2010 Preliminary Comparative Results: Medical Office Survey on Patient Safety Culture

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Purpose and Use of This Document

Comparative results are provided for the items and patient safety culture dimensions on the AHRQ Medical Office Survey on Patient Safety Culture to allow medical offices to compare their survey results against the results from 470 medical offices. This number includes 292 Practice Based Research Network (PBRN) medical offices that administered the survey in 2009 and 182 medical offices that participated in a pilot test of the survey in the United States in late 2007.

The results presented here are from limited numbers of staff and medical offices and will provide only a general indication of how your medical office compares with other medical offices in the United States. The data summarized here were not derived from a statistically selected sample of U.S. medical offices.

At this time, there is no central repository for medical offices to submit data for comparative purposes. However, similar to the AHRQ Hospital Survey on Patient Safety Culture Comparative Database (www.ahrq.gov/qual/patientsafetyculture), AHRQ plans to support a U.S. comparative database for the medical office survey that will provide more extensive comparative data. More details will be forthcoming from AHRQ about when data submission will begin and when updated comparative results will be available.

Report Overview

- Comparative results are provided for the survey items and patient safety culture dimensions based on data from 10,567 staff from 470 medical offices.
- The data were obtained from two survey administrations: 6,463 staff from 292 PBRN medical offices surveyed in 2009 and 4,174 staff from 182 pilot test medical offices surveyed in late 2007.
- Basic descriptive data are provided about the respondents and medical offices.
- A description of how composite scores on the Medical Office Survey on Patient Safety Culture were calculated is also provided.

Survey Development

The Medical Office Survey on Patient Safety Culture is an expansion of the Agency for Healthcare Research and Quality's (AHRQ) Hospital Survey on Patient Safety Culture, which was pilot tested and made available to the public in November 2004 (http://www.ahrq.gov/qual/patientsafetyculture/hospsurvindex.htm). The Medical Office Survey on Patient Safety Culture was specifically designed to measure the culture of patient safety in medical offices from the perspectives of providers and staff.

Safety culture can be defined as the set of values, beliefs, and norms about what is important, how to behave, and what attitudes are appropriate when it comes to patient safety in a workgroup or organization. The Medical Office Survey on Patient Safety Culture is intended to help a medical office assess the extent to which its organization's culture emphasizes the importance of patient safety, facilitates teamwork and open discussion about mistakes, and creates an atmosphere of continuous learning and improvement.

The survey design team reviewed the literature on patient safety problems and issues in medical offices, interviewed more than two dozen experts and researchers on patient safety in medical offices, asked many medical office providers and staff to identify appropriate survey topics, and drafted sets of survey dimensions and items for review by experts. The draft survey was pretested with medical office providers and staff to ensure that the questions were easy to understand and answer and that the items were relevant. The pilot test survey was then administered in 2007 in a total of 182 medical offices, the data were analyzed to examine the survey's psychometric properties (reliability and factor structure), and the length was shortened by dropping items.

The final survey includes 52 survey items that measure the following 12 areas of organizational culture pertaining to patient safety:

- 1. Communication About Error
- 2. Communication Openness
- 3. Information Exchange With Other Settings
- 4. Office Processes and Standardization
- 5. Organizational Learning
- 6. Overall Perceptions of Patient Safety and Quality
- 7. Owner/Managing Partner/Leadership Support for Patient Safety
- 8. Patient Care Tracking/Followup
- 9. Patient Safety and Quality Issues
- 10. Staff Training
- 11. Teamwork
- 12. Work Pressure and Pace

The survey uses 6-point frequency scales ("Daily" to "Not in the past 12 months"), 5-point frequency scales ("Never" to "Always"), or 5-point scales of agreement ("Strongly disagree" to "Strongly agree"). Most items include a "Does not apply or Don't know" option.

The survey also includes overall ratings questions that ask respondents to rate their medical office in five areas of health care quality (patient centered, effective, timely, efficient, equitable) and to provide an overall rating on patient safety.

Survey Administration

In 2007, a pilot administration was conducted with 182 medical offices and 4,174 staff across 21 States. The pilot survey was designed to contain a diverse sample of medical offices, although participation was voluntary and therefore may not statistically represent all medical offices in the United States. In 2009, 11 PBRNs collected data from 292 medical offices and 6,463 staff across 17 States.

The data from the 182 pilot test medical offices were combined with the data from the 292 PBRN medical offices, yielding a total of 474 medical offices. Four medical offices were dropped because they had participated in both data collections, resulting in a final combined dataset of 470 medical offices.

Description of the 470 Medical Offices

Completed responses from the 470 medical offices came from 33 States. However, the medical offices that voluntarily participated in these data collection efforts may not be representative of all medical offices in the United States. Overall response results for the participating medical offices are summarized in Table 1.

In all tables, column percent totals may not add to exactly 100 percent because of rounding.

Table 1. Overall and Average Response Statistics for 470 Medical Offices

Overall Response Rate Information	Statistic
Number of respondents	10,567
Number of surveys administered	14,558
Overall response rate	73%
Average Response Rate Information	Statistic
Average number of respondents per medical office (range: 5 to 192)	22
Average number of surveys administered per medical office (range: 5 to 376)	31
Overall average medical office response rate (range: 21% to 100%)	78%

Medical office characteristics were obtained from a designated point of contact in each medical office. Tables 2 through 4 show the distribution of medical offices by total number of providers and staff, type of specialty, and number of medical offices by specialty.

The vast majority of medical offices (77%) had 40 or fewer providers and staff.

Table 2. Distribution of Medical Offices by Number of Providers and Staff

	All Medical Offices		
Total Number of Providers and Staff	Number	Percent	
5–10	84	18%	
11–20	140	30%	
21–30	90	19%	
31–40	47	10%	
41–50	40	9%	
51–60	22	5%	
61–70	11	2%	
More than 70	36	8%	
Total	470	100%	

As shown in Table 3, more than half of medical offices (56%) were single specialty.

Table 3. Distribution of Medical Offices by Type of Specialty

	All Medical Offices	
Type of Specialty	Number	Percent
Single specialty	263	56%
Multispecialty with primary care only (e.g., family medicine, internal medicine, pediatrics, OB/GYN, general practice)	114	24%
Multispecialty with primary care and specialty care	81	17%
Multispecialty with specialty care only	11	2%
Total	469	100%
Missing	1	0

The 470 medical offices represent a wide range of specialties, with most categorized as family practice/family medicine (291 offices)(Table 4).

