



Surveys on Patient Safety Culture™

# Transitioning to the SOPS™ Hospital Survey Version 2.0: What's Different and What To Expect

## Part I: Main Report

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# Executive Summary

The Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (SOPS™) Hospital Survey (HSOPS 1.0) was originally released in 2004 and has been widely adopted in the United States and internationally. Over the years, users and stakeholders provided AHRQ with feedback about suggested changes to the survey. Using this feedback, AHRQ developed and pilot tested a new version of the survey, the SOPS Hospital Survey 2.0 (HSOPS 2.0), released in 2019.

This document provides information for hospitals interested in transitioning from HSOPS 1.0 to the new HSOPS 2.0. The surveys and related resources are available on the AHRQ website at [www.ahrq.gov/sops/surveys/hospital/index.html](http://www.ahrq.gov/sops/surveys/hospital/index.html). Listed below are the key differences between the two surveys and what to expect when transitioning from HSOPS 1.0 to HSOPS 2.0.

## 1. HSOPS 2.0 assesses many of the same areas of patient safety culture as HSOPS 1.0, but substantial changes were made to the survey.

The final HSOPS 2.0 has 40 survey items compared with 51 survey items in HSOPS 1.0. The names of some composite measures (a group of 2 to 4 survey items that assess the same area of patient safety culture) were changed to align with changes to the content assessed in the measures. Five HSOPS 1.0 survey items were kept in HSOPS 2.0 unchanged, but the following changes were made to the remaining items:

- 21 HSOPS 1.0 survey items were dropped;
- 25 HSOPS 1.0 survey items were reworded or response options were changed; and
- 10 survey items were added to HSOPS 2.0.

HSOPS 2.0 now includes a “Does not apply/Don’t know” response option. Similar to HSOPS 1.0, HSOPS 2.0 still includes a mix of positively and negatively worded survey items.

## 2. Overall, HSOPS 2.0 scores were higher than HSOPS 1.0 scores in pilot testing.

Two separate pilot tests were conducted in 2017 and 2019 to understand the impact of survey changes on scores. In both pilot tests, web-based surveys of HSOPS 1.0 and HSOPS 2.0 were simultaneously administered within hospitals, with providers and staff randomly assigned to receive either HSOPS 1.0 or HSOPS 2.0. Results from both pilot tests showed that HSOPS 2.0 scores were higher (more positive) than HSOPS 1.0 scores. After the 2017 pilot test, HSOPS 2.0 was revised for the 2019 pilot test. In the 2019 pilot test, differences in scores were smaller than in the 2017 pilot test:

- **Scores on HSOPS 2.0 composite measures were higher than scores on HSOPS 1.0** for 9 out of 10 composite measures (2 to 18 percentage points higher on HSOPS 2.0) but were lower on *Hospital Management Support for Patient Safety* (2 percentage points lower on HSOPS 2.0).

- **Scores on 24 comparable HSOPS 2.0 survey items were higher than scores on HSOPS 1.0** for 19 survey items (2 to 16 percentage points higher on HSOPS 2.0) but were lower on 4 survey items (2 to 11 percentage points lower on HSOPS 2.0). One survey item had the same score on both surveys.
- Based on results from the 2019 pilot test, scores on HSOPS 2.0 composite measures and survey items can be expected to be higher than comparable scores on HSOPS 1.0. Differences in scores will be smaller for some composite measures and survey items and larger for others, but overall, HSOPS 2.0 scores are likely to be higher for most hospitals due to changes made in HSOPS 2.0.

### 3. Hospitals have three options for transitioning from HSOPS 1.0 to HSOPS 2.0:

- **Option 1: Administer HSOPS 2.0**—with no trending of previous HSOPS 1.0 scores;
- **Option 2: Administer HSOPS 1.0 One More Time**—to trend previous HSOPS 1.0 scores and then later administer HSOPS 2.0 to establish a new baseline on HSOPS 2.0; or
- **Option 3: Conduct Simultaneous Administration of HSOPS 1.0 and HSOPS 2.0**—to trend previous HSOPS 1.0 scores and establish a new baseline on HSOPS 2.0 at the same time. This option involves administering HSOPS 1.0 and HSOPS 2.0 at the same time (simultaneous administration), with half of the providers and staff receiving HSOPS 1.0 and the other half receiving HSOPS 2.0. This option is only feasible for larger hospitals (with at least 1,000 providers and staff) because a large number of providers and staff are needed to produce reliable and accurate measurements on both surveys at the same time. Smaller hospitals should use Option 1 or 2.

