Surveys on Patient Safety Culture[™] (SOPS[®]) Ambulatory Surgery Center Survey: 2021 User Database Report

Part II: Appendix A—Results by Facility Characteristics Appendix B—Results by Respondent Characteristics

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Executive Summary

Part II—Appendixes A and B: Overall Results by Facility and Respondent Characteristics

The tables provided in Appendixes A and B present average percent positive scores on the survey composite measures and items across database ambulatory surgery centers (ASCs). They are broken down by the following ASC and respondent characteristics.

Appendix A: Overall Results by Facility Characteristics

- Number of Operating/Procedure Rooms
- Geographic Region

Appendix B: Overall Results by Respondent Characteristics

- Staff Position
- Hours Worked per Week

Highlights from results by select facility and respondent characteristics are presented at the end of the main report and are also shown on the next two pages. Highlights were based on results for the eight SOPS composite measures, a single question about near-miss documentation, the overall patient safety rating, and questions about communication in the surgery/procedure room. The bottom rows of the composite measure tables present the composite measure average as a summary statistic for comparing breakout categories.

Data Limitations

This report has the following limitations:

- The database for the 2021 report includes only 235 ASCs, which represent less than 1 percent of the total number of ASCs in the United States.
- The average percent positive scores on the survey's composite measures are much higher
 for ASCs participating in the 2021 database compared with patient safety culture results
 presented in similar SOPS Database reports for hospitals and nursing homes. For
 additional details about data limitations, refer to Part I of the report.



Comparing Your Results

You can compare your ASC's percent positive scores on the SOPS ASC composite measures and items with the averages shown in Appendix A for ASCs that are similar to yours in terms of number of operating/procedure rooms or geographic region.

To compare your ASC's results with the averages in Appendix B, your ASC will have to compute percent positive scores on the SOPS ASC composite measures and items broken down by staff position and hours worked per week.

Highlights From Appendix A: Overall Results by Facility Characteristics

Number of Operating/Procedure Rooms (Tables A-1, A-4, A-5)

- There were small differences on the Composite Measure Average by number of operating procedure/rooms. However, ASCs with 1 to 2 operating/procedure rooms had the highest average percent positive response for the Staffing, Work Pressure, and Pace composite measure (77 percent). ASCs with 6 or more operating/procedure rooms had the lowest (71 percent).
- ASCs with 1 to 2 operating/procedure rooms had the highest average percentage of respondents who gave their ASC an Overall Rating on Patient Safety of "Excellent" or "Very Good" (91 percent); ASCs with 6 or more operating/procedure rooms had the lowest (85 percent).
- ASCs with 1 to 2 operating/procedure rooms had the highest average percent positive for the item "Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns" (81 percent); ASCs with 6 or more operating/procedure rooms had the lowest (73 percent).
- ASCs with 1 to 2 operating/procedure rooms had the highest average percent positive response for the item "Immediately after procedures, team members discussed any concerns for patient recovery" (88 percent); ASCs with 6 or more operating/procedure rooms had the lowest (75 percent).

Geographic Region (Tables A-6, A-8)

- There were small differences on the Composite Measure Average by geographic region. However, ASCs in the *Northeast* had the highest average percent positive response for the *Staffing, Work Pressure, and Pace* composite measure (77 percent). ASCs in the *Midwest* had the lowest (70 percent).
- ASCs from the *Northeast* had the highest average percentage of respondents who indicated that near-miss incidents were "Always" or "Most of the time" documented in an incident or occurrence report (94 percent); ASCs from the *Midwest* had the lowest (86 percent).



Highlights From Appendix B: Overall Results by Respondent Characteristics

Staff Position (Tables B-1, B-3, B-4, B-5)

- Doctor/Physician (excl. Anesthesiologists) or Surgeons had the highest percent positive Composite Measure Average (96 percent); Other Clinical Staff or Clinical Support Staff had the lowest (80 percent).
- Doctor/Physician (excl. Anesthesiologists) or Surgeons had the highest average percentage of respondents who indicated that near-miss incidents were "Always" or "Most of the time" documented in an incident or occurrence report (98 percent); Certified Registered Nurse Anesthetists (CRNAs) had the lowest (83 percent).
- Doctor/Physician (excl. Anesthesiologists) or Surgeons had the highest average percentage of respondents who gave their ASC an Overall Rating on Patient Safety of "Excellent" or "Very Good" (98 percent); Other Clinical Staff or Clinical Support Staff had the lowest (82 percent).
- Doctor/Physician (excl. Anesthesiologists) or Surgeons had the highest average percent positive response for the item "Immediately after procedures, team members discussed any concerns for patient recovery" (92 percent); Certified Registered Nurse Anesthetists had the lowest (66 percent).

Hours Worked Per Week (Tables B-6, B-8, B-9, B-10)

- Respondents who typically work 1 to 16 hours per week had the highest percent positive Composite Measure Average (93 percent); respondents who typically work 32 to 40 hours per week had the lowest (83 percent).
- Respondents who typically work *1 to 16 hours per week* had the highest average percentage of respondents who indicated that near-miss incidents were "Always" or "Most of the time" documented in an incident or occurrence report (95 percent); respondents who typically work *17 to 31 hours per week* had the lowest (89 percent).
- Respondents who typically work *1 to 16 hours per week* had the highest percentage of respondents who gave their ASC an Overall Rating on Patient Safety of "Excellent" or "Very Good" (94 percent); respondents who typically work *32 to 40 hours per week* had the lowest (84 percent).
- Respondents who typically work 1 to 16 hours per week had the highest average percent positive response for the item "Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns" (85 percent); respondents who typically work 17 to 31 hours per week and those who typically work 32 to 40 hours per week had the lowest (68 percent).

