



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



SOPS Nursing Home Survey Version 2.0: Updates, Insights, and Implementation

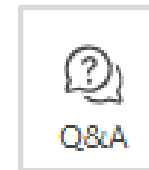
**Webcast
December 17, 2025
1:00-2:00 PM ET**



Surveys on Patient Safety Culture®

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Today's Speakers



Joann Sorra, Ph.D.
Project Director
User Network for the AHRQ
Surveys on Patient Safety Culture
(SOPS)
Westat
Moderator



Jonathan Bakdash, Ph.D.
Social Science Analyst, CAHPS and SOPS
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Principal Research Associate
User Network for AHRQ Surveys on Patient
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Westat



William Martyak, PA-C
Chief Clinical Officer, AMI



Jamie Thomas, M.S.N., M.B.A., R.N.
Senior Quality Improvement Manager, AMI

Agenda



- Background on AHRQ's Surveys on Patient Safety Culture® (SOPS®) Program
- SOPS Nursing Home Survey Version 2.0 Development Process and Administration
- SOPS Nursing Home Survey Version 2.0 Pilot User Perspective
- Questions & Answers



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



AHRQ's Surveys on Patient Safety Culture[®] (SOPS[®]) Program



Jonathan Bakdash, Ph.D.

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Agency for Healthcare Research and Quality (AHRQ)