Table 4. Number of Medical Offices by Specialty

Specialty	Number of Medical Offices	Specialty	Number of Medical Offices
Allergy/immunology	15	Neurology	11
Anesthesiology	2	Nuclear medicine	2
Cardiology	22	OB/GYN or GYN	63
Child and adolescent psychiatry	6	Ophthalmology	15
Dermatology	11	Orthopedics	23
Diagnostic radiology	8	Otolaryngology	12
Emergency medicine	7	Pathology – anatomic/clinical	1
Endocrinology/metabolism	22	Pediatrics	95
Family practice/family medicine	291	Physical medicine and rehabilitation	9
Forensic pathology	1	Psychiatry	26
Gastroenterology	11	Public health and rehabilitation	2
General practice	16	Pulmonary medicine	9
General preventive medicine	7	Radiology	6
General surgery	21	Rheumatology	11
Geriatrics	14	Surgery (all)	11
Hematology/oncology	12	Urology	12
Internal medicine	102	Vascular medicine	3
Medical genetics	2	Other specialty	47
Nephrology	9		

Note: The total number of medical offices will not necessarily sum to 470 as some medical offices may categorize themselves as more than one type of specialty.

Table 5 shows the distribution of medical offices by number of locations. Approximately two-thirds of medical offices (67%) had a single location, while the rest (33%) had multiple locations. Medical offices with more than one location had an average of 9 locations (ranging from 2 to 40 locations). Of the 152 medical offices with multiple locations, 48 indicated they were the primary/parent location and 104 indicated they were a satellite location.

Table 5. Distribution of Medical Offices by Number of Locations

	All Medical Offices	
Number of Locations	Number	Percent
One location	310	67%
Multiple locations	152	33%
Total	462	100%
Missing	8	

Table 6 shows that almost half of medical offices (47%) were owned by a hospital or health system.

Table 6. Distribution of Medical Offices by Majority Ownership

	All Medic	al Offices
Majority Ownership	Number	Percent
Providers and/or Physicians	134	29%
Managed care or health maintenance organization	3	1%
University or medical school or academic medical institution	75	16%
Hospital or health system	220	47%
Federal, State, or local government, community board, etc.	23	5%
Other	10	2%
Total	465	100%
Missing	5	

Table 7 presents the implementation status of five common electronic tools in the medical offices. The vast majority of medical offices (82%) had fully implemented electronic appointment scheduling, while only 37% of medical offices had fully implemented electronic ordering of tests, imaging, or procedures.

Table 7. Implementation Status of Electronic Tools

	Implementation Status		
	Fully		Not
Electronic Tools	Implemented	In Progress	Implemented
Electronic appointment scheduling	82%	13%	5%
Electronic ordering of medications	41%	30%	29%
Electronic ordering of tests, imaging, or procedures	37%	26%	37%
Electronic access to your patients' test or imaging			
results	59%	29%	12%
Electronic medical/health records (EMR/EHR)	51%	21%	28%

Table 8 presents the average number of patient visits per week per provider across all medical offices. On average, the total number of patient visits per total number of providers was 69 (ranging from 1 to 450).

Table 8. Number of Patient Visits and Providers at the Medical Office

	Medical Office Statistics		tistics
Number of Patient Visits and Providers at the Medical Office	Average	Minimum	Maximum
Total number of patient visits/total number of providers	69	1	450

Description of Medical Office Respondents

Tables 9 through 11 display distributions of the 10,567 medical office respondents by:

- Staff category,
- Tenure in the medical office, and
- Hours worked per week in the medical office.

According to the data on respondent characteristics shown in these tables:

- Twenty-eight percent of respondents were administrative or clerical staff, 21% were other clinical staff or clinical support staff, and 19% were physicians.
- About 60% of respondents had worked in their medical office for at least 3 years.
- About 78% of respondents worked in their medical office at least 33 hours per week.

Table 9. Distribution of Respondents by Staff Category

	All Medical Offices	
Staff Category	Number	Percent
Administrative or clerical staff	2,860	28%
Other clinical staff or clinical support staff	2,155	21%
Physician (M.D. or D.O.)	1,941	19%
Nurse (RN), licensed vocational nurse (LVN), licensed practical nurse (LPN)	1,564	15%
Management	749	7%
Physician assistant, nurse practitioner, clinical nurse specialist, nurse midwife, advanced practice nurse, etc.	486	5%
Other position	435	4%
TOTAL	10,190	100%
Missing	377	
Overall total	10,567	

ⁱ The PBRN medical offices were asked to report two pieces of information: total number of patient visits in a typical week and total number of providers working in the medical office in a typical week. The pilot test medical offices were simply asked to report the average number of patient visits per week across all providers.

Table 10. Distribution of Respondents by Tenure

	All Medical Offices	
Tenure in Medical Office	Number	Percent
Less than 2 months	282	3%
2 months to less than 1 year	1,268	12%
1 year to less than 3 years	2,461	24%
3 years to less than 6 years	2,085	20%
6 years to less than 11 years	2,082	20%
11 years or more	2,108	20%
Total	10,286	100%
Missing	281	
Overall total	10,567	

Table 11. Distribution of Respondents by Hours Worked per Week

	All Medical Offices	
Hours Worked per Week in the Medical Office	Number	Percent
1 to 4 hours	118	1%
5 to 16 hours	492	5%
17 to 24 hours	706	7%
25 to 32 hours	996	10%
33 to 40 hours	5,245	51%
41 hours or more	2,735	27%
Total	10,292	100%
Missing	275	
Overall total	10,567	

Composite-Level and Item-Level Comparative Results

You can obtain a summary view of how your medical office compares to other medical offices by examining the composite-level and item-level percent positive scores displayed in Charts 1 through 4.

Calculating Item Percent Positive Scores

To compare your medical office results to the comparative results from the Medical Office Survey on Patient Safety Culture, it is helpful to understand how the medical office percent positive scores are calculated.

For positively worded items, percent positive is the total percentage of respondents who answered positively. This total is the combined percentage of "Strongly agree" and "Agree" responses or "Always" and "Most of the time" responses, depending on the response categories used for the item.

For Section B (Information Exchange With Other Settings), percent positive is based on the combined percentage of "Problems once or twice in the past 12 months" and "No problems in the past 12 months."

For negatively worded items, percent positive is the total percentage of respondents who answered negatively. This total is the combined percentage of "Strongly disagree" and "Disagree" responses or "Never" and "Rarely" responses, since a negative answer on these items indicates a positive response.

For Section A (List of Patient Safety and Quality Issues), all items are negatively worded, so the combined percentage of "Once or twice in the past 12 months" and "Not in the past 12 months" represents positive responses.

Calculating Composite Percent Positive Scores

A composite score summarizes how respondents answered groups of items that all measure the same thing. Composite scores on the 12 patient safety culture survey dimensions tell you the average percentage of respondents who answered positively when looking at the survey items that measure each safety culture dimension. Composite scores allow a summary comparison because you compare against only 12 safety culture dimensions rather than 52 separate survey items.

To calculate each medical office's composite score on a particular safety culture dimension, calculate the average percent positive response of the items included in the composite. Table 12 shows an example of computing a composite score for Office Processes and Standardization. The composite has four items. Two are positively worded (items C9 and C15) and two are negatively worded (items C8 and C12). Keep in mind that DISAGREEING with a negatively worded item indicates a POSITIVE response.

