

Attachment D: The Medical Office Survey on Patient Safety Culture (MOSOPS)

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

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?**

	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 □
Access to Care							
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							
3. A patient's chart/medical record was not available when needed	□ ₁	□ ₂	□ ₃	□ ₄	□ ₅	□ ₆	□ ₉

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
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Medical Equipment

5. Medical equipment was not working properly or was in need of repair or replacement	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
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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 <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Several times in the past 12 months <input type="checkbox"/>	Once or twice in the past 12 months <input type="checkbox"/>	Not in the past 12 months <input type="checkbox"/>	Does Not Apply or Don't Know <input type="checkbox"/>
Medication							
6. A pharmacy contacted our office to clarify or correct a prescription	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
7. A patient's medication list was not updated during his or her visit	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
Diagnostics & Tests							
8. The results from a lab or imaging test were not available when needed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
9. A critical <u>abnormal</u> result from a lab or imaging test was not followed up within 1 business day	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9

SECTION B: 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:

	Problems daily <input type="checkbox"/>	Problems weekly <input type="checkbox"/>	Problems monthly <input type="checkbox"/>	Problems several times in the past 12 months <input type="checkbox"/>	Problems once or twice in the past 12 months <input type="checkbox"/>	No problems in the past 12 months <input type="checkbox"/>	Does Not Apply or Don't Know <input type="checkbox"/>
1. Outside labs/imaging centers?.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9
2. Other medical offices/ outside physicians?.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _9

3. Pharmacies?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
4. Hospitals?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
5. Other ? (Specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9

SECTION C: Working in Your Medical Office

How much do you agree or disagree with the following statements?	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neither Agree nor Disagree <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Does Not Apply or Don't Know <input type="checkbox"/>
1. When someone in this office gets really busy, others help out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. In this office, there is a good working relationship between staff and providers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. In this office, we often feel rushed when taking care of patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. This office trains staff when new processes are put into place.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
5. In this office, we treat each other with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
6. We have too many patients for the number of providers in this office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
7. This office makes sure staff get the on-the-job training they need.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
8. This office is more disorganized than it should be.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
9. We have good procedures for checking that work in this office was done correctly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
10. Staff in this office are asked to do tasks they haven't been trained to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
11. We have enough staff to handle our patient load.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
12. We have problems with workflow in this office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
13. This office emphasizes teamwork in taking care of patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
14. This office has too many patients to be able to handle everything effectively.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
15. Staff in this office follow standardized processes to get tasks done	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Staff are encouraged to express alternative viewpoints in this office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. This office reminds patients when they need to schedule an appointment for preventive or routine care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. Staff are afraid to ask questions when something does not seem right.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
5. This office documents how well our chronic-care patients follow their treatment plans.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
6. Our office follows up when we do not receive a report we are expecting from an outside provider.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
7. Staff feel like their mistakes are held against them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
8. Providers and staff talk openly about office problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
9. This office follows up with patients who need monitoring.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
10. It is difficult to voice disagreement in this office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
11. In this office, we discuss ways to prevent errors from happening again.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
12. Staff are willing to report mistakes they observe in this office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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 owners/ managing partners/leadership of your medical office?

	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.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
2.They overlook patient care mistakes that happen over and over.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
3.They place a high priority on improving patient care processes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
4.They make decisions too often based on what is best for the office rather than what is best for patients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> 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.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
2. Our office processes are good at preventing mistakes that could affect patients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
3. Mistakes happen more than they should in this office.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
4. It is just by chance that we don't make more mistakes that affect our patients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
5. This office is good at changing office processes to make sure the same problems don't happen again.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
6. In this office, getting more work done is more important than quality of care.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
7. After this office makes changes to improve the patient care process, we check to see if the changes worked.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Effective	Is based on scientific knowledge.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Timely	Minimizes waits and potentially harmful delays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Efficient	Ensures cost-effective care (avoids waste, overuse, and misuse of services).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Equitable	Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION H: Background Questions

1. How long have you worked in this medical office location?

- | | |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Less than 2 months | <input type="checkbox"/> d. 3 years to less than 6 years |
| <input type="checkbox"/> b. 2 months to less than 1 year | <input type="checkbox"/> e. 6 years to less than 11 years |
| <input type="checkbox"/> c. 1 year to less than 3 years | <input type="checkbox"/> f. 11 years or more |

2. Typically, how many hours per week do you work in this medical office location?

- | | |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> a. 1 to 4 hours per week | <input type="checkbox"/> d. 25 to 32 hours per week |
| <input type="checkbox"/> b. 5 to 16 hours per week | <input type="checkbox"/> e. 33 to 40 hours per week |
| <input type="checkbox"/> c. 17 to 24 hours per week | <input type="checkbox"/> f. 41 hours per week or more |

SECTION H: Background Questions (continued)

3. What is your position in this office? Check ONE category that best applies to your job.

- a. Physician (MD or DO)
- b. Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Advanced Practice Nurse, etc.
- c. Management
- | | |
|----------------------|------------------|
| Practice Manager | Business Manager |
| Office Manager | Nurse Manager |
| Office Administrator | Lab Manager |
| | Other Manager |
- d. Administrative or clerical staff
- | | |
|---------------------|-------------------------------------------------|
| Insurance Processor | Front Desk |
| Billing Staff | Receptionist |
| Referral Staff | Scheduler (appointments, surgery, etc.) |
| Medical Records | Other administrative or clerical staff position |
- e. Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)
- f. Other clinical staff or clinical support staff
- | | |
|-------------------|------------------------------------------------|
| Medical Assistant | Technician (all types) |
| Nursing Aide | Therapist (all types) |
| | Other clinical staff or clinical support staff |
- g. Other position; please specify: _____

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.