### 4. Only compare scores on HSOPS 1.0 and HSOPS 2.0 when both surveys are administered simultaneously.

Only Option 3 (simultaneous administration) enables hospitals to directly compare their HSOPS 1.0 and HSOPS 2.0 scores, because the comparison is done when both surveys are administered simultaneously. When both surveys are administered simultaneously, differences in scores can be attributed to changes made in HSOPS 2.0 rather than changes in patient safety culture over time. Options 1 and 2 *do not* enable hospitals to compare their HSOPS 1.0 and HSOPS 2.0 scores, because measurement would be done at different times. When the two surveys are administered at different times, it is not possible to determine the extent to which differences in scores are due to changes made in HSOPS 2.0 or due to actual changes in patient safety culture over time.



#### Submitting Data to the SOPS Hospital Database

The SOPS Hospital Database will accept data from both HSOPS 1.0 and HSOPS 2.0 in June 2020, but HSOPS 1.0 data will no longer be accepted in the Database in June 2022. For more information on data submission, visit the AHRQ website at [www.ahrq.gov/sops/databases/index.html](http://www.ahrq.gov/sops/databases/index.html).

# Background

The AHRQ Surveys on Patient Safety Culture™ (SOPS™) Hospital Survey (HSOPS 1.0) was originally released in 2004 and has been widely adopted in the United States and internationally. Over the years, users and stakeholders provided AHRQ with feedback about suggested changes to the survey, including:

1. Rewording complex survey items and survey items difficult to translate;
2. Adding a “Does not apply or Don’t know” (NA/DK) response option;
3. Shifting to a “Just Culture” framework to assess *Response to Error*;
4. Revising the staff positions and units/work areas; and
5. Determining if the number of negatively worded items could be reduced.

Using this feedback, AHRQ developed and pilot tested a new version of the survey, the SOPS Hospital Survey 2.0 (HSOPS 2.0), released in 2019. The final HSOPS 2.0 is shorter than HSOPS 1.0, with 40 survey items in HSOPS 2.0 compared with 51 survey items in HSOPS 1.0.

The final HSOPS 2.0 includes:

- Two single-item measures:
  - One survey item that asks respondents how many patient safety events they have reported.
  - One survey item that asks respondents to provide an overall rating on patient safety for their unit/work area.
- Thirty-two survey items grouped into 10 composite measures (a composite measure consists of 2 to 4 survey items that assess the same area of patient safety culture).
- Six survey items that ask respondents to provide their background characteristics (staff position, unit/work area, hospital tenure, unit/work area tenure, work hours, and whether they have direct interaction with patients).

The names of some composite measures were changed in HSOPS 2.0 to align with changes to the content assessed in the measures. Table 1 shows the composite measures included in HSOPS 1.0 and HSOPS 2.0 and compares the number of survey items in each composite measure.

**Table 1. Comparison of HSOPS 1.0 and HSOPS 2.0 Composite Measures**

HSOPS 1.0	HSOPS 2.0	Number of HSOPS 1.0 Survey Items	Number of HSOPS 2.0 Survey Items
Communication Openness	Communication Openness	3	4
Feedback and Communication About Error	Communication About Error	3	3
Frequency of Events Reported	Reporting Patient Safety Events	3	2
Handoffs and Transitions	Handoffs and Information Exchange	4	3
Management Support for Patient Safety	Hospital Management Support for Patient Safety	3	3
Nonpunitive Response to Error	Response to Error	3	4
Organizational Learning – Continuous Improvement	Organizational Learning—Continuous Improvement	3	3
Staffing	Staffing and Work Pace	4	4
Supervisor/Manager Expectations and Actions Promoting Patient Safety	Supervisor, Manager, or Clinical Leader Support for Patient Safety	4	3
Teamwork Within Units	Teamwork	4	3
Overall Perceptions of Patient Safety*	-----	4	0
Teamwork Across Units*	-----	4	0
	<b>Total**</b>	<b>42</b>	<b>32</b>

\*The *Overall Perceptions of Patient Safety* and *Teamwork Across Units* composite measures and associated survey items from HSOPS 1.0 were dropped in HSOPS 2.0.