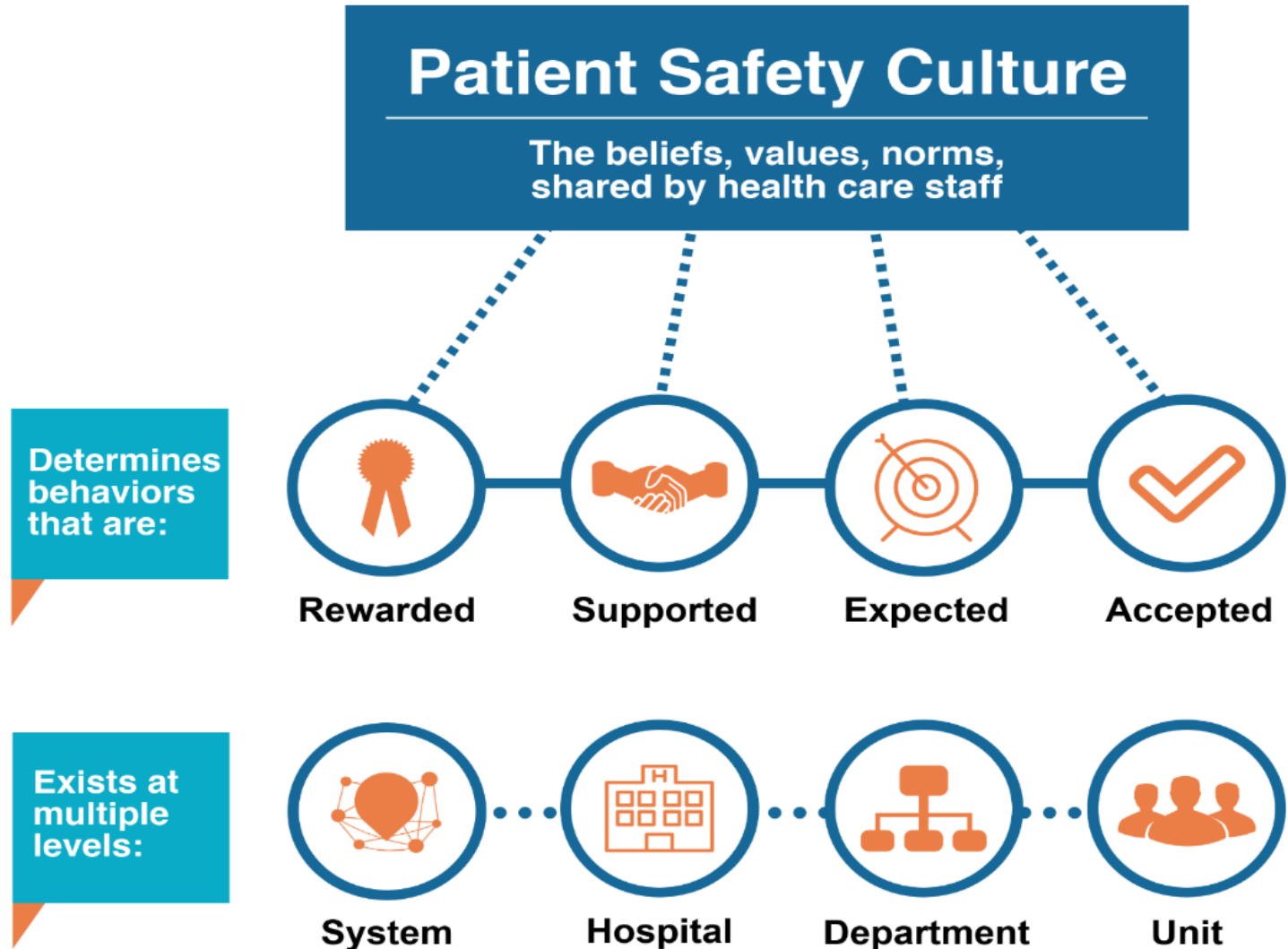


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 - ▶ The lead Federal agency charged with improving the safety and quality of America's healthcare system
- AHRQ is **not**:
 - ▶ A regulatory agency. AHRQ cannot require the use of our tools and products



What is Patient Safety Culture?

“How we do things around here”
- Bryan Sexton



Areas of Patient Safety Culture Assessed in Core SOPS Surveys

- Communication About Error
- Communication Openness
- Handoffs and Information Exchange
- Organizational Learning – Continuous Improvement
- Reporting Patient Safety Events
- Response to Error
- Staffing and Work Pace
- Supervisor/Management Support for Patient Safety
- Teamwork
- Overall Rating on Patient Safety

Voluntary Data Submission and Confidentiality

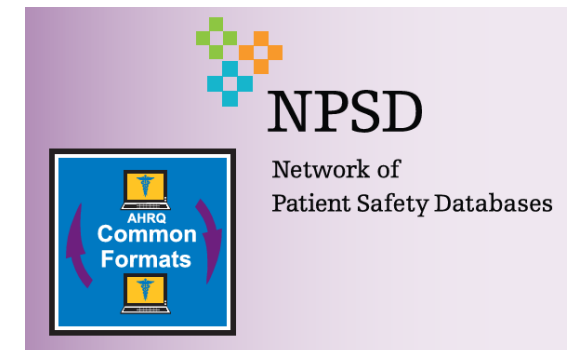


- We encourage voluntary submission to the SOPS Databases
- **AHRQ Confidentiality Statute:** Use and access to data limited to only stated purposes, protects all identifying information
 - Public Health Service Act 42 USC § 299c-3(c)

AHRQ Programs Related to Patient Safety Culture



- Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS®): *Optimize team performance*
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program: *Patient experience*
- Patient Safety Organization (PSO) Program: *Collect and analyze voluntarily reported data to improve patient safety and quality*





AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



SOPS Nursing Home Survey Version 2.0



Naomi Yount, Ph.D.