Part II

Appendix A: Results by Facility Characteristics

(1) Number of Operating/Procedure Rooms

Note: Each table shows the number of ASCs and respondents by number of operating/procedure rooms. However, the precise number of ASCs and respondents corresponding to each cell in a table will vary because of individual nonresponse/missing data.

Table A-1. Composite Measure Average Percent Positive Response by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database

| | | Number of Operating/Procedure Rooms | | | |
|-----|--|-------------------------------------|---------|--------------|-----------------|
| SOF | PS Composite Measures | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms |
| | # ASCs | 33 | 47 | 83 | 72 |
| | # Respondents | 694 | 1,226 | 3,232 | 3,766 |
| 1. | Organizational Learning – Continuous Improvement | 94% | 94% | 91% | 91% |
| 2. | Management Support for Patient Safety | 92% | 92% | 91% | 89% |
| 3. | Communication About Patient Information | 91% | 91% | 89% | 89% |
| 4. | Communication Openness | 92% | 91% | 89% | 88% |
| 5. | Teamwork | 90% | 89% | 88% | 86% |
| 6. | Response to Mistakes | 88% | 87% | 85% | 83% |
| 7. | Staff Training | 84% | 83% | 82% | 80% |
| 8. | Staffing, Work Pressure, and Pace | 77% | 75% | 75% | 71% |
| | Composite Measure Average | 89% | 88% | 86% | 85% |

Table A-2. Item Average Percent Positive Response by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database (Page 1 of 3)

| | Number of Operating/Procedure Rooms | | | |
|---|-------------------------------------|-------------|----------------|-----------------|
| Survey Items By SOPS Composite Measure | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms |
| # ASCs | 33 | 47 | 83 | 72 |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 |
| 1. Organizational Learning – Continuous Improvement | | % Agree/ | Strongly Agree | |
| This facility actively looks for ways to improve patient safety. (Item C1) | 94% | 94% | 93% | 93% |
| We make improvements when someone points out patient safety problems. (Item C3) | 94% | 94% | 92% | 91% |
| We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6) | 94% | 92% | 90% | 90% |
| 2. Management Support for Patient Safety | % Agree/Strongly Agree | | | |
| Managers encourage everyone to suggest ways to improve patient safety. (Item E1) | 92% | 93% | 91% | 89% |
| Management examines near-miss events that could have harmed patients but did not. (Item E2) | 91% | 91% | 92% | 90% |
| Management provides adequate resources to improve patient safety. (Item E3) | 94% | 92% | 90% | 88% |
| 3. Communication About Patient Information | | % Most of t | he Time/Always | |
| Important patient care information is clearly communicated across areas in this facility. (Item A1) | 96% | 96% | 94% | 94% |
| We share key information about patients as soon as it becomes available. (Item A7) | 97% | 95% | 94% | 93% |
| Within this facility, we do a good job communicating information that affects patient care. (Item A9) | 96% | 96% | 93% | 92% |
| | % Rarely/Never | | | |
| Key information about patients is missing when it is needed. (Item A5*) | 76% | 78% | 74% | 76% |

Table A-2. Item Average Percent Positive Response by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database (Page 2 of 3)

| | 1 | Number of Opera | ting/Procedure Roo | ms |
|---|------------------------|-----------------|--------------------|-----------------|
| Survey Items By SOPS Composite Measure | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms |
| # ASCs | 33 | 47 | 83 | 72 |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 |
| 4. Communication Openness | | % Most of t | he Time/Always | |
| We feel comfortable asking questions when something doesn't seem right. (Item A2) | 96% | 95% | 93% | 93% |
| When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4) | 93% | 93% | 92% | 91% |
| Our ideas and suggestions are valued in this facility. (Item A6) | 88% | 84% | 82% | 78% |
| 5. Teamwork | % Agree/Strongly Agree | | | |
| When someone in this facility gets really busy, others help out. (Item B1) | 92% | 92% | 92% | 89% |
| Doctors and staff clearly understand each other's roles and responsibilities. (Item B4) | 90% | 88% | 90% | 88% |
| We work together as an effective team. (Item B8) | 94% | 95% | 93% | 91% |
| | | % Disagree/S | Strongly Disagree | |
| Our facility allows disrespectful behavior by those working here. (Item B6*) | 84% | 82% | 78% | 76% |
| 6. Response to Mistakes | | % Agree/ | Strongly Agree | |
| Staff are treated fairly when they make mistakes. (Item C2) | 87% | 88% | 85% | 83% |
| Learning, rather than blame, is emphasized when mistakes are made. (Item C4) | 88% | 85% | 84% | 82% |
| Staff are told about patient safety problems that happen in this facility. (Item C5) | 91% | 89% | 87% | 85% |

Table A-2. Item Average Percent Positive Response by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database (Page 3 of 3)

| | Number of Operating/Procedure Rooms | | | |
|--|-------------------------------------|----------------|----------------|-----------------|
| Survey Items by SOPS Composite Measure | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms |
| # ASCs | 33 | 47 | 83 | 72 |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 |
| 7. Staff Training | | % Agree/Str | ongly Agree | |
| Staff who are new to this facility receive adequate orientation. (Item B2) | 84% | 85% | 84% | 81% |
| We get the on-the-job training we need in this facility. (Item B5) | 89% | 87% | 86% | 85% |
| Staff get the refresher training they need. (Item B7) | 85% | 84% | 83% | 81% |
| | | % Disagree/Str | ongly Disagree | |
| Staff feel pressured to do tasks they haven't been trained to do. (Item B3*) | 77% | 76% | 75% | 71% |
| 8. Staffing, Work Pressure, and Pace | | % Most of the | Time/Always | |
| We have enough staff to handle the workload. (Item A3) | 83% | 78% | 81% | 78% |
| There is enough time between procedures to properly prepare for the next one (Item A8) | 88% | 86% | 87% | 84% |
| | | % Rarely | //Never | |
| We feel rushed when taking care of patients. (Item A10*) | 60% | 62% | 57% | 53% |