\*\*Only the survey items that are grouped into composite measures are counted in this table—single-item measures and background questions are not included in the counts.

HSOPS 2.0 assesses many of the same areas of patient safety culture as HSOPS 1.0, but substantial changes were made to the survey. Five HSOPS 1.0 survey items were kept in HSOPS 2.0 unchanged, but the following changes were made to the remaining items:

- 21 HSOPS 1.0 survey items were dropped;
- 25 HSOPS 1.0 survey items were reworded or response options were changed; and
- 10 new survey items were added to HSOPS 2.0.

HSOPS 2.0 now includes a “Does not apply/Don’t know” response option for all items in composite measures. Similar to HSOPS 1.0, HSOPS 2.0 still includes a mix of positively and negatively worded survey items. Table 2 provides a summary of the number of positively and negatively worded survey items, single-item measures, background questions, and composite measures in HSOPS 1.0 and HSOPS 2.0.



**Table 2. Summary of Items and Composite Measures in HSOPS 1.0 and HSOPS 2.0**

Type of Item	HSOPS 1.0	HSOPS 2.0
Positively worded items	24	19
Negatively worded items	18	13
Single-item measures	2	2
Background questions	7	6
<b>Total # of items</b>	<b>51</b>	<b>40</b>
<b>Total # of composite measures</b>	<b>12</b>	<b>10</b>

## HSOPS 2.0 Pilot Testing

To understand the impact of HSOPS 2.0 survey changes on scores, we conducted an initial pilot test in 2017 to simultaneously administer web-based versions of HSOPS 2.0 and HSOPS 1.0 in 44 hospitals. In each hospital, providers and staff were randomly assigned by units/work areas, and then by staff positions within units/work areas, to receive either HSOPS 2.0 or HSOPS 1.0; half received HSOPS 2.0 and the other half received HSOPS 1.0.

Results showed that HSOPS 2.0 scores were considerably higher, or more positive, than HSOPS 1.0 scores. After reviewing the 2017 pilot test results and consulting with the SOPS Technical Expert Panel, we made additional revisions to HSOPS 2.0. A second pilot test was then conducted in 2019 on the revised HSOPS 2.0 in 25 hospitals.

The final HSOPS 2.0 is based on the 2019 pilot test results, which are presented in this document. More details about the 2019 pilot test and additional results can be found in the document *Pilot Test Results From the 2019 AHRQ Surveys on Patient Safety Culture™ (SOPS™) Hospital Survey Version 2.0*.

In the 2019 pilot test, web-based versions of HSOPS 2.0 and HSOPS 1.0 were simultaneously administered to providers and staff within each hospital. Providers and staff were randomly assigned by units/work areas, and then by staff positions within units/work areas, but this time they were assigned to receive one of three survey versions:. An additional version of HSOPS 1.0 with a “Does not apply/Don’t know” (NA/DK) response option was added to the 2019 pilot test to understand the impact of adding NA/DK in HSOPS 2.0.

- **HSOPS 2.0 with NA/DK:** Included a *Does not apply/Don't know (NA/DK)* response option.
- **HSOPS 1.0 with NA/DK added:** Added a *Does not apply/Don't know (NA/DK)* response option.
- **HSOPS 1.0:** Did not include a *Does not apply/Don't know (NA/DK)* response option.

## 2019 Pilot Test Results

Table 3 presents overall response rate statistics for the 25 hospitals that participated in the 2019 HSOPS 2.0 pilot test.

