## **Supplement B: Pilot Survey Items Dropped From Final Items**

## **Empowerment to Improve Efficiency**

Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Does not apply or Don't know

Items dropped	Reasons for dropping
We are asked for our opinions about	To shorten the survey, the TEP recommended dropping this item
proposed changes to the way we do	because being asked for opinions was less important than the
our work.	focus of the retained items (involved in making decisions,
	encouraged to come up with ideas, given opportunities to try out
	solutions).
We are provided with the time to find	To shorten the survey, the TEP recommended dropping this item
ways to make our work more efficient.	because they did not believe staff were provided with time or
	thought the question was more vague compared to the retained
	items.

## **Efficiency and Waste Reduction**

Never, Rarely, Sometimes, Most of the time, Always, Does not apply or Don't know

Items dropped	Reasons for dropping
We examine how we do our work to	To shorten the survey, the TEP recommended dropping this item
get rid of unnecessary steps.	because it was similar to another retained item [We try to find
	ways to reduce waste (such as wasted time, materials, steps, etc.)
	in how we do our work].
Supplies are kept where we can find	To shorten the survey, the TEP recommended dropping this item
them quickly.	because it was deemed less important and was not as broadly
	applicable.
We look for more efficient ways to do	To shorten the survey, the TEP recommended dropping this item
our work.	because it was too general.

## **Efficiency and Patient Centeredness**

Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Does not apply or Don't know

Items dropped	Reasons for dropping
We are responsive to patient or family	Dropped due to low item variability:
member concerns about the patient's	95% positive in hospitals; 92% in medical offices
care.	
We invite patients to serve on advisory	Dropped due to high % missing/DNA/DK:
panels or committees to help us	52% in hospitals; 43% in medical offices
improve the patient care experience.	

# Hospital: Management Support for Improving Efficiency and Reducing Waste Medical Office: Owner, Managing Partner, Leadership Support for Improving Efficiency

Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Does not apply or Don't know

Hospital: The main person I report to (my supervisor, manager, or clinical leader)...

Medical Office: The owners, managing partners, or leadership of my medical office...:

Items dropped	Reasons for dropping
Communicates that it is everyone's job	To shorten the survey, the TEP recommended dropping this item
to look for ways to improve work	because it was too easy to answer positively.
processes.	
Emphasizes the importance of using	To shorten the survey, the TEP recommended dropping this item
regularly collected data to improve our	because it was similar to another retained item [Provides us with
work processes.	reports on our (unit/office) performance].

## **Experience With Activities to Improve Efficiency**

Yes, No

Items dropped	Reasons for dropping
I helped to implement an activity to	To shorten the survey, the TEP recommended dropping this item
improve efficiency.	because it was too general.
I reviewed the costs associated with an	To shorten the survey, the TEP recommended dropping this item
activity designed to improve	because they thought only specific roles could do this so most
efficiency.	would not respond "yes." Pilot results showed 24% of
	respondents answered "yes" in hospitals and 13% in medical
	offices.

## **NOTE about the Overall Ratings on Healthcare Quality:**

When administering the Medical Office Value and Efficiency Items as a supplemental item set after the AHRQ Surveys on Patient Safety Culture (SOPS) Medical Office Survey, the four Ratings on Healthcare Quality are dropped from the Value and Efficiency Item Set since they are already included in the SOPS Medical Office Survey. Therefore, the final number of Medical Office Value and Efficiency Items is 21 items.

The four Ratings on Healthcare Quality are included in the Hospital Value and Efficiency Item Set since they are <u>not</u> already in the SOPS Hospital Survey. Therefore the final number of Hospital Value and Efficiency Items is 25 items.