Table 12. Example of How To Calculate Item and Composite Percent Positive Scores

Office Processes and Standardization	For positively worded items, the # of "Strongly agree" or "Agree" responses	For negatively worded items, the # of "Strongly disagree" or "Disagree" responses	Total # of responses to the item*	Percent positive response on item
Item C9-positively worded: "We have good procedures for checking that work in this office was done correctly"	24	NA*	52	24/52=46%
Item C15-positively worded: "Staff in this office follow standardized processes to get tasks done"	26	NA*	50	26/50=52%
Item C8-negatively worded: "This office is more disorganized than it should be"	NA*	22	48	22/48=46%
Item C12-negatively worded: "We have problems with workflow in this office"	NA*	28	50	28/50= 56%
	Average	e percent positive respon	se across the	4 items = 50%

^{*} Excluding not applicable/don't know and missing responses

In this example, there were four items, with percent positive response scores of 46, 52, 46, and 56. Averaging these item-level percent positive scores ([46 + 52 + 46 + 56]/4 = 50) results in a composite score of .50 or 50% on Office Processes and Standardization. That is, an average of 50% of the respondents responded positively to the survey items in this composite.

The charts on the following pages display the composite-level and item-level comparative results from the 470 medical offices. Chart 1 shows the average percent positive response for each of the survey's patient safety culture composites, in order from most positive to least positive. Chart 2 provides the average percent positive response for the survey items. Chart 3 shows the average distribution of responses for the Overall Ratings on Quality, and Chart 4 shows the average distribution of responses for the Overall Rating on Patient Safety.

Use a difference of 5 percentage points as a rule when comparing medical office results to the results shown. Medical office percentages should be at least 5 points higher than the comparative results to be considered "better" (e.g., 75% vs. 70%) and should be at least 5 points lower to be considered "lower" than the comparative results (e.g., 60% vs. 65%). A 5 percentage point difference is likely to be statistically significant for most medical offices given the number of responses per medical office and is also a meaningful difference to consider.

This information provides only relative comparisons. Although your medical office's results may be better than the comparative results, you may still believe there is room for improvement in an absolute sense.

Chart 1. Composite-Level Comparative Results From 470 Medical Offices

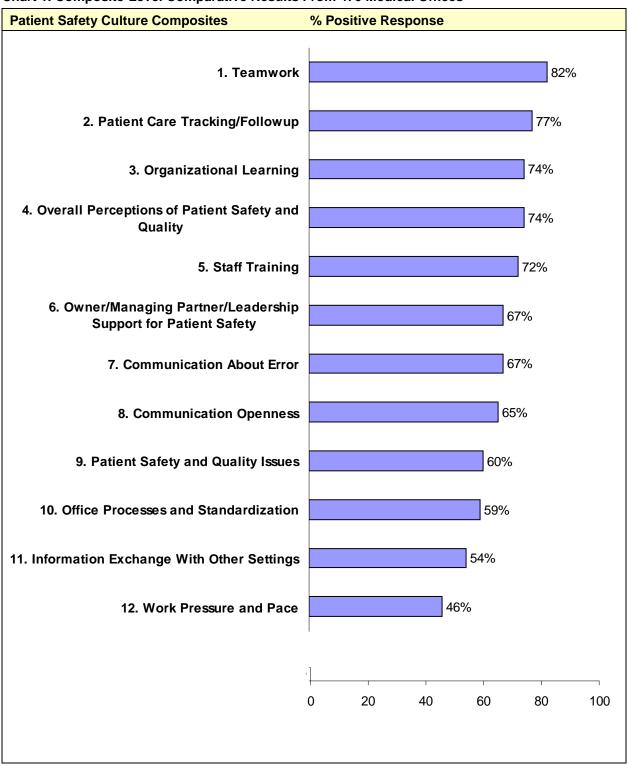


Chart 2. Item-Level Comparative Results from 470 Medical Offices

Item	Survey Items By Patient Safety Culture	Average % Positive Response				
	1. Teamwork					
C1	1. When someone in this office gets really busy, others help out.	83%				
C2	2. In this office, there is a good working relationship between staff and providers.	87%				
C5	3. In this office, we treat each other with respect.	80%				
C13	4. This office emphasizes teamwork in taking care of patients.	80%				
D3	 Patient Care Tracking/Follow-up This office reminds patients when they need to schedule an appointment for preventive or routine care. 	78%				
D5	2. This office documents how well our chronic-care patients follow their treatment plans.	65%				
D6	3. Our office follows up when we do not receive a report we are expecting from an outside provider.	77%				
D9	4. This office follows up with patients who need monitoring.	86%				
F1	3. Organizational Learning1. When there is a problem in our office, we see if we need to change the way we do things.2. This office is good at changing office	82%				
F5	processes to make sure the same problems don't happen again.	75%				
F7	3. After this office makes changes to improve the patient care process, we check to see if the changes worked.	67%				

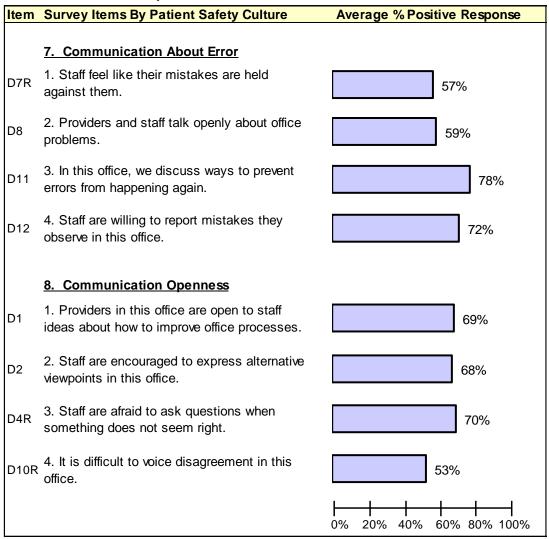
Note: The item's survey location is shown to the left.