**Table 3. Response Rate Statistics of the 2019 Pilot Test in 25 Hospitals**

Summary Statistic	HSOPS 2.0	HSOPS 1.0	HSOPS 1.0
	NA/DK	NA/DK	
Number of completed surveys	4,345	4,393	4,524
Number of surveys administered	11,292	11,319	11,311
Overall response rate	38%	39%	40%

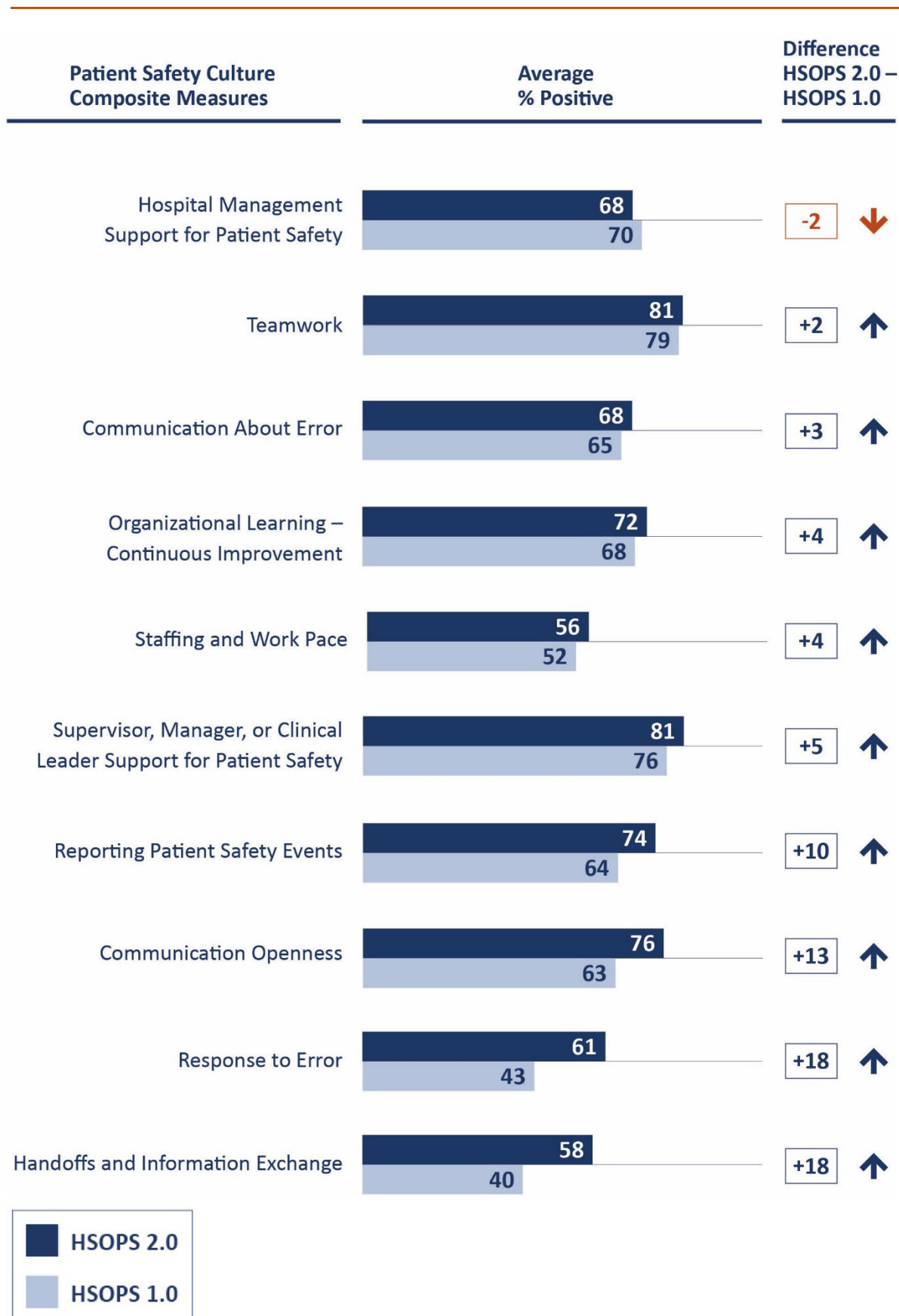
**Differences in Scores Between HSOPS 2.0 and HSOPS 1.0.** Differences in HSOPS 2.0 and HSOPS 1.0 were examined by calculating percent positive scores. Percent positive scores reflect the percentage of respondents who answered positively to a survey item:

- **For positively worded items**, “percent positive” is the percentage of respondents answering Strongly agree/Agree or Always/Most of the time;
- **For negatively worded items**, “percent positive” is the percentage of respondents answering Strongly disagree/Disagree or Never/Rarely.