Table A-3. Item Average Percentages for Near-Miss Documentation by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database

| | Number of Operating/Procedure Rooms | | | | | |
|---|-------------------------------------|---------|--------------|-----------------|--|--|
| When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1) | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms | | |
| # ASCs | 33 | 47 | 83 | 72 | | |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 | | |
| Always or Most of the Time | 89% | 91% | 91% | 90% | | |
| Always | 68% | 72% | 69% | 67% | | |
| Most of the time | 21% | 19% | 23% | 23% | | |
| Sometimes | 8% | 6% | 5% | 6% | | |
| Rarely | 3% | 2% | 3% | 3% | | |
| Never | 1% | 0% | 1% | 1% | | |

Note: Percentages may not add to 100 due to rounding. In addition, "Always" and "Most of the time" may not add to the subtotal shown due to rounding.

Table A-4. Average Percentage of Respondents Giving Their Ambulatory Surgery Center an Overall Rating on Patient Safety by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database

| | Number of Operating/Procedure Rooms | | | | |
|--|-------------------------------------|---------|--------------|-----------------|--|
| Overall Rating on Patient Safety (Item F1) | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms | |
| # ASCs | 33 | 47 | 83 | 72 | |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 | |
| Excellent or Very Good | 91% | 89% | 87% | 85% | |
| Excellent | 57% | 59% | 57% | 54% | |
| Very Good | 34% | 30% | 30% | 32% | |
| Good | 7% | 8% | 10% | 11% | |
| Fair | 1% | 2% | 3% | 3% | |
| Poor | 0% | 0% | 0% | 1% | |

Note: Percentages may not add to 100 due to rounding. In addition, "Excellent" and "Very good" may not add to the subtotal shown due to rounding.

Table A-5. Item Average Percent Positive Response for Communication in the Surgery/Procedure Room by Number of Operating/Procedure Rooms – 2021 SOPS ASC Database

| | Number of Operating/Procedure Rooms | | | |
|---|-------------------------------------|---------|--------------|-----------------|
| Communication in the Surgery/Procedure Room | 1 to 2 Rooms | 3 Rooms | 4 to 5 Rooms | 6 or More Rooms |
| # ASCs | 33 | 47 | 83 | 72 |
| # Respondents | 694 | 1,226 | 3,232 | 3,766 |
| In the past 6 months, how often were the following actions done in your facility? | % Most of the Time/Always | | | |
| Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1) | 98% | 95% | 95% | 96% |
| Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns. (Item G2) | 81% | 76% | 74% | 73% |
| Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3) | 88% | 81% | 81% | 75% |

Note: The item's survey location is shown after the item text. Results only include those respondents who answered "Yes" to being typically in the surgery/procedure room during surgeries, procedures, or treatments.

Appendix A: Overall Results by Facility Characteristics

(2) Geographic Region

Note 1: Each table shows the number of ASCs and respondents by geographic region. However, the precise number of ASCs and respondents corresponding to each cell in a table will vary because of individual nonresponse/missing data.

Note 2: States are categorized into geographic regions as follows:

- Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT
- Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI
- South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
- West: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

Table A-6. Composite Measure Average Percent Positive Response by Geographic Region – 2021 SOPS ASC Database

| | | Geographic Region | | | |
|-----|--|-------------------|---------|-------|-------|
| SOI | PS Composite Measures | Northeast | Midwest | South | West |
| | # ASCs | 29 | 47 | 92 | 67 |
| | # Respondents | 1,150 | 1,582 | 3,534 | 2,652 |
| 1. | Organizational Learning – Continuous Improvement | 92% | 90% | 93% | 92% |
| 2. | Management Support for Patient Safety | 88% | 89% | 92% | 91% |
| 3. | Communication About Patient Information | 89% | 90% | 90% | 90% |
| 4. | Communication Openness | 89% | 88% | 90% | 90% |
| 5. | Teamwork | 87% | 86% | 89% | 88% |
| 6. | Response to Mistakes | 85% | 83% | 87% | 86% |
| 7. | Staff Training | 82% | 80% | 83% | 81% |
| 8. | Staffing, Work Pressure, and Pace | 77% | 70% | 75% | 75% |
| | Composite Measure Average | 86% | 85% | 87% | 87% |