Chart 2. Item-Level Comparative Results from 470 Medical Offices, continued

Item	Survey Items By Patient Safety Culture	Average % Positive Response
	4. Overall Perceptions of Patient Safety and Quality	
F2	1. Our office processes are good at preventing mistakes that could affect patients.	79%
F3R	2. Mistakes happen more than they should in this office.	70%
F4R	3. It is just by chance that we don't make more mistakes that affect our patients.	74%
F6R	4. In this office, getting more work done is more important than quality of care.	73%
	5. Staff Training	
C4	1. This office trains staff when new processes are put into place.	75%
C7	2. This office makes sure staff get the on-the- job training they need.	71%
C10R	3. Staff in this office are asked to do tasks they haven't been trained to do.	69%
	6. Owner/Managing Partner/Leadership Support for Patient Safety	
E1R	1. They aren't investing enough resources to improve the quality of care in this office.	51%
E2R	2. They overlook patient care mistakes that happen over and over.	79%
E3	3. They place a high priority on improving patient care processes.	78%
E4R	4. They make decisions too often based on what is best for the office rather than what is best for patients.	61%

Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 2. Item-Level Comparative Results from 470 Medical Offices, continued



Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 2. Item-Level Comparative Results from 470 Medical Offices, continued

Item	Survey Items By Patient Safety Culture	Average % Positive Response
	9. Patient Safety and Quality Issues	
	In your best estimate, how often did the following things happen in your medical office over the past 12 months?	
	Access to Care	
A1	1. A patient was unable to get an appointment within 48 hours for an acute/serious problem.	69%
	Patient Identification	
A2	2. The wrong chart/medical record was used for a patient.	86%
	Charts/Medical Records	
A3	3. A patient's chart/medical record was not available when needed.	63%
A4	4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record.	70%
	Medical Equipment	
A5	5. Medical equipment was not working properly or was in need of repair or replacement.	73%
	Medication	
A6	6. A pharmacy contacted our office to clarify or correct a prescription.	22%
A7	7. A patient's medication list was not updated during his or her visit.	44%
	Diagnostics & Tests	
A8	8. The results from a lab or imaging test were not available when needed.	39%
A9	9. A critical <u>abnormal</u> result from a lab or imaging test was not followed up within 1 business day.	79%
		0% 20% 40% 60% 80% 100%

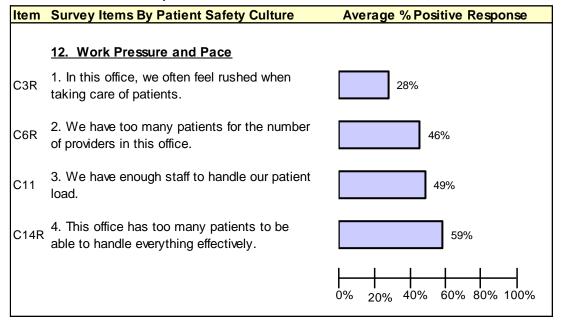
Note: The percent positive response is based on those who answered "Not in the past 12 months" or "Once or twice in the past 12 months."

Chart 2. Item-Level Comparative Results from 470 Medical Offices, continued

Item	Survey Items By Patient Safety Culture Area	Average % Positive Response					
	10. Office Processes and Standardization						
C8R	1. This office is more disorganized than it should be.	58%					
C9	2. We have good procedures for checking that work in this office was done correctly.	60%					
C12R	3. We have problems with workflow in this office.	47%					
C15	4. Staff in this office follow standardized processes to get tasks done.	74%					
	11. 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:						
B1	1. Outside labs/imaging centers?	55%					
B2	2. Other medical offices/Outside physicians?	50%					
В3	3. Pharmacies?	52%					
B4	4. Hospitals?	58%					
B5	5. Other? (Specify)	70%					

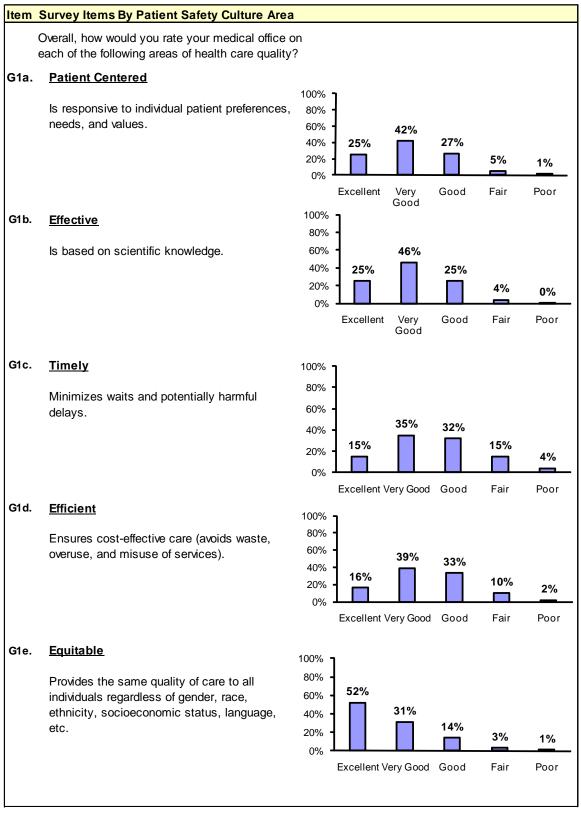
Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item). The percent positive response for items B1 through B5 is based on those who answered "Not in the past 12 months" or "Once or twice in the past 12 months."

Chart 2. Item-Level Comparative Results from 470 Medical Offices, continued



Note: The item's survey location is shown to the left. An "R" indicates a negatively worded item, where the percent positive response is based on those who responded "Strongly disagree" or "Disagree," or "Never" or "Rarely" (depending on the response category used for the item).

Chart 3. Comparative Results for Overall Ratings on Quality From 470 Medical Offices



Note: Some percentages add to more than 100 due to rounding.

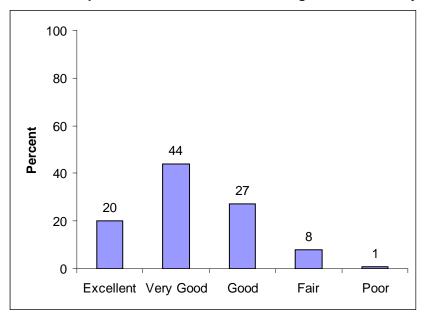


Chart 4. Comparative Results for Overall Rating on Patient Safety From 470 Medical Offices

Comparative Results Using Percentiles

In addition to comparing percent positive scores from your medical office with the average percent positive scores from other medical offices, you may find it useful to examine additional comparative statistics: minimum and maximum scores and percentiles.

The minimum and maximum percent positive scores are presented for each composite. These scores provide information about the range of percent positive scores from the pilot test medical offices and are actual scores from the lowest and highest scoring offices. When comparing against the minimum and maximum scores, keep in mind that these scores may represent offices that are extreme outliers.

The 25th, 50th, and 75th percentile scores are displayed for the survey composites. Percentiles provide information about the distribution of the medical office scores. To calculate percentile scores, percent positive scores from the 470 medical offices were rank ordered from low to high. A specific percentile score shows the percentage of medical offices that scored at or below a particular score. For example, the 75th percentile is the percent positive score where 75 percent of the medical offices scored the same or lower, and 25 percent of the medical offices scored higher. Interpret the percentile scores as shown in Table 13.