Percent positive scores for the composite measures were calculated by averaging the percent positive scores for the individual survey items within each composite measure.

Figure 1 displays average percent positive scores from the 2019 pilot test for HSOPS 2.0 and HSOPS 1.0 composite measures. The composite measures are shown in order from the smallest to the largest difference in scores between HSOPS 2.0 and HSOPS 1.0. All HSOPS 2.0 composite measure percent positive scores were higher compared with HSOPS 1.0, except for *Hospital Management Support for Patient Safety* (HSOPS 2.0 scores were 2 percentage points *lower* than HSOPS 1.0). Six composite measures had smaller differences in scores (5 percentage points or lower on HSOPS 2.0) and four composite measures had larger differences (10 percentage points or higher on HSOPS 2.0).

**Figure 1. Composite Measure Average Percent Positive Scores and Differences Between HSOPS 2.0 and HSOPS 1.0 – 2019 Pilot Hospitals**



## Impact of Survey Item Wording Changes on Scores

Changes to survey items, even minor changes, can affect respondents' answers and survey scores. Based on the 2019 pilot test, Table 4 presents differences in percent positive scores on HSOPS 2.0 compared with HSOPS 1.0, by the type of survey item wording change, including items with no change. The table only shows differences in scores for the survey items that were comparable (identical or intended to measure similar concepts) on HSOPS 2.0 and HSOPS 1.0.

Major wording changes involved significant changes to words or phrases and minor changes involved fewer wording changes. Table 4 shows that major wording changes resulted in the largest differences in scores between HSOPS 2.0 and HSOPS 1.0. In contrast, minor wording changes and no changes resulted in the smallest differences in scores.

**Table 4. Impact of HSOPS 2.0 Survey Item Changes – 2019 Pilot Hospitals**

Type of Survey Item Change From HSOPS 1.0 to HSOPS 2.0	Number of Items That Can Be Compared	Average Percentage Point Difference in Item Percent Positive Scores* HSOPS 2.0 – HSOPS 1.0
Major wording change	10	9% [range: -11% to 16%]
Adding the phrase “In this unit” to identically worded items	5	7% [range: 3% to 9%]
Minor wording change	5	3% [range: -1% to 6%]
No wording change, identically worded	4	3% [range: -3% to 6%]
<b>Total number of items compared**</b>	<b>24</b>	

\*The average percentage point difference was calculated using the absolute value of the difference between HSOPS 2.0 minus HSOPS 1.0 since some item differences were negative and some were positive. The range shows the smallest and largest percentage point difference.

\*\*Background questions (unit/work area, staff position, etc.) were not included in this table because percent positive scores are not calculated for those items.

**Effect of Adding “Does Not Apply/Don’t Know” as a Response Option.** To understand the impact of adding “Does not apply/Don’t know” (NA/DK) as a response option on HSOPS 2.0, we examined differences in scores between HSOPS 1.0 and HSOPS 1.0 with an NA/DK response option added. (The original HSOPS 1.0 does NOT have an NA/DK response option.) On average, adding an NA/DK response option resulted in slightly higher scores on composite measures and survey items.

Ten out of 12 HSOPS 1.0 composite measures had percent positive scores that were an average of 2 percentage points higher (range: 1 to 5 percentage points), and 30 out of 42 HSOPS survey items had percent positive scores that were an average of 3 percentage points higher (range: 1 to 8 percentage points). Based on results from the 2019 pilot test, percent positive scores on composite measures and survey items can be expected to be slightly higher on HSOPS 2.0 due to the addition of the NA/DK response option.

*Appendix A: Differences in Scores Between HSOPS 2.0 and HSOPS 1.0* shows survey item text from HSOPS 2.0 and HSOPS 1.0, along with wording changes; the type of change (major and minor wording changes, no changes, dropped HSOPS 1.0 items, or new HSOPS 2.0 items); percent positive scores from the 2019 pilot test; and scores differences for the 24 survey items that can be compared. Appendix A also shows changes to the background questions and HSOPS 1.0 composite measures that were dropped from HSOPS 2.0.