Table A-7. Item Average Percent Positive Response by Geographic Region – 2021 SOPS ASC Database (Page 1 of 3)

| | Geographic Region | | | | |
|---|------------------------|---------------|-------------|-------|--|
| Survey Items by SOPS Composite Measure | Northeast | Midwest | South | West | |
| # ASCs | 29 | 47 | 92 | 67 | |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 | |
| 1. Organizational Learning – Continuous Improvement | | % Agree/Stro | ongly Agree | | |
| This facility actively looks for ways to improve patient safety. (Item C1) | 92% | 92% | 94% | 93% | |
| We make improvements when someone points out patient safety problems. (Item C3) | 91% | 91% | 93% | 93% | |
| We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6) | 92% | 89% | 92% | 90% | |
| 2. Management Support for Patient Safety | % Agree/Strongly Agree | | | | |
| Managers encourage everyone to suggest ways to improve patient safety. (Item E1) | 87% | 90% | 92% | 91% | |
| Management examines near-miss events that could have harmed patients but did not. (Item E2) | 89% | 89% | 93% | 90% | |
| Management provides adequate resources to improve patient safety. (Item E3) | 88% | 87% | 92% | 91% | |
| 3. Communication About Patient Information | | % Most of the | Time/Always | | |
| Important patient care information is clearly communicated across areas in this facility. (Item A1) | 94% | 94% | 95% | 95% | |
| We share key information about patients as soon as it becomes available. (Item A7) | 94% | 94% | 95% | 94% | |
| Within this facility, we do a good job communicating information that affects patient care. (Item A9) | 93% | 93% | 94% | 95% | |
| | | % Rarely | /Never | | |
| Key information about patients is missing when it is needed. (Item A5R*) | 74% | 78% | 75% | 75% | |



Table A-7. Item Average Percent Positive Response by Geographic Region – 2021 SOPS ASC Database (Page 2 of 3)

| | | Geograph | ic Region | | |
|---|------------------------|-----------------|----------------|-------|--|
| Survey Items by SOPS Composite Measure | Northeast | Midwest | South | West | |
| # ASCs | 29 | 47 | 92 | 67 | |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 | |
| 4. Communication Openness | | % Most of the | Time/Always | | |
| We feel comfortable asking questions when something doesn't seem right. (Item A2) | 93% | 92% | 95% | 95% | |
| When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4) | 92% | 91% | 93% | 91% | |
| Our ideas and suggestions are valued in this facility. (Item A6) | 80% | 79% | 83% | 83% | |
| 5. Teamwork | % Agree/Strongly Agree | | | | |
| When someone in this facility gets really busy, others help out. (Item B1) | 90% | 91% | 91% | 91% | |
| Doctors and staff clearly understand each other's roles and responsibilities. (Item B4) | 86% | 86% | 90% | 90% | |
| We work together as an effective team. (Item B8) | 93% | 92% | 93% | 94% | |
| | | % Disagree/Stro | ongly Disagree | | |
| Our facility allows disrespectful behavior by those working here. (Item B6*) | 80% | 75% | 81% | 80% | |
| 6. Response to Mistakes | | % Agree/Stro | ongly Agree | | |
| Staff are treated fairly when they make mistakes. (Item C2) | 84% | 84% | 86% | 85% | |
| Learning, rather than blame, is emphasized when mistakes are made. (Item C4) | 82% | 82% | 85% | 85% | |
| Staff are told about patient safety problems that happen in this facility. (Item C5) | 88% | 84% | 89% | 87% | |



Table A-7. Item Average Percent Positive Response by Geographic Region – 2021 SOPS ASC Database (Page 3 of 3)

| | | Geograph | ic Region | |
|---|-----------|----------------|----------------|-------|
| Survey Items by SOPS Composite Measure | Northeast | Midwest | South | West |
| # ASCs | 29 | 47 | 92 | 67 |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 |
| 7. Staff Training | | % Agree/Str | ongly Agree | |
| Staff who are new to this facility receive adequate orientation. (Item B2) | 83% | 82% | 84% | 83% |
| We get the on-the-job training we need in this facility. (Item B5) | 85% | 86% | 88% | 86% |
| Staff get the refresher training they need. (Item B7) | 81% | 82% | 85% | 82% |
| | | % Disagree/Str | ongly Disagree | |
| Staff feel pressured to do tasks they haven't been trained to do. (Item B3*) | 78% | 71% | 74% | 75% |
| 8. Staffing, Work Pressure, and Pace | | % Most of the | Time/Always | |
| We have enough staff to handle the workload. (Item A3) | 81% | 76% | 81% | 81% |
| There is enough time between procedures to properly prepare for the next one. (Item A8) | 86% | 82% | 86% | 87% |
| | | % Rarely | //Never | |
| We feel rushed when taking care of patients. (Item A10*) | 64% | 52% | 58% | 56% |

Table A-8. Item Average Percentages for Near-Miss Documentation by Geographic Region – 2021 SOPS ASC Database

| | | Geograph | ic Region | |
|---|-----------|----------|-----------|-------|
| When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1) | Northeast | Midwest | South | West |
| # ASCs | 29 | 47 | 92 | 67 |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 |
| Always or Most of the time | 94% | 86% | 93% | 90% |
| Always | 75% | 62% | 73% | 66% |
| Most of the time | 19% | 24% | 20% | 24% |
| Sometimes | 4% | 9% | 5% | 7% |
| Rarely | 2% | 5% | 2% | 2% |
| Never | 0% | 0% | 1% | 1% |

Note: Percentages may not add to 100 due to rounding. In addition, "Always" and "Most of the time" may not add to the subtotal shown due to rounding.

Table A-9. Average Percentage of Respondents Giving Their Ambulatory Surgery Center an Overall Rating on Patient Safety by Geographic Region – 2021 SOPS ASC Database

| | | Geograp | hic Region | |
|--|-----------|---------|------------|-------|
| Overall Rating on Patient Safety (Item F1) | Northeast | Midwest | South | West |
| # ASCs | 29 | 47 | 92 | 67 |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 |
| Excellent or Very Good | 87% | 86% | 88% | 88% |
| Excellent | 62% | 53% | 58% | 54% |
| Very Good | 25% | 33% | 30% | 34% |
| Good | 10% | 11% | 9% | 9% |
| Fair | 3% | 3% | 2% | 3% |
| Poor | 0% | 1% | 0% | 1% |

Note: Percentages may not add to 100 due to rounding. In addition, "Excellent" and "Very good" may not add to the subtotal shown due to rounding.