Table 13. Interpretation of Percentile Scores

Percentile Score	Interpretation
25th percentile Lower scoring medical offices	25% of the medical offices scored the same or lower 75% of the medical offices scored higher
50th percentile Middle-scoring medical offices	50% of the medical offices scored the same or lower 50% of the medical offices scored higher
75th percentile Higher scoring medical offices	75% of the medical offices scored the same or lower 25% of the medical offices scored higher

For example, for a survey composite in Table 14, the 25th percentile score is 49 percent positive, and the 50th percentile score is 62 percent positive. If your medical office's score on the composite is 55 percent positive, it falls above the 25th percentile but below the 50th percentile, meaning that your medical office scored higher than at least 25 percent of the other medical offices. If your medical office's score on the composite is 65 percent positive, it falls above the 50th percentile, meaning your medical office scored higher than at least 50 percent of the other medical offices.

Table 14. Sample Percentile Statistics

	Composite Percent Positive Response							
Survey	25th 75th							
Composite	Minimum	Percentile	50th Percentile	Percentile	Maximum			
Composite 1	8%	49%	62%	85%	96%			

If your medical office's score is 55%, your score falls here.

If your medical office's score is 65%, your score falls here.

For each patient safety culture composite, Table 15 shows the average percent positive scores, minimum score, 25th percentile, 50th percentile, 75th percentile, and maximum score for the 470 medical offices.

Table 15. Composite-Level Minimum, Maximum, and Percentile Results

				% F	Positive Res	ponse	
Do	ationt Safaty Cultura Compositos	Average % Positive	Min	25th %ile	Median/ 50th %ile	75th %ile	Max
	atient Safety Culture Composites						
1	Teamwork	82%	25%	75%	84%	92%	100%
2	Patient Care Tracking/Followup	77%	31%	69%	78%	86%	100%
3	Organizational Learning	74%	23%	67%	75%	84%	100%
4	Overall Perceptions of Patient Safety and Quality	74%	18%	65%	75%	85%	100%
5	Staff Training	72%	15%	61%	73%	83%	100%
6	Owner/Managing Partner/Leadership Support for Patient Safety	67%	15%	56%	68%	79%	100%
7	Communication About Error	67%	17%	57%	67%	75%	100%
8	Communication Openness	65%	21%	54%	64%	77%	100%
9	Patient Safety and Quality Issues	60%	22%	52%	61%	69%	95%
10	Office Processes and Standardization	59%	13%	47%	60%	71%	100%
11	Information Exchange With Other Settings	54%	8%	42%	54%	66%	100%
12	Work Pressure and Pace	46%	0%	31%	46%	60%	95%

Table 16 shows the average percent positive scores, minimum score, 25th percentile, 50th percentile, 75th percentile, and maximum score for the 470 medical offices on each survey item sorted by patient safety culture composite.

Tables 17 and 18 show the average percent positive scores, minimum score, 25th percentile, 50th percentile, 75th percentile, and maximum score for the overall ratings on quality and overall ratings on patient safety, respectively.

Table 16. Item-Level Minimum, Maximum, and Percentile Results

				% Pc	sitive Resp	onse	
	Survey Items by Composite	Average % Positive	Min	25th %ile	Median/ 50th %ile	75th %ile	Max
1. Te	amwork						
C1	When someone in this office gets really busy, others help out.	83%	25%	75%	85%	92%	100%
C2	2. In this office, there is a good working relationship between staff and providers.	87%	20%	80%	90%	100%	100%
C5	3. In this office, we treat each other with respect.	80%	0%	70%	82%	93%	100%
C13	4. This office emphasizes teamwork in taking care of patients.	80%	17%	71%	82%	90%	100%
2. Pa	tient Care Tracking/Followup						
D3	1. This office reminds patients when they need to schedule an appointment for preventive or routine care.	78%	18%	67%	80%	91%	100%
D5	2. This office documents how well our chronic-care patients follow their treatment plans.	65%	17%	50%	67%	80%	100%
D6	3. Our office follows up when we do not receive a report we are expecting from an outside provider.	77%	18%	67%	80%	89%	100%
D9	4. This office follows up with patients who need monitoring.	86%	40%	79%	88%	100%	100%
3. Or	ganizational Learning						
F1	1. When there is a problem in our office, we see if we need to change the way we do things.	82%	20%	73%	82%	93%	100%
F5	2. This office is good at changing office processes to make sure the same problems don't happen again.	75%	8%	64%	75%	86%	100%
F7	3. After this office makes changes to improve the patient care process, we check to see if the changes worked.	67%	11%	57%	68%	80%	100%

Table 16. Item-Level Minimum, Maximum, and Percentile Results, continued

	16. Item-Level Minimum, Maximum, a		% Positive Response				
	Survey Items by Composite	Average % Positive	Min	25th %ile	Median/ 50th %ile	75th %ile	Max
4. Ov	erall Perceptions of Patient Safety and C	Quality					
F2	Our office processes are good at preventing mistakes that could affect patients.	79%	11%	69%	81%	90%	100%
F3R	2. Mistakes happen more than they should in this office.	70%	11%	60%	71%	83%	100%
F4R	3. It is just by chance that we don't make more mistakes that affect our patients.	74%	11%	64%	76%	88%	100%
F6R	4. In this office, getting more work done is more important than quality of care.	73%	17%	60%	75%	87%	100%
5. Sta	ff Training						
C4	This office trains staff when new processes are put into place.	75%	13%	64%	78%	88%	100%
C7	2. This office makes sure staff get the on-the-job training they need.	71%	17%	60%	72%	85%	100%
C10 R	3. Staff in this office are asked to do tasks they haven't been trained to do.	69%	14%	57%	70%	80%	100%
6. Ow	ner/Managing Partner/Leadership Supp	ort for Patient	Safety		,	•	
E1R	They aren't investing enough resources to improve the quality of care in this office.	51%	0%	33%	50%	67%	100%
E2R	They overlook patient care mistakes that happen over and over.	79%	0%	71%	80%	92%	100%
E3	3. They place a high priority on improving patient care processes.	78%	0%	70%	80%	90%	100%
E4R	4. They make decisions too often based on what is best for the office rather than what is best for patients.	61%	0%	47%	60%	75%	100%
7. Co	mmunication About Error						
D7 R	Staff feel like their mistakes are held against them.	57%	0%	41%	57%	71%	100%
D8	Providers and staff talk openly about office problems.	59%	0%	46%	57%	71%	100%
D11	3. In this office, we discuss ways to prevent errors from happening again.	78%	17%	69%	80%	89%	100%
D12	4. Staff are willing to report mistakes they observe in this office.	72%	17%	63%	72%	82%	100%