**Overall Differences Between HSOPS 1.0 and HSOPS 2.0 Scores.** Based on results from the 2019 pilot test, scores on HSOPS 2.0 composite measures and survey items can be expected to be higher than comparable scores on HSOPS 1.0. Differences in scores will be smaller for some composite measures and survey items and larger for others, but overall, HSOPS 2.0 scores are likely to be higher for most hospitals.

## Transitioning From HSOPS 1.0 to HSOPS 2.0

Hospitals have three options for transitioning from HSOPS 1.0 to HSOPS 2.0:

- Option 1: Administer HSOPS 2.0;
- Option 2: Administer HSOPS 1.0 One More Time; and
- Option 3: Conduct Simultaneous Administration of HSOPS 1.0 and HSOPS 2.0 (only for larger hospitals with at least 1,000 providers and staff; smaller hospitals should use Option 1 or 2.).

Hospitals using Option 1 or 2 *cannot compare scores on HSOPS 1.0 and HSOPS 2.0* because measurement of the two versions is done at different times. When the two surveys are administered at different times, it is not possible to determine the extent to which differences in scores are due to changes made in HSOPS 2.0 or due to actual changes in patient safety culture over time. Only Option 3 allows hospitals to compare their HSOPS 1.0 and HSOPS 2.0 scores, because the comparison is done when both surveys are administered simultaneously.

### Only compare HSOPS 1.0 and HSOPS 2.0 when both surveys are administered simultaneously

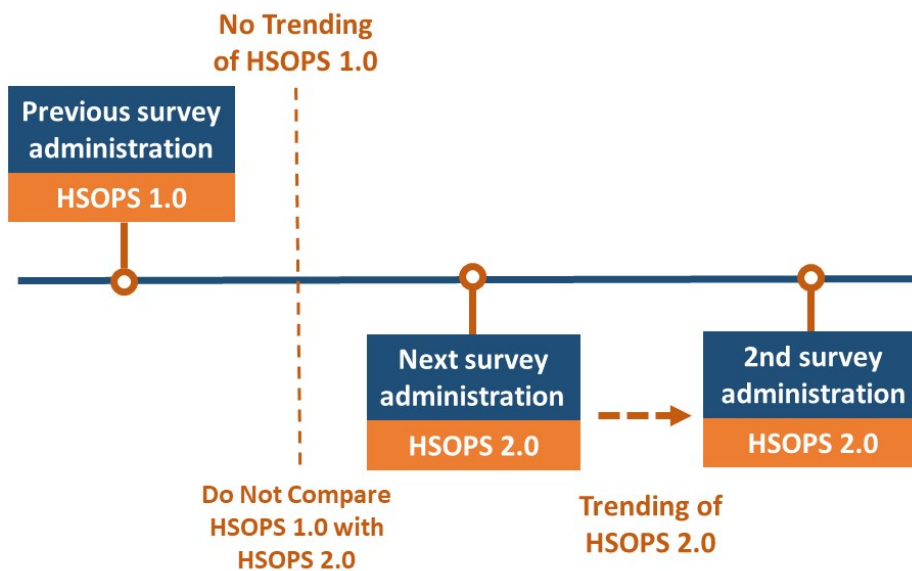
Scores on HSOPS 1.0 and HSOPS 2.0 can only be compared *when the surveys are administered at the same time* (as was done in HSOPS 2.0 pilot tests and described in Option 3). When both surveys are administered simultaneously, it enables hospitals to compare their scores on the two survey versions, because differences in scores can be attributed to changes made in HSOPS 2.0 rather than changes in patient safety culture over time.

## Option 1: Administer HSOPS 2.0

With this option, hospitals administer HSOPS 2.0 during their next scheduled survey administration to establish a new baseline measurement on HSOPS 2.0. Two years later, or whenever the hospital would normally readminister the survey, it would administer HSOPS 2.0 again and then trend HSOPS 2.0 scores (Figure 2).

This approach does NOT enable hospitals to trend against previous HSOPS 1.0 scores or compare their HSOPS 1.0 and HSOPS 2.0 scores, because measurement of the two versions would be done at different times. This option is best for hospitals seeking to switch to HSOPS 2.0 for their next survey administration without trending previous HSOPS 1.0 scores.