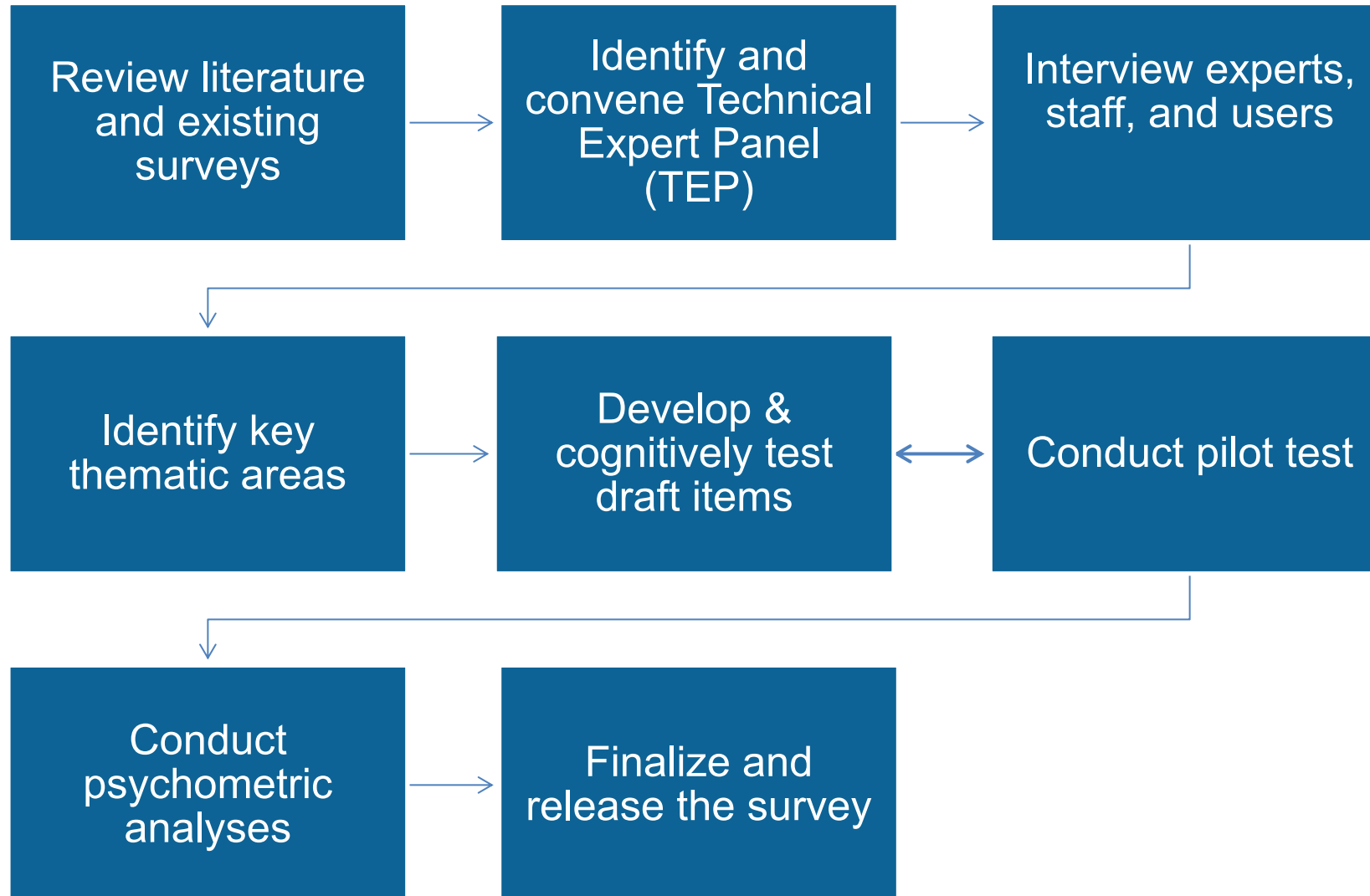
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Goals of the SOPS Nursing Home Survey Version 2.0



- Remove negatively worded items
- Reduce the length of the survey
- Reword survey items and add new content areas related to resident safety
- Revise the staff positions and units/work areas

Survey Development Process



Summary of Differences between the SOPS Nursing Home Survey 1.0 and 2.0



- 2.0 is shorter
 - ▶ 51 items in 1.0 versus 30 items in 2.0
- Wording changes:
 - ▶ 9 items had no changes
 - ▶ 7 items had minor changes
 - ▶ 3 items had major changes
- 3 new items added to 2.0

Summary of Differences between the SOPS Nursing Home Survey 1.0 and 2.0



- Dropped 4 composite measures (10 items)
 - ▶ Communication Openness (3 items)
 - ▶ Overall Perceptions of Resident Safety (3 items)
 - ▶ Compliance With Procedures (3 items, however kept a single item)
 - ▶ Training & Skills (3 items, however kept a single item)

Fall 2024 Pilot Test

- 27 participating nursing homes
- 44% response rate (1,341 staff out of 2,439 responded)
 - ▶ Average of 50 respondents per nursing home (range: 13 to 119)
- Survey administration
 - ▶ Web: 42% response rate (12 nursing homes)
 - ▶ Paper: 66% response rate (15 nursing homes)
- Administered the SOPS Nursing Home Survey 2.0 and added the Nursing Home Workplace Safety Supplemental Items