Table 16. Item-Level Minimum, Maximum, and Percentile Results, continued

	10. Item-Level Millimulli, Maxilliulli, al		% Positive Response				
	Survey Items by Composite	Average % Positive	Min	25th %ile	Median/ 50th %ile	75th %ile	Max
8. Co	mmunication Openness						
D1	1. Providers in this office are open to staff ideas about how to improve office processes.	69%	13%	57%	70%	82%	100%
D2	2. Staff are encouraged to express alternative viewpoints in this office.	68%	0%	55%	68%	80%	100%
D4 R	Staff are afraid to ask questions when something does not seem right.	70%	20%	59%	71%	83%	100%
D10 R	4. It is difficult to voice disagreement in this office.	53%	0%	40%	50%	67%	100%
	tient Safety and Quality Issues						
Acces	ss to Care						
A1	1. A patient was unable to get an appointment within 48 hours for an acute/serious problem.	69%	0%	53%	75%	88%	100%
Patie	nt Identification						
A2	2. The wrong chart/medical record was used for a patient.	86%	14%	78%	89%	100%	100%
Chart	s/Medical Records						
А3	3. A patient's chart/medical record was not available when needed.	63%	0%	43%	70%	87%	100%
A4	4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record.	70%	10%	55%	71%	86%	100%
Medic	cal Equipment						
A5	5. Medical equipment was not working properly or was in need of repair or replacement.	73%	14%	60%	73%	88%	100%
Medio	cation						
A6	6. A pharmacy contacted our office to clarify or correct a prescription.	22%	0%	9%	18%	30%	100%
A7	7. A patient's medication list was not updated during his or her visit.	44%	0%	27%	43%	60%	100%
Diagr	nostics and Tests						
A8	8. The results from a lab or imaging test were not available when needed.	39%	0%	25%	38%	51%	100%
A9	9. A critical abnormal result from a lab or imaging test was not followed up within 1 business day.	79%	17%	67%	82%	96%	100%

Note: For the A items (Patient Safety and Quality Issues), the percent positive response is based on those who answered "Not in the past 12 months" or "Once or twice in the past 12 months."

Table 16. Item-level Minimum, Maximum and Percentile Results, continued

				%	Positive Re	sponse	
	Survey Items by Composite	Average % Positive	Min	25th %ile	Median/ 50th %ile	75th %ile	Max
10. O	ffice Processes and Standardization	70 1 0011110		700	70.10	700	max
C8 R	This office is more disorganized than it should be.	58%	0%	43%	59%	72%	100%
C9	We have good procedures for checking that work in this office was done correctly.	60%	0%	45%	60%	72%	100%
C12 R	3. We have problems with workflow in this office.	47%	0%	31%	44%	62%	100%
C15	4. Staff in this office follow standardized processes to get tasks done.	74%	20%	63%	75%	86%	100%
11. In	formation Exchange With Other Setti	ngs				•	
	the past 12 months, how often has you lete, and timely information with:	our medical of	ffice had	problen	ns exchang	ing accura	ate,
B1	1. Outside labs/imaging centers?	55%	0%	40%	56%	67%	100%
B2	2. Other medical offices/outside physicians?	50%	0%	38%	50%	63%	100%
В3	3. Pharmacies?	52%	0%	39%	50%	69%	100%
B4	4. Hospitals?	58%	0%	45%	59%	72%	100%
B5	5. Other? (Specify)	70%	0%	50%	67%	100%	100%
12. W	ork Pressure and Pace						
C3 R	In this office, we often feel rushed when taking care of patients.	28%	0%	15%	25%	40%	100%
C6 R	2. We have too many patients for the number of providers in this office.	46%	0%	25%	44%	67%	100%
C11	We have enough staff to handle our patient load.	49%	0%	29%	47%	67%	100%
C14 R	4. This office has too many patients to be able to handle everything effectively.	59%	0%	43%	59%	78%	100%

Table 17. Overall Rating on Quality Minimum, Maximum, and Percentile Results

		% Positive Response					
		Median/					
			25th	50th	75th		
Survey Items by Composite	Average %	Min	%ile	%ile	%ile	Max	
G1a. Patient Centered							
Is responsive to individual patient preferences, needs, and values.							
Excellent	25%	0%	13%	22%	33%	100%	
Very Good	42%	0%	33%	42%	50%	89%	
Good	27%	0%	17%	27%	38%	71%	
Fair	5%	0%	0%	2%	8%	38%	
Poor	1%	0%	0%	0%	0%	13%	
G1b. Effective							
Is based on scientific knowledge.							
Excellent	25%	0%	13%	22%	33%	100%	
Very Good	46%	0%	36%	45%	55%	100%	
Good	25%	0%	14%	25%	35%	86%	
Fair	4%	0%	0%	0%	6%	29%	
Poor	0%	0%	0%	0%	0%	29%	
G1c. Timely							
Minimizes waits and potentially harmful delay	/S.						
Excellent	15%	0%	5%	11%	20%	86%	
Very Good	35%	0%	22%	33%	44%	83%	
Good	32%	0%	22%	33%	41%	75%	
Fair	15%	0%	5%	13%	22%	75%	
Poor	4%	0%	0%	0%	6%	80%	
G1d. Efficient					!		
Ensures cost-effective care (avoids waste, or	veruse, and mis	suse of s	ervices).				
Excellent	16%	0%	6%	14%	22%	100%	
Very Good	39%	0%	27%	38%	50%	100%	
Good	33%	0%	23%	33%	43%	83%	
Fair	10%	0%	0%	9%	15%	38%	
Poor	2%	0%	0%	0%	3%	32%	
G1e. Equitable							
Provides the same quality of care to all indivi	duals regardles	s of gen	der, race	, ethnicity,	socioec	onomic	
status, language, etc.							
Excellent	52%	0%	39%	50%	63%	100%	
Very Good	31%	0%	21%	31%	40%	80%	
Good	14%	0%	5%	13%	20%	50%	
Fair	3%	0%	0%	0%	6%	33%	
Poor	1%	0%	0%	0%	0%	20%	

Table 18. Overall Rating on Patient Safety Minimum, Maximum, and Percentile Results

		% Positive Response				
				Median/		
			25th	50th	75th	
G2a. Overall Rating on Patient Safety	Average %	Min	%ile	%ile	%ile	Max
Excellent	20%	0%	10%	17%	27%	80%
Very Good	44%	0%	33%	43%	54%	88%
Good	27%	0%	18%	27%	37%	88%
Fair	8%	0%	0%	6%	13%	47%
Poor	1%	0%	0%	0%	0%	40%

Composite-Level and Item-Level Results by Staff Position

Tables 19 through 22 show the average percent positive scores for the survey composites and items across medical offices, broken down by staff position. These tables allow comparison of the survey results of various staff positions in the medical office. In the following four tables, the precise number of medical offices and respondents corresponding to each data cell varies, due to omission of survey items by some medical offices, individual nonresponse, and missing data.