**Figure 2. Option 1: Administer HSOPS 2.0**



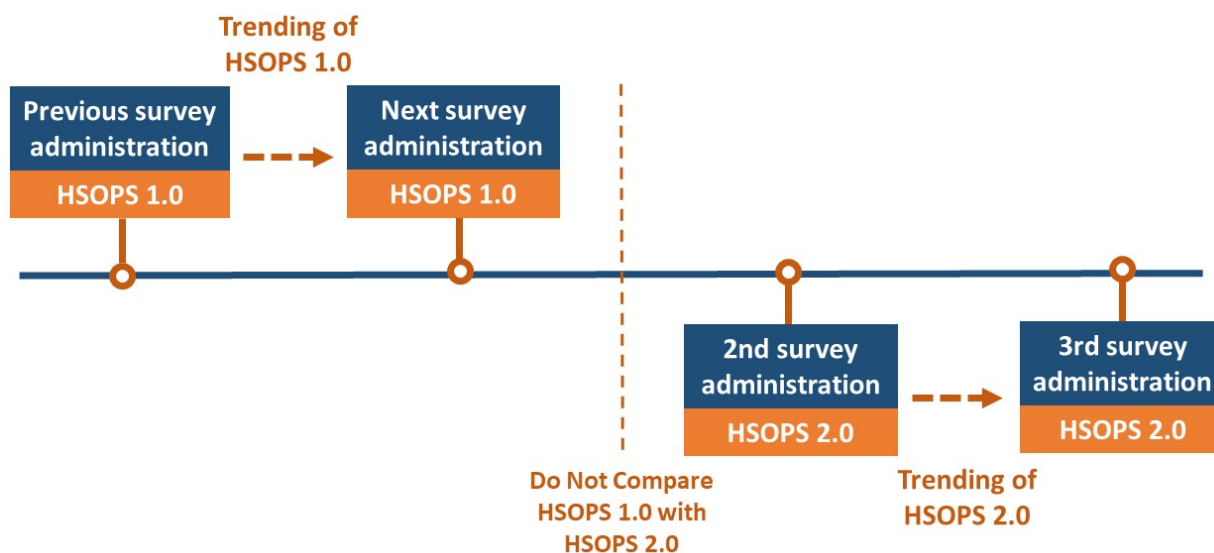
## Option 2: Administer HSOPS 1.0 One More Time

To trend previous HSOPS 1.0 scores, hospitals would administer HSOPS 1.0 during their next scheduled survey administration. Then, 1 year later, hospitals can administer the HSOPS 2.0 to establish a new baseline measurement for HSOPS 2.0. One year after first administering HSOPS 2.0, hospitals can administer it again to trend their HSOPS 2.0 scores (Figure 3). Since most hospitals administer the HSOPS every other year, by breaking the 2-year survey cycle in half, hospitals can still trend their HSOPS 1.0 scores and start a new baseline for HSOPS 2.0—all within the usual 2-year period.

This approach enables hospitals to trend their HSOPS 1.0 scores one more time and later trend their HSOPS 2.0 scores after another administration of HSOPS 2.0. This approach does NOT enable hospitals to compare their HSOPS 1.0 and HSOPS 2.0 scores, because measurement of the two versions would be done at different times.

This option is best for hospitals that want to trend their HSOPS 1.0 scores one more time and soon thereafter establish a new baseline for HSOPS 2.0. However, this option is resource-intensive since an extra survey administration is needed to trend HSOPS 2.0 within a 2-year survey cycle.