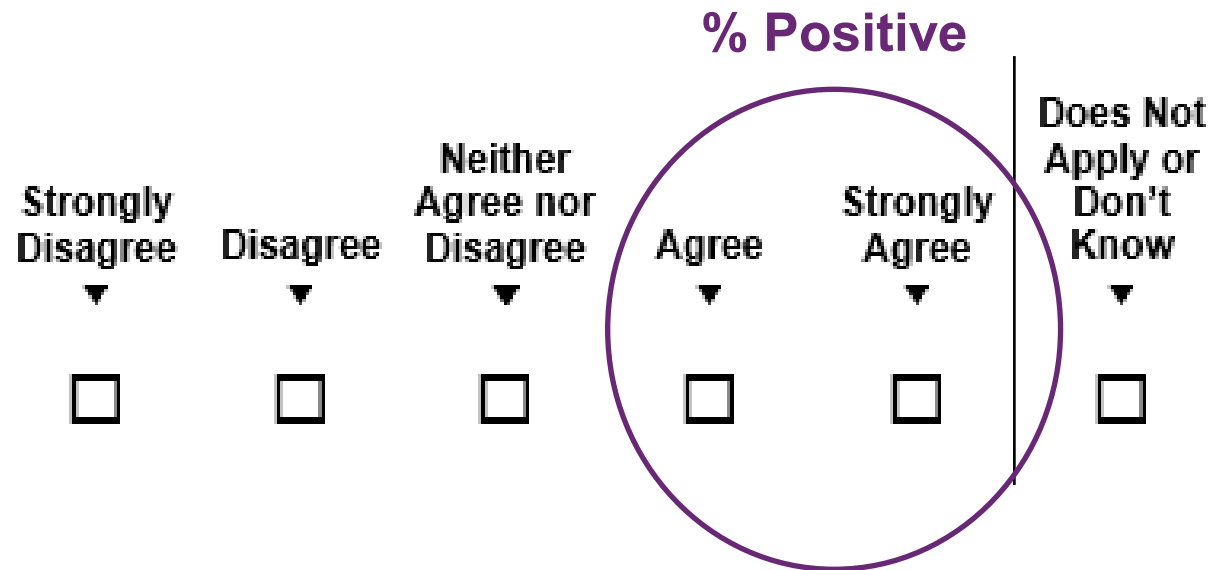
Characteristics of Respondents

- **33%** were Certified Nursing Assistants (CNA), Geriatric Nursing Assistants (GNA), or other Nursing Assistant/Aide
- **9%** worked in short-term care/rehab unit
- **21%** worked at the nursing home for 3-5 years
- **69%** worked on the day shift



What's a "percent positive score"?

Staff feel like they are part of a team.



Composite Measure Results

Composite Measures

Average % Positive Response

Speaking Up

86

Organizational Learning

84

Supervisor Support for Resident Safety

82

Handoffs and Information Exchange

76

Management Support for Resident Safety

74

Response to Mistakes

72

Teamwork

70

Staffing

54

Composite Measure Average

75

Speaking Up— 86% Positive



- **91% positive:** Staff speak up if they see something that might harm a resident. (Item B5)
- **80% positive:** Staff feel comfortable asking questions when something doesn't seem right. (Item B4)

Speaking Up— 86% Positive

- **91% positive:** Staff speak up if they see something that might harm a resident. (Item B5)
- **80% positive:** Staff feel comfortable asking questions when something doesn't seem right. (Item B4)

“...health care workers are not encouraged to speak up.”

“People do not feel safe to speak up. Questions never get answered.”

Organizational Learning— 84% Positive



- **86% positive:** This nursing home makes changes to prevent the same incidents from happening again. (Item A9)
- **83% positive:** This nursing home actively looks for ways to improve resident safety. (Item A8)

Organizational Learning— 84% Positive

- **86% positive:** This nursing home makes changes to prevent the same incidents from happening again. (Item A9)
- **83% positive:** This nursing home actively looks for ways to improve resident safety. (Item A8)

“This facility has made some strong changes...they are creative in trying to manage these situations.”

“Our facility makes an enormous effort to identify process problems.”