Table 19. Composite-Level Results by Staff Position

		Staff Position						
Pa	atient Safety Culture Composites	Physician (M.D. or D.O.)	PA, NP, CNS, N, Midwife, APN	Mgmt	Admin or Clerical Staff	RN/ LVN/ LPN	Other Clinical Staff or Clinical Support Staff	
	dical Offices	127	12	24	222	125	157	
# Res	spondents	1,251	61	159	2,265	1,132	1,557	
1.	Teamwork	87%	82%	87%	75%	79%	78%	
2.	Patient Care Tracking/Followup	62%	78%	72%	80%	74%	80%	
3.	Organizational Learning	75%	54%	85%	70%	69%	72%	
4.	Overall Perceptions of Patient Safety and Quality	70%	57%	77%	67%	70%	70%	
5.	Staff Training	77%	66%	77%	63%	67%	65%	
6.	Owner/Managing Partner/ Leadership Support for Patient Safety	66%	61%	68%	65%	61%	64%	
7.	Communication About Error	71%	60%	67%	57%	62%	61%	
8.	Communication Openness	76%	68%	64%	53%	54%	55%	
9.	Patient Safety and Quality Issues	54%	55%	55%	58%	58%	60%	
10.	Office Processes and Standardization	54%	49%	58%	55%	53%	57%	
11.	Information Exchange With Other Settings	43%	36%	36%	53%	56%	58%	
12.	Work Pressure and Pace	45%	38%	40%	40%	33%	41%	

Note: Respondents who selected "Other" and missing are not shown; results are not calculated when a staff position has fewer than five respondents or an item in the composite has fewer than three respondents.

Table 20. Item-Level Results by Staff Position

	20. Item-Level Nesults by Stail Fo	Staff Position						
		Physician (M.D. or	PA, NP, CNS, N, Midwife,		Admin or Clerical	RN/ LVN/	Other Clinical Staff or Clinical Support	
	Survey Items by Composite	D.O.)	APN	Mgmt	Staff	LPN	Staff	
	dical Offices	127	12	24	222	125	157	
	spondents	1,251	61	159	2,265	1,132	1,557	
	amwork	000/	0.407	000/	770/	700/	770/	
C1	1. When someone in this office gets really busy, others help out.	86%	81%	90%	77%	79%	77%	
C2	2. In this office, there is a good working relationship between staff and providers.	91%	87%	89%	80%	87%	85%	
C5	3. In this office, we treat each other with respect.	92%	85%	82%	70%	76%	73%	
C13	4. This office emphasizes teamwork in taking care of patients.	80%	76%	86%	75%	75%	76%	
2. Pa	tient Care Tracking/Followup							
D3	1. This office reminds patients when they need to schedule an appointment for preventive or routine care.	64%	71%	66%	81%	78%	83%	
D5	2. This office documents how well our chronic-care patients follow their treatment plans.	50%	68%	65%	75%	59%	73%	
D6	3. Our office follows up when we do not receive a report we are expecting from an outside provider.	56%	76%	79%	81%	76%	81%	
D9	4. This office follows up with patients who need monitoring.	78%	94%	82%	85%	82%	85%	
3. Org	ganizational Learning							
F1	1. When there is a problem in our office, we see if we need to change the way we do things.	88%	65%	90%	73%	78%	76%	
F5	2. This office is good at changing office processes to make sure the same problems don't happen again.	70%	52%	85%	69%	66%	73%	
F7	3. After this office makes changes to improve the patient care process, we check to see if the changes worked.	66%	47%	79%	66%	64%	67%	

Note: Respondents who selected "Other" and missing are not shown; R indicates a negatively worded item; and results are not calculated when a staff position has fewer than five respondents or an item has fewer than three respondents.

Table 20. Item-Level Results by Staff Position, continued

	•	_		Staff P	osition		
	Survey Items by Composite	Physician (M.D. or D.O.)	PA, NP, CNS, N, Midwife, APN	Mgmt	Admin or Clerical Staff	RN/ LVN/ LPN	Other Clinical Staff or Clinical Support Staff
4. Ove	erall Perceptions of Patient Safety ar	nd Quality					
F2	1. Our office processes are good at preventing mistakes that could affect patients.	73%	58%	78%	73%	77%	77%
F3R	2. Mistakes happen more than they should in this office.	63%	60%	74%	60%	72%	68%
F4R	3. It is just by chance that we don't make more mistakes that affect our patients.	73%	57%	74%	65%	72%	70%
F6R	4. In this office, getting more work done is more important than quality of care.	68%	53%	82%	69%	58%	64%
	ff Training						
C4	1. This office trains staff when new processes are put into place.	83%	66%	80%	66%	69%	70%
C7	2. This office makes sure staff get the on-the-job training they need.	75%	63%	77%	66%	66%	65%
C10R	3. Staff in this office are asked to do tasks they haven't been trained to do.	73%	68%	74%	57%	66%	62%
6. Owi	ner/Managing Partner/Leadership S	upport for P	atient Safety	/			
E1R	1. They aren't investing enough resources to improve the quality of care in this office.	48%	47%	45%	49%	41%	47%
E2R	2. They overlook patient care mistakes that happen over and over.	82%	83%	76%	75%	77%	73%
E3	3. They place a high priority on improving patient care processes.	78%	73%	85%	79%	75%	79%
E4R	4. They make decisions too often based on what is best for the office rather than what is best for patients.	59%	40%	63%	59%	51%	56%
7. Con	nmunication About Error						
D7R	1. Staff feel like their mistakes are held against them.	65%	42%	51%	45%	51%	47%
D8	2. Providers and staff talk openly about office problems.	69%	58%	61%	45%	50%	50%
D11	3. In this office, we discuss ways to prevent errors from happening again.	77%	73%	87%	72%	77%	78%
D12	4. Staff are willing to report mistakes they observe in this office.	71%	68%	68%	65%	69%	68%

Table 20. Item-Level Results by Staff Position, continued

	U. Item-Level Results by Staff Po	, , , , ,		Staff Po	osition		
	Survey Items by Composite	Physician (M.D. or D.O.)	PA, NP, CNS, N, Midwife, APN	Mgmt	Admin or Clerical Staff	RN/ LVN/ LPN	Other Clinical Staff or Clinical Support Staff
	munication Openness						
D1	1. Providers in this office are open to staff ideas about how to improve office processes.	83%	80%	60%	53%	55%	58%
D2	2. Staff are encouraged to express alternative viewpoints in this office.	77%	73%	77%	56%	55%	56%
D4R	3. Staff are afraid to ask questions when something does not seem right.	71%	64%	66%	62%	64%	65%
D10R	4. It is difficult to voice disagreement in this office.	72%	50%	53%	41%	42%	41%
	ent Safety and Quality Issues						
	to Care						
A1	1. A patient was unable to get an appointment within 48 hours for an acute/serious problem.	65%	42%	55%	65%	63%	67%
Patient	Identification						
A2	2. The wrong chart/medical record was used for a patient.	84%	83%	84%	82%	85%	85%
	Medical Records	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
A3	3. A patient's chart/medical record was not available when needed.	59%	50%	55%	59%	62%	61%
A4	4. Medical information was filed, scanned, or entered into the wrong patient's chart/medical record.	64%	58%	63%	69%	72%	76%
Medica	LEquipment						
A5	5. Medical equipment was not working properly or was in need of repair or replacement.	64%	66%	69%	71%	62%	67%
Medica	tion						
A6	6. A pharmacy contacted our office to clarify or correct a prescription.	22%	29%	15%	14%	22%	19%
A7	7. A patient's medication list was not updated during his or her visit.	30%	34%	35%	45%	41%	47%

Note: For the A items (Patient Safety and Quality Issues), the percent positive response is based on those who answered "Not in the past 12 months" or "Once or twice in the past 12 months."