**Figure 3. Option 2: Administer HSOPS 1.0 One More Time**





### Option 3: Conduct Simultaneous Administration of HSOPS 1.0 and HSOPS 2.0 (Larger Hospitals Only)

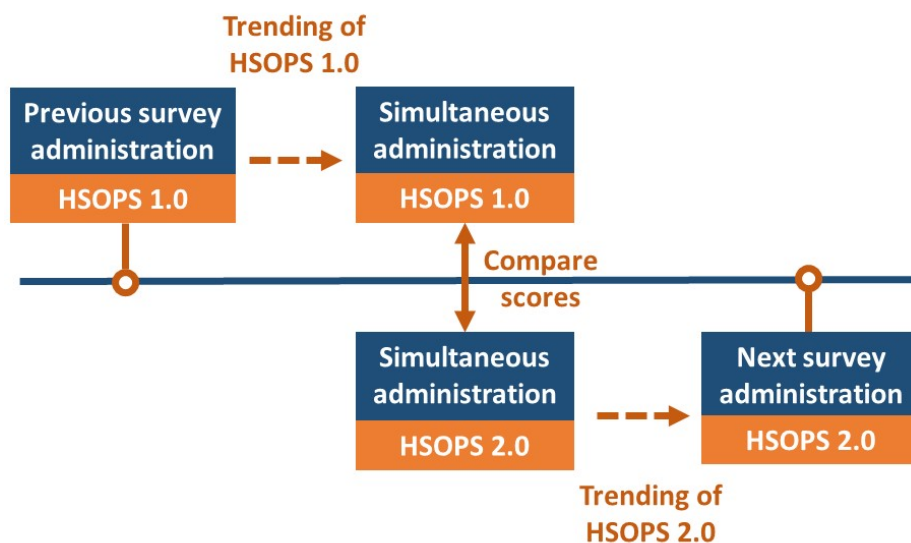
A simultaneous administration is when hospitals administer both the HSOPS 1.0 and HSOPS 2.0 surveys at the same time, randomly assigning half of their providers and staff to complete HSOPS 1.0 and the other half to complete HSOPS 2.0 (Figure 4). Only larger hospitals, with at least 1,000 providers and staff, should conduct a simultaneous administration.

The reason for this recommendation is that hospitals need a sufficiently large number of providers and staff to produce reliable and accurate measurements on both surveys at the same time. Smaller hospitals should use Option 1 or 2 when transitioning from HSOPS 1.0 to HSOPS 2.0.

The benefit of a simultaneous administration is that it enables hospitals to continue to trend against previous HSOPS 1.0 scores while establishing a new baseline measurement on HSOPS 2.0. In future years, only HSOPS 2.0 would need to be administered for trending.

In addition, this option allows hospitals to compare their scores on the two survey versions, because differences in scores are likely due to changes in HSOPS 2.0 rather than differences in patient safety culture. Comparing scores on the two survey versions helps hospitals understand how changes made in HSOPS 2.0 affect their scores.

**Figure 4. Option 3: Conduct Simultaneous Administration of HSOPS 1.0 and HSOPS 2.0 (Only Larger Hospitals With 1,000+ Providers and Staff)**





To conduct a simultaneous administration, providers and staff are randomly assigned by unit/work areas, and then by staff positions within units/work areas, to receive either HSOPS 1.0 or HSOPS 2.0. *Appendix B: How To Conduct Simultaneous Administration of HSOPS 1.0 and HSOPS 2.0 and Compare Scores* provides guidance on how to conduct a simultaneous administration of both surveys to trend against previous HSOPS 1.0 scores and establish a new baseline measurement on HSOPS 2.0, as well as compare HSOPS 1.0 and 2.0 scores.

If a vendor administers the surveys, the vendor can assist with the simultaneous administration design. Appendix B also provides information about differences in scores that a hospital can expect between HSOPS 1.0 and HSOPS 2.0 for hospitals that conduct a simultaneous administration and want to compare their scores on the two survey versions.

### Submitting Data to the SOPS Hospital Database



The SOPS Hospital Database is a central repository for survey data from hospitals that have administered the HSOPS and voluntarily submit their data to the Database. The SOPS Hospital Database will accept data from both HSOPS 2.0 and HSOPS 1.0 in June 2020, so hospitals will be able to compare their results against the results in the Database. However, HSOPS 1.0 data will no longer be accepted in the Database in June 2022. For more information on data submission, visit the AHRQ website at [www.ahrq.gov/sops/databases/index.html](http://www.ahrq.gov/sops/databases/index.html).



### Have Questions or Need Assistance?

For free technical assistance or for answers to questions survey users may have about transitioning from HSOPS 1.0 to HSOPS 2.0, email [SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com).