  - Teamwork

17

## Comments: Training

- Positive
  - "This nursing home conducts many in-services every month. A well-informed employee contributes to the well being of our residents. P.S. I love working here!"
- Negative
  - "CNA's should be trained for a longer period of time - be 'buddied' so they aren't so overwhelmed/ frustrated when on their own & end up quitting within a few weeks."

18

### Comments: Staffing

- “Resident care and safety become threatened by a lack of staff.”
- “I think that we need more staff to ensure safety. Overall plan is good but just need people to pull it off.”
- “I don’t have the time to spend with patients like I should.”

19

### Comments: Nonpunitive Response

- “Retribution from supervisors at times is feared.”
- “We are told if we don’t report another CNA when we see them mistreat a resident, that we are as guilty as they are. But when we report it we are not believed. And nothing is done.”
- “I feel sometimes that when problems are addressed or brought to supervisors’ attention that the one who reports the problem is in some way blamed.”

20

### Comments: Teamwork

- Positive
  - “As a team I believe we anticipate issues and respond to them quickly and appropriately. Getting input from all team players has been beneficial to our residents.”
  - “Our nursing home is like a family that works well together between residents and staff.”
- Negative
  - “Sometimes staff doesn’t work together and they complain about each other.”
  - “CNA’s have a tendency to be disrespectful to charge nurses by deliberately not following thru on patient care requests and ignoring instructions on worksheets for specific procedures.”

21

### Nursing Home Survey Toolkit

- Survey Form
- Survey User’s Guide provides instructions for data collection and analysis
- Benchmarks from pilot nursing homes
- Modifiable PowerPoint survey feedback template
- Microsoft Excel Data Entry and Reporting Tool

[http://www.ahrq.gov/qual/patientsafetyculture/nhsu\\_rvindex.htm](http://www.ahrq.gov/qual/patientsafetyculture/nhsu_rvindex.htm)

22

### Obtain Acceptable Response Rate

- Goal > 50%
- Consider incentives...
- Sample if > 300 staff members
- Dillman tailor-designed 4 Contact Method
  - Contact 1 Prenotification Letter
  - Contact 2 Cover Letter & Survey
  - Contact 3 Reminder Postcard
  - Contact 4 Cover Letter & Survey
- Ensure anonymity!

23

### Use NHSOPS to Become a Safe, Informed Organization that...

- Observes and collects data
- Reflects and draws correct conclusions from information systems
- Creates and plans change based on information
- Has the will to act and implement change

“Learning disabilities are tragic in children, but they are fatal in organizations.” -- Peter Senge

Reason, J. (1997). *Managing the Risks of Organizational Accidents*. Hampshire, England: Ashgate Publishing Limited.

24

### **Contact Information**

Katherine Jones, PhD, PT  
[kjonesj@unmc.edu](mailto:kjonesj@unmc.edu)

Anne Skinner  
[askinner@unmc.edu](mailto:askinner@unmc.edu)

Web site where patient safety tools are posted  
[www.unmc.edu/rural/patient-safety](http://www.unmc.edu/rural/patient-safety)