Table A-10. Item Average Percent Positive Response for Communication in the Surgery/Procedure Room by Geographic Region – 2021 SOPS ASC Database

| | | Geograph | ic Region | |
|---|-----------|---------------|-------------|-------|
| Communication in the Surgery/Procedure Room | Northeast | Midwest | South | West |
| # ASCs | 29 | 47 | 92 | 67 |
| # Respondents | 1,150 | 1,582 | 3,534 | 2,652 |
| In the past 6 months, how often were the following actions done in your facility? | | % Most of the | Time/Always | |
| Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1) | 95% | 94% | 96% | 95% |
| Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns. (Item G2) | 77% | 73% | 76% | 74% |
| Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3) | 83% | 78% | 82% | 78% |

Note: The item's survey location is shown after the item text. Results only include those respondents who answered "Yes" to being typically in the surgery/procedure room during surgeries, procedures, or treatments.

Appendix B: Overall Results by Respondent Characteristics

(1) Staff Position

Note 1: These breakout tables exclude ASCs that did not ask respondents to indicate their staff position. In addition, respondents who selected "Other" or who did not answer (missing) were not included.

Note 2: Each table shows the number of ASCs and respondents by staff position. The number of ASCs is based on whether ASCs asked respondents to indicate their staff position (not all ASCs asked this question). However, the precise number of ASCs and respondents corresponding to each cell in the tables will vary because of individual nonresponse/missing data.

Table B-1. Composite Measure Average Percent Positive Response by Staff Position - 2021 SOPS ASC Database

| | | Staff Position | | | | | | | | | | |
|-----|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|--|--|
| SOF | PS Composite Measures | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff | | |
| | # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 | | |
| | # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 | | |
| 1. | Organizational Learning – Continuous Improvement | 91% | 98% | 91% | 98% | 97% | 90% | 92% | 89% | 92% | | |
| 2. | Management Support for Patient Safety | 90% | 98% | 87% | 93% | 98% | 89% | 89% | 84% | 89% | | |
| 3. | Communication About Patient Information | 91% | 95% | 88% | 95% | 95% | 87% | 89% | 88% | 88% | | |
| 4. | Communication Openness | 94% | 98% | 89% | 99% | 96% | 87% | 87% | 83% | 86% | | |
| 5. | Teamwork | 95% | 97% | 90% | 94% | 92% | 86% | 83% | 80% | 83% | | |
| 6. | Response to Mistakes | 88% | 97% | 80% | 93% | 95% | 84% | 81% | 78% | 79% | | |
| 7. | Staff Training | 87% | 92% | 80% | 87% | 91% | 80% | 75% | 72% | 76% | | |
| 8. | Staffing, Work Pressure, and Pace | 86% | 96% | 72% | 90% | 84% | 64% | 67% | 67% | 72% | | |
| | Composite Measure Average | 90% | 96% | 85% | 93% | 94% | 83% | 83% | 80% | 83% | | |

Table B-2. Item Average Percent Positive Response by Staff Position – 2021 SOPS ASC Database (Page 1 of 4)

| | | | | Staff Posit | ion | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Survey Items by SOPS Composite Measure | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| Organizational Learning – Continuous Improvement | | | 9 | ่ Agree/Stronย | ly Agree | | | | |
| This facility actively looks for ways to improve patient safety. (Item C1) | 92% | 98% | 94% | 97% | 97% | 92% | 94% | 92% | 93% |
| We make improvements when someone points out patient safety problems. (Item C3) | 92% | 98% | 93% | 99% | 97% | 91% | 91% | 88% | 91% |
| We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6) | 89% | 97% | 88% | 97% | 98% | 88% | 91% | 85% | 91% |
| 2. Management Support for Patient Safety | | | 9 | % Agree/Strong | ly Agree | | | | |
| Managers encourage everyone to suggest ways to improve patient safety. (Item E1) | 89% | 98% | 85% | 91% | 98% | 90% | 89% | 82% | 88% |
| Management examines near-miss events that could have harmed patients but did not. (Item E2) | 92% | 98% | 87% | 92% | 99% | 90% | 87% | 82% | 90% |
| Management provides adequate resources to improve patient safety. (Item E3) | 89% | 98% | 86% | 97% | 97% | 86% | 91% | 85% | 91% |

Note: The item's survey location is shown after the item text.

Table B-2. Item Average Percent Positive Response by Staff Position – 2021 SOPS ASC Database (Page 2 of 4)

| | | | | Staff Posit | ion | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Survey Items by SOPS Composite Measure | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| 3. Communication About Patient Information | | | % | Most of the Tir | me/Always | | | | |
| Important patient care information is clearly communicated across areas in this facility. (Item A1) | 97% | 99% | 96% | 98% | 98% | 92% | 95% | 92% | 94% |
| We share key information about patients as soon as it becomes available. (Item A7) | 96% | 99% | 92% | 98% | 99% | 94% | 90% | 93% | 92% |
| Within this facility, we do a good job communicating information that affects patient care. (Item A9) | 97% | 99% | 95% | 99% | 97% | 92% | 91% | 90% | 92% |
| | | | | % Rarely/N | ever | | | | |
| Key information about patients is missing when it is needed. (Item A5*) | 74% | 82% | 71% | 84% | 84% | 70% | 79% | 74% | 74% |
| 4. Communication Openness | | | % | Most of the Tir | me/Always | | | | |
| We feel comfortable asking questions when something doesn't seem right. (Item A2) | 97% | 100% | 97% | 100% | 97% | 93% | 94% | 91% | 91% |
| When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4) | 95% | 98% | 90% | 100% | 97% | 90% | 91% | 86% | 89% |
| Our ideas and suggestions are valued in this facility. (Item A6) | 89% | 96% | 81% | 96% | 94% | 77% | 77% | 72% | 77% |

