# SOPS<sup>®</sup> Value and Efficiency Supplemental Item Set for the SOPS Hospital Survey

## Language: English

- **Purpose:** This supplemental item set was designed for use with the core <u>SOPS® Hospital Survey Version 2.0</u> to help hospitals assess the extent to which their organizations place a priority on and adopt practices to promote efficiency, waste reduction, patient centeredness, and high-quality care at a reasonable cost.
- **Placement:** This supplemental item set should be added to the end of the SOPS Hospital Survey 2.0, after Section F: Your Hospital, just before the Background Questions section. Be sure to include the introductory text and subheadings. Add the SOPS Hospital 2.0 Background Questions *after* these Value and Efficiency items.
- **Composite Measures:** A composite measure is a grouping of two or more survey items that assess the same area of culture related to value and efficiency. The composite measures assessed in this supplemental item set are listed below along with the internal consistency reliability scores (Cronbach's alpha).<sup>1</sup>
  - Empowerment to Improve Efficiency (3 items) (Cronbach's alpha = .89)
  - Efficiency and Waste Reduction (3 items) (Cronbach's alpha = .81)
  - Patient Centeredness and Efficiency (3 items) (Cronbach's alpha = .75)
  - Supervisor, Manager, or Clinical Leader Support for Improving Efficiency and Reducing Waste (4 items) (*Cronbach's alpha = .88*)
- Additional Measures: Other measures assess:
  - Experience with Activities to Improve Efficiency (8 items)
  - Overall Ratings (5 items) NOTE: The August 2022 version includes the addition of a new Overall Rating item:

5. Equitable—Provides care that does not vary in quality because of personal characteristics such as gender, ethnicity, race, language, or socioeconomic status

- Administration Instructions: To submit data from this supplemental item set to the AHRQ <u>SOPS Hospital</u> <u>Survey Database</u>, and to enable comparisons to the Database, administer the supplemental item set in its entirety without modifications or deletions:
  - No changes to any of the survey item text and response options.
  - No reordering of survey items.
- Calculating Results: For more information on preparing and analyzing data and calculating results, please
  refer to Chapter 6 in the <u>Hospital Survey Version 2.0 User's Guide</u>. Additionally, the Data Entry and Analysis
  Tool for the Value and Efficiency Supplemental Item Set for hospitals can be used to calculate results. To
  request this tool, email <u>DatabasesOnSafetyCulture@westat.com</u>.
- For assistance with this supplemental item set, please contact the SOPS Help Line at 1-888-324-9749 or <u>SafetyCultureSurveys@westat.com</u>.



Last updated: August 2022

<sup>&</sup>lt;sup>1</sup> Sorra, J., Zebrak, K., Yount, N., Famolaro, T., Gray, L., Franklin, M., Smith, S., and Streagle, S. (2021). Development and pilot testing of survey items to assess the culture of value and efficiency in hospitals and medical offices. BMJ Quality and Safety. Available at: <u>https://qualitysafety.bmj.com/content/early/2021/08/19/bmjqs-2020-012407</u>.

## Value and Efficiency in Your Hospital

## Think about the way things are done in your hospital and provide your opinions on the value and efficiency with which care is delivered.

#### For the purposes of this section, the following terms apply:

- Waste in health care is anything that does not add value or is unnecessary for patients, clinicians, or staff—such as wasted time; wasted materials; extra steps in a process; rework; and unnecessary tests, procedures, treatments, or services, etc.
- Efficiency in health care refers to care delivery systems and work processes that are as streamlined and simplified as possible.
- ► **Value** refers to high-quality care at a reasonable cost and positive patient experiences with care. Efficiency and removing waste are necessary to achieve value.

## **Section A: Empowerment To Improve Efficiency**

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#### How much do you agree or disagree with the following statements about your unit/work area?

		Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Apply or Don't Know ▼
1.	We are encouraged to come up with ideas for more efficient ways to do our work	<b>1</b>		□3	4		□9
2.	We are involved in making decisions about changes to our work processes.	<b>1</b>	<b>D</b> 2	□3		$\square_5$	<b>D</b> 9
3.	We are given opportunities to try out solutions to workflow problems	<b>1</b>	<b></b> 2	□3		$\square_5$	<b>D</b> 9

## **Section B: Efficiency and Waste Reduction**

#### How often do the following statements apply to your unit/work area?

		Never ▼	Rarely ▼	Some- times ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
1.	We try to find ways to reduce waste (such as wasted time, materials, steps, etc.) in how we do our work	□1		□3			D۹
2.	In our unit, we are working to improve patient flow.	<b>1</b>	<b></b> 2	□3	4		<b>D</b> 9
3.	We focus on eliminating unnecessary tests and procedures for patients.	<b>1</b>	<b></b> 2	□3	4		<b>D</b> 9

## **Section C: Patient Centeredness and Efficiency**

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## How much do you agree or disagree with the following statements about your unit/work area?

		Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does Not Apply or Don't Know ▼
1.	In our unit, we take steps to reduce patient wait time.	<b>1</b>		□3	4		<b>D</b> 9
2.	We ask for patient or family member input on ways to make patient visits more efficient	<b>1</b>	<b></b> 2	□3	4		<b>D</b> 9
3.	Patient and family member preferences have led to changes in our workflow	<b>1</b>	<b></b> 22	□3	4		<b>D</b> 9

Section D: Supervisor, Manager, or Clinical Leader Support for Improving Efficiency and Reducing Waste

How much do you agree or disagree with the following statements about your supervisor, manager, or clinical leader?

Му	supervisor, manager, or clinical leader	Strongly disagree ▼	Disagree ▼	Neither agree nor disagree ▼	Agree ▼	Strongly agree ▼	Does Not Apply or Don't Know ▼
1.	Recognizes us for our ideas to improve efficiency	<b>1</b>	<b></b> 22	□3	4		<b>D</b> 9
2.	Provides us with reports on our unit performance	<b>1</b>	<b></b> 2	□3			Пэ
3.	Takes action to address workflow problems that are brought to his or her attention	<b>1</b>	<b></b> 2	□3			<b>D</b> 9
4.	Places a high priority on doing work efficiently without compromising patient care	<b>1</b>	<b></b> 2	□3			<b>D</b> 9

## Section E: Experience With Activities To Improve Efficiency

## In the past 12 MONTHS, have you done the following activities to improve efficiency, add value, or reduce waste in your hospital?

		Yes ▼	No ▼
1.	I received training on how to identify waste and inefficiencies in my work	<b>1</b>	<b></b> 2
2.	I helped to map a workflow process to identify wasted time, materials, steps in a process, etc.	<b>1</b>	<b></b> 2
3.	I shadowed/followed patients in this hospital to identify ways to improve their care experience.	<b>1</b>	<b></b> 2
4.	I looked at visual displays or graphs to see how well my unit was performing	<b>1</b>	<b>D</b> 2
5.	I made a suggestion to management about improving an inefficient work process		<b></b> 22
6.	I made a suggestion to management about improving patients' care experiences	Π1	
7.	I served on a team or committee to make a work process more efficient		
8.	I monitored data to figure out how well an activity to improve efficiency was working	<b></b> 1	<b>D</b> 2

## Section F: Overall Ratings

### Overall, how would you rate your unit/work area on each of the following areas?

		Poor ▼	Fair ▼	Good ▼	Very good ▼	Excellent ▼
1. Patient centered	ls responsive to individual patient preferences, needs, and values	□1	<b>D</b> 2	□3	4	
2. Effective	Provides services based on scientific knowledge to all who could benefit	□1	<b></b> 2	□3	□4	
3. Timely	Minimizes waits and potentially harmful delays	□1	<b></b> 2	□3	□4	□5
4. Efficient	Ensures cost-effective care (avoids waste, overuse, and misuse of services)	<b>1</b>	<b></b> 2	□3	4	
5. Equitable	Provides care that does not vary in quality because of personal characteristics such as gender, ethnicity, race, language, or socioeconomic status	□1		□3	4	