Table 20. Item-Level Results by Staff Position, continued

				Staff Po	sition		
	Survey Items by Composite	Physician (M.D. or D.O.)	PA, NP, CNS, N, Midwife, APN	Mgmt	Admin or Clerical Staff	RN/ LVN/ LPN	Other Clinical Staff or Clinical Support Staff
	stics and Tests	D.O.)	/\l 1\l	Mgm	Otan	LIIV	Otan
A8	8. The results from a lab or imaging test were not available when needed.	32%	42%	42%	44%	37%	45%
A9	9. A critical abnormal result from a lab or imaging test was not followed up within 1 business day.	71%	69%	81%	68%	80%	80%
10. Offi	ce Processes and Standardization						•
C8R	1. This office is more disorganized than it should be.	54%	51%	60%	53%	52%	55%
C9	2. We have good procedures for checking that work in this office was done correctly.	56%	51%	60%	56%	51%	58%
C12R	3. We have problems with workflow in this office.	37%	35%	42%	44%	40%	43%
C15	4. Staff in this office follow standardized processes to get tasks done.	71%	59%	71%	70%	70%	72%
11. Info	ormation Exchange With Other Setti	ngs					
	e past 12 months, how often has yo te, and timely information with:	our medical	office had pi	roblems e	exchanging	accurate,	1
B1	1. Outside labs/imaging centers?	43%	37%	41%	55%	57%	60%
B2	2. Other medical offices/outside physicians?	34%	38%	35%	53%	52%	56%
B3	3. Pharmacies?	50%	46%	42%	42%	55%	56%
B4	4. Hospitals?	45%	36%	41%	59%	62%	63%
B5	5. Other? (Specify)	77%	-	-	73%	81%	74%
	rk Pressure and Pace			المحم			
C3R	1. In this office, we often feel rushed when taking care of patients.	19%	11%	20%	26%	19%	28%
C6R	2. We have too many patients for the number of providers in this office.	48%	37%	40%	38%	31%	38%
C11	3. We have enough staff to handle our patient load.	52%	47%	44%	42%	36%	45%
C14R	4. This office has too many patients to be able to handle everything effectively.	60%	56%	56%	52%	44%	53%

Table 21. Overall Rating on Quality Results by Staff Position

Table 21. Overall Rating on Quality Resi	Staff Position						
						Other	
						Clinical	
		PA, NP,		Admin		Staff or	
	Physician	CNS, N,		or	RN/	Clinical	
	(M.D. or	Midwife,		Clerical	LVN/	Support	
Survey Items by Composite	D.O.)	APN	Mgmt	Staff	LPN	Staff	
# Medical Offices	127	12	24	222	125	157	
# Respondents	1,251	61	159	2,265	1,132	1,557	
G1a. Patient Centered							
Is responsive to individual patient preferer		, and values					
Excellent	23%	7%	18%	18%	18%	21%	
Very Good	43%	51%	48%	38%	43%	37%	
Good	25%	34%	28%	34%	32%	35%	
Fair	8%	8%	6%	9%	6%	6%	
Poor	1%	0%	0%	1%	1%	0%	
G1b. Effective		· · · · · · · · · · · · · · · · · · ·					
Is based on scientific knowledge.							
Excellent	30%	12%	19%	18%	20%	20%	
Very Good	47%	52%	55%	41%	47%	43%	
Good	20%	30%	24%	35%	27%	32%	
Fair	2%	5%	2%	6%	5%	5%	
Poor	0%	2%	0%	1%	0%	0%	
G1c. Timely	0,0		0,0	.,,,	<u> </u>	• • • • • • • • • • • • • • • • • • • •	
Minimizes waits and potentially harmful de	elavs.						
Excellent	14%	5%	9%	10%	8%	10%	
Very Good	34%	33%	37%	29%	35%	33%	
Good	31%	35%	37%	35%	34%	34%	
Fair	17%	24%	14%	19%	18%	18%	
Poor	4%	2%	3%	7%	6%	5%	
G1d. Efficient	170		0,0	. , , ,	0,0	070	
Ensures cost-effective care (avoids waste	overuse a	nd misuse o	f services	:)			
Excellent	13%	12%	9%	13%	9%	13%	
Very Good	36%	29%	41%	33%	38%	34%	
Good	35%	40%	38%	38%	37%	37%	
Fair	13%	13%	10%	13%	13%	12%	
Poor	3%	6%	2%	3%	3%	4%	
G1e. Equitable	3/0	U /0	∠ /0	3/0	3/0	4 /0	
Provides the same quality of care to all inc	lividuala raa	ardless of a	onder re	oo othnici	ty cooloos	onomio	
status, language, etc.	ilviduais reg	jaruless or g	ender, ra	ce, eminici	ty, socioed	OHOHIIC	
Excellent	55%	48%	51%	41%	43%	46%	
Very Good	32%	34%	33%	33%	37%	30%	
Good	11%	15%	12%	20%	17%	19%	
Fair	2%	2%	3%	5%	3%	4%	
Poor	0%	2%	1%	2%	1%	2%	
F 001	0%	∠70	I 70	∠ 70	1 70	∠ 7/0	

Note: Respondents who selected "Other" and missing are not shown; results are not calculated when a staff position has fewer than five respondents or an item has fewer than three respondents. Percentages for each position may not add to 100 due to rounding.

Table 22. Overall Rating on Patient Safety Results by Staff Position

	Staff Position						
						Other Clinical	
		PA, NP,		Admin		Staff or	
	Physician	CNS, N,		or	RN/	Clinical	
	(M.D. or	Midwife,		Clerical	LVN/	Support	
G2a. Overall Rating on Patient Safety	D.O.)	APN	Mgmt	Staff	LPN	Staff	
# Medical Offices	127	12	24	222	125	157	
# Respondents	1,251	61	159	2,265	1,132	1,557	
Excellent	16%	14%	14%	17%	16%	19%	
Very Good	42%	34%	52%	41%	44%	41%	
Good	31%	34%	26%	31%	30%	31%	
Fair	9%	10%	7%	10%	9%	8%	
Poor	1%	8%	0%	1%	1%	1%	

Note: Respondents who selected "Other" and missing are not shown; results are not calculated when a staff position has fewer than five respondents or an item has fewer than three respondents. Percentages for each position may not add to 100 due to rounding.