Table B-2. Item Average Percent Positive Response by Staff Position – 2021 SOPS ASC Database (Page 3 of 4)

| | | | | Staff Posit | tion | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Survey Items by SOPS Composite Measure | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| 5. Teamwork | | | 9 | ն Agree/Stron | gly Agree | | | | |
| When someone in this facility gets really busy, others help out. (Item B1) | 95% | 98% | 91% | 95% | 95% | 92% | 85% | 77% | 85% |
| Doctors and staff clearly understand each other's roles and responsibilities. (Item B4) | 96% | 98% | 93% | 95% | 91% | 86% | 87% | 81% | 82% |
| We work together as an effective team. (Item B8) | 98% | 99% | 96% | 99% | 98% | 93% | 89% | 87% | 87% |
| | | | % D | isagree/Strong | gly Disagree | 9 | | | |
| Our facility allows disrespectful behavior by those working here. (Item B6*) | 90% | 94% | 80% | 90% | 85% | 73% | 73% | 76% | 77% |
| 6. Response to Mistakes | | | 9 | % Agree/Strong | gly Agree | | | | |
| Staff are treated fairly when they make mistakes. (Item C2) | 90% | 98% | 80% | 94% | 95% | 84% | 77% | 76% | 77% |
| Learning, rather than blame, is emphasized when mistakes are made. (Item C4) | 87% | 97% | 74% | 94% | 94% | 83% | 78% | 76% | 76% |
| Staff are told about patient safety problems that happen in this facility. (Item C5) | 88% | 96% | 86% | 91% | 96% | 86% | 87% | 83% | 84% |

Table B-2. Item Average Percent Positive Response by Staff Position – 2021 SOPS ASC Database (Page 4 of 4)

| | | | | Staff Posit | tion | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Survey Items by SOPS Composite Measure | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| 7. Staff Training | | | 9 | % Agree/Strong | gly Agree | | | | |
| Staff who are new to this facility receive adequate orientation. (Item B2) | 91% | 94% | 82% | 89% | 93% | 80% | 76% | 72% | 80% |
| We get the on-the-job training we need in this facility. (Item B5) | 89% | 94% | 84% | 94% | 93% | 86% | 82% | 76% | 83% |
| Staff get the refresher training they need. (Item B7) | 87% | 93% | 81% | 90% | 92% | 81% | 79% | 77% | 78% |
| | | | % D | isagree/Strong | gly Disagree | 9 | | | |
| Staff feel pressured to do tasks they haven't been trained to do. (Item B3*) | 82% | 88% | 72% | 76% | 87% | 74% | 64% | 63% | 63% |
| 8. Staffing, Work Pressure, and Pace | | | % | Most of the Tir | me/Always | | | | |
| We have enough staff to handle the workload. (Item A3) | 95% | 97% | 81% | 93% | 88% | 75% | 69% | 68% | 72% |
| There is enough time between procedures to properly prepare for the next one. (Item A8) | 95% | 98% | 90% | 99% | 95% | 79% | 77% | 80% | 89% |
| | % Rarely/Never | | | | | | | | |
| We feel rushed when taking care of patients. (Item A10*) | 67% | 92% | 47% | 80% | 69% | 38% | 54% | 55% | 57% |

Table B-3. Item Average Percentages for Near-Miss Documentation by Staff Position – 2021 SOPS ASC Database

| | | | | Staff P | osition | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1) | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| Always or Most of the time | 94% | 98% | 83% | 91% | 94% | 88% | 91% | 90% | 96% |
| Always | 71% | 80% | 56% | 74% | 72% | 61% | 74% | 75% | 84% |
| Most of the time | 22% | 18% | 27% | 18% | 22% | 27% | 17% | 16% | 12% |
| Sometimes | 5% | 2% | 14% | 9% | 5% | 8% | 5% | 5% | 2% |
| Rarely | 1% | 0% | 3% | 0% | 1% | 4% | 2% | 5% | 1% |
| Never | 0% | 0% | 0% | 0% | 0% | 0% | 2% | 0% | 0% |

Note: Percentages may not add to 100 due to rounding. In addition, "Always" and "Most of the time" may not add to the subtotal shown due to rounding.

Table B-4. Average Percentage of Respondents Giving Their Ambulatory Surgery Center an Overall Rating on Patient Safety by Staff Position – 2021 SOPS ASC Database

| | | | | Staff F | osition | | | | |
|--|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Overall Rating on Patient Safety (Item F1) | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| Excellent or Very Good | 90% | 98% | 83% | 94% | 94% | 85% | 85% | 82% | 84% |
| Excellent | 63% | 78% | 49% | 54% | 74% | 46% | 51% | 48% | 52% |
| Very Good | 26% | 20% | 34% | 40% | 20% | 39% | 33% | 34% | 32% |
| Good | 7% | 2% | 15% | 6% | 6% | 11% | 12% | 13% | 13% |
| Fair | 2% | 0% | 2% | 0% | 0% | 4% | 3% | 4% | 3% |
| Poor | 1% | 0% | 0% | 0% | 0% | 0% | 1% | 2% | 0% |

Note: Percentages may not add to 100 due to rounding. In addition, "Excellent" and "Very good" may not add to the subtotal shown due to rounding.

Table B-5. Item Average Percent Positive Response for Communication in the Surgery/Procedure Room by Staff Position – 2021 SOPS ASC Database

| | | Staff Position | | | | | | | |
|---|-----------------------|---|---|--|-----------------|-------|-----------------|---|--|
| Communication in the Surgery/Procedure Room | Anesthesi- ologist | Doctor/ Physician (excl. Anesthes- iologists) or Surgeon | Certified Registered Nurse Anesthetist (CRNA) | Physician Assistant or Nurse Practitioner | Manage- ment | Nurse | Tech- nician | Other Clinical Staff or Clinical Support Staff | Admin, Clerical, or Business Staff |
| # ASCs | 153 | 193 | 86 | 53 | 222 | 233 | 220 | 128 | 222 |
| # Respondents | 614 | 1,821 | 278 | 103 | 658 | 2,840 | 988 | 270 | 870 |
| In the past 6 months, how often were the following actions done in your facility? | | | | % Most of the | Time/Alwa | ays | | | |
| Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1) | 96% | 100% | 92% | 100% | 98% | 93% | 92% | 95% | 93% |
| Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns. (Item G2) | 75% | 88% | 69% | 79% | 79% | 65% | 71% | 70% | 73% |
| Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3) | 78% | 92% | 66% | 88% | 85% | 73% | 75% | 82% | 93% |

Note: The item's survey location is shown after the item text. Results only include those respondents who answered "Yes" to being typically in the surgery/procedure room during surgeries, procedures, or treatments.

Appendix B: Overall Results by Respondent Characteristics

(2) Hours Worked Per Week

Note 1: These breakout tables exclude ASCs that did not ask respondents to indicate how many hours they worked per week in the ASC. In addition, respondents who did not answer (missing) were not included.

Note 2: Each table shows the number of ASCs and respondents by hours worked per week in the ASC. The number of ASCs is based on whether ASCs asked respondents to indicate their hours worked per week (not all ASCs asked this question). However, the precise number of ASCs and respondents corresponding to each cell in the tables will vary because of individual nonresponse/missing data.

Table B-6. Composite Measure Average Percent Positive Response by Hours Worked Per Week - 2021 SOPS ASC Database

| | | Hours Worked Per Week | | | |
|-----|--|-----------------------|----------------|----------------|--------------------|
| SOF | PS Composite Measures | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More Than 40 Hours |
| | # ASCs | 213 | 221 | 233 | 218 |
| | # Respondents | 2,832 | 1,134 | 3,682 | 915 |
| 1. | Organizational Learning – Continuous Improvement | 95% | 90% | 91% | 95% |
| 2. | Management Support for Patient Safety | 94% | 89% | 89% | 95% |
| 3. | Communication About Patient Information | 93% | 88% | 88% | 92% |
| 4. | Communication Openness | 95% | 89% | 86% | 93% |
| 5. | Teamwork | 95% | 88% | 84% | 89% |
| 6. | Response to Mistakes | 92% | 84% | 81% | 91% |
| 7. | Staff Training | 89% | 81% | 78% | 86% |
| 8. | Staffing, Work Pressure, and Pace | 88% | 71% | 67% | 77% |
| | Composite Measure Average | 93% | 85% | 83% | 90% |

Table B-7. Item Average Percent Positive Response by Hours Worked Per Week – 2021 SOPS ASC Database (Page 1 of 3)

| | Hours Worked Per Week | | | | |
|---|---------------------------|----------------|----------------|--------------------|--|
| Survey Items by SOPS Composite Measure | 1 to 16 hours | 17 to 31 hours | 32 to 40 hours | More than 40 hours | |
| # ASCs | 213 | 221 | 233 | 218 | |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 | |
| 1. Organizational Learning – Continuous Improvement | | % Agree/Str | ongly Agree | | |
| This facility actively looks for ways to improve patient safety. (Item C1) | 96% | 92% | 92% | 96% | |
| We make improvements when someone points out patient safety problems. (Item C3) | 96% | 92% | 91% | 95% | |
| We are good at changing processes to make sure the same patient safety problems don't happen again. (Item C6) | 94% | 88% | 89% | 95% | |
| 2. Management Support for Patient Safety | % Agree/Strongly Agree | | | | |
| Managers encourage everyone to suggest ways to improve patient safety. (Item E1) | 94% | 90% | 89% | 95% | |
| Management examines near-miss events that could have harmed patients but did not. (Item E2) | 94% | 90% | 89% | 96% | |
| Management provides adequate resources to improve patient safety. (Item E3) | 94% | 87% | 88% | 94% | |
| 3. Communication About Patient Information | % Most of the Time/Always | | | | |
| Important patient care information is clearly communicated across areas in this facility. (Item A1) | 98% | 94% | 93% | 96% | |
| We share key information about patients as soon as it becomes available. (Item A7) | 98% | 93% | 93% | 96% | |
| Within this facility, we do a good job communicating information that affects patient care. (Item A9) | 98% | 92% | 92% | 96% | |
| | | % Rarel | | | |
| Key information about patients is missing when it is needed. (Item A5*) | 79% | 73% | 73% | 79% | |

Table B-7. Item Average Percent Positive Response by Hours Worked Per Week – 2021 SOPS ASC Database (Page 2 of 3)

| | Hours Worked Per Week | | | |
|---|------------------------|----------------|-----------------|--------------------|
| Survey Items by SOPS Composite Measure | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More than 40 Hours |
| # ASCs | 213 | 221 | 233 | 218 |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 |
| 4. Communication Openness | | % Most of the | e Time/Always | |
| We feel comfortable asking questions when something doesn't seem right. (Item A2) | 98% | 95% | 92% | 96% |
| When we see someone with more authority doing something unsafe for patients, we speak up. (Item A4) | 95% | 93% | 90% | 94% |
| Our ideas and suggestions are valued in this facility. (Item A6) | 91% | 80% | 77% | 88% |
| 5. Teamwork | % Agree/Strongly Agree | | | |
| When someone in this facility gets really busy, others help out. (Item B1) | 96% | 92% | 88% | 93% |
| Doctors and staff clearly understand each other's roles and responsibilities. (Item B4) | 96% | 89% | 84% | 89% |
| We work together as an effective team. (Item B8) | 97% | 94% | 90% | 95% |
| | | % Disagree/St | rongly Disagree | |
| Our facility allows disrespectful behavior by those working here. (Item B6*) | 89% | 79% | 74% | 80% |
| 6. Response to Mistakes | % Agree/Strongly Agree | | | |
| Staff are treated fairly when they make mistakes. (Item C2) | 93% | 84% | 80% | 89% |
| Learning, rather than blame, is emphasized when mistakes are made. (Item C4) | 92% | 83% | 79% | 91% |
| Staff are told about patient safety problems that happen in this facility. (Item C5) | 92% | 85% | 84% | 94% |



Table B-7. Item Average Percent Positive Response by Hours Worked Per Week – 2021 SOPS ASC Database (Page 3 of 3)

| | Hours Worked Per Week | | | | |
|---|------------------------------|----------------|----------------|--------------------|--|
| Survey Items by SOPS Composite Measure | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More than 40 Hours | |
| # ASCs | 213 | 221 | 233 | 218 | |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 | |
| 7. Staff Training | | % Agree/Str | ongly Agree | | |
| Staff who are new to this facility receive adequate orientation. (Item B2) | 92% | 80% | 79% | 86% | |
| We get the on-the-job training we need in this facility. (Item B5) | 92% | 86% | 84% | 89% | |
| Staff get the refresher training they need. (Item B7) | 89% | 84% | 79% | 88% | |
| | % Disagree/Strongly Disagree | | | | |
| Staff feel pressured to do tasks they haven't been trained to do. (Item B3*) | 84% | 74% | 69% | 81% | |
| 8. Staffing, Work Pressure, and Pace | | % Most of the | e Time/Always | | |
| We have enough staff to handle the workload. (Item A3) | 93% | 80% | 73% | 81% | |
| There is enough time between procedures to properly prepare for the next one. (Item A8) | 96% | 83% | 80% | 89% | |
| | % Rarely/Never | | | | |
| We feel rushed when taking care of patients. (Item A10*) | 76% | 49% | 47% | 61% | |

Table B-8. Item Average Percentages for Near-Miss Documentation by Hours Worked Per Week – 2021 SOPS ASC Database

| | Hours Worked Per Week | | | | |
|---|-----------------------|----------------|----------------|--------------------|--|
| When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report? (Item D1) | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More than 40 Hours | |
| # ASCs | 213 | 221 | 233 | 218 | |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 | |
| Always or Most of the time | 95% | 89% | 90% | 93% | |
| Always | 73% | 65% | 68% | 72% | |
| Most of the time | 22% | 25% | 22% | 21% | |
| Sometimes | 4% | 6% | 7% | 5% | |
| Rarely | 1% | 3% | 3% | 1% | |
| Never | 0% | 1% | 1% | 1% | |

Note: Percentages may not add to 100 due to rounding. In addition, "Always" and "Most of the time" may not add to the subtotal shown due to rounding.

Table B-9. Average Percentage of Respondents Giving Their Ambulatory Surgery Center an Overall Rating on Patient Safety by Hours Worked Per Week – 2021 SOPS ASC Database

| | Hours Worked Per Week | | | | |
|--|-----------------------|----------------|----------------|--------------------|--|
| Overall Rating on Patient Safety (Item F1) | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More than 40 Hours | |
| # ASCs | 213 | 221 | 233 | 218 | |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 | |
| Excellent or Very Good | 94% | 87% | 84% | 90% | |
| Excellent | 68% | 52% | 50% | 65% | |
| Very Good | 26% | 35% | 35% | 25% | |
| Good | 4% | 10% | 12% | 9% | |
| Fair | 1% | 2% | 3% | 1% | |
| Poor | 0% | 0% | 1% | 0% | |

Note: Percentages may not add to 100 due to rounding. In addition, "Excellent" and "Very good" may not add to the subtotal shown due to rounding.

Table B-10. Item Average Percent Positive Response for Communication in the Surgery/Procedure Room by Hours Worked Per Week – 2021 SOPS ASC Database

| | Hours Worked Per Week | | | | |
|---|-----------------------|----------------|----------------|--------------------|--|
| Communication in the Surgery/Procedure Room | 1 to 16 Hours | 17 to 31 Hours | 32 to 40 Hours | More than 40 Hours | |
| # ASCs | 213 | 221 | 233 | 218 | |
| # Respondents | 2,832 | 1,134 | 3,682 | 915 | |
| In the past 6 months, how often were the following actions done in your facility? | | % Most of th | e Time/Always | | |
| Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done. (Item G1) | 98% | 93% | 92% | 95% | |
| Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns. (Item G2) | 85% | 68% | 68% | 73% | |
| Immediately after procedures, team members discussed any concerns for patient recovery. (Item G3) | 88% | 76% | 73% | 83% | |

Note: The item's survey location is shown after the item text. Results only include those respondents who answered "Yes" to being typically in the surgery/procedure room during surgeries, procedures, or treatments.