Supervisor Support for Resident Safety— 82% Positive



- **87% positive:** My supervisor pays attention to resident safety in this nursing home. (Item C1)
- **83% positive:** My supervisor listens to staff ideas and suggestions about resident safety. (Item C2)
- **77% positive:** My supervisor provides positive feedback when staff have done a good job. (Item C3)

Supervisor Support for Resident Safety— 82% Positive

- **87% positive:** My supervisor pays attention to resident safety in this nursing home. (Item C1)
- **83% positive:** My supervisor listens to staff ideas and suggestions about resident safety. (Item C2)
- **77% positive:** My supervisor provides positive feedback when staff have done a good job. (Item C3)

“Our floor has gone days without seeing a supervisor. Staff are disregarded when expressing concerns.”

“Supervising staff goes above and beyond to aid with residents. And even patient care daily.”

Handoffs and Information Exchange— 76% Positive



- **79% positive:** Resident needs are met during shift changes. (Item B3)
- **78% positive:** Staff are given all the information they need to care for residents. (Item B1)
- **71% positive:** Staff are informed when there is a change in a resident's care plan. (Item B2)

Handoffs and Information Exchange— 76% Positive

- **79% positive:** Resident needs are met during shift changes. (Item B3)
- **78% positive:** Staff are given all the information they need to care for residents. (Item B1)
- **71% positive:** Staff are informed when there is a change in a resident's care plan. (Item B2)

“Staff are not provided with basic information routinely for resident appropriate care.”

“Lots of vital information is not being given to the CNAs at each shift change.”

Management Support for Resident Safety— 74% Positive



- **77% positive:** Management encourages staff to suggest ways to improve resident safety. (Item D1)
- **77% positive:** Management takes action to address staff concerns about resident safety. (Item D2)
- **67% positive:** Management often walks around the nursing home to check on resident safety. (Item D3)

Management Support for Resident Safety— 74% Positive

- **77% positive:** Management encourages staff to suggest ways to improve resident safety. (Item D1)
- **77% positive:** Management takes action to address staff concerns about resident safety. (Item D2)
- **67% positive:** Management often walks around the nursing home to check on resident safety. (Item D3)

“I do not feel the upper management is willing to listen or do anything with my concerns.”

“Upper management sends a message that money comes before all staff and resident needs and safety.”

Response To Mistakes— 72% Positive



- **73% positive:** Staff are supported when they are involved in a resident safety incident. (Item A12)
- **72% positive:** Staff feel safe reporting mistakes. (Item A10)
- **69% positive:** Staff are treated fairly when they make mistakes. (Item A11)

Response To Mistakes— 72% Positive

- **73% positive:** Staff are supported when they are involved in a resident safety incident. (Item A12)
- **72% positive:** Staff feel safe reporting mistakes. (Item A10)
- **69% positive:** Staff are treated fairly when they make mistakes. (Item A11)

“We have been belittled and told mistakes are our fault.”

“As far as support when mistakes are made or there are incidents – some supervisors are more easily approachable than others.”

Teamwork— 70% Positive



- **70% positive:** Staff treat each other with respect. (Item A1)
- **70% positive:** Staff feel like they are part of a team. (Item A2)
- **70% positive:** When a staff member gets really busy in this nursing home, others help out. (Item A3)

Teamwork— 70% Positive

- **70% positive:** Staff treat each other with respect. (Item A1)
- **70% positive:** Staff feel like they are part of a team. (Item A2)
- **70% positive:** When a staff member gets really busy in this nursing home, others help out. (Item A3)

“This is a great team that works together.”

“All shifts complain about every other shift. There is no teamwork.”

Staffing— 54% Positive



- **59% positive:** Staff have enough time to meet resident needs. (Item A6)
- **48% positive:** We have enough staff to handle the workload. (Item A5)

Staffing— 54% Positive

- **59% positive:** Staff have enough time to meet resident needs. (Item A6)
- **48% positive:** We have enough staff to handle the workload. (Item A5)

“The staff are tired and overworked.”

“We need more staff! I do not feel it is safe to work with the staffing ratios that we are currently required to follow.”

Single Item Measures



- **83% positive:** Staff follow this nursing home's policies and procedures to care for residents. (Item A4, Compliance with Procedures)
- **74% positive:** Staff get the training they need in this nursing home. (Item A7, Training)

Single Item Measures

- **83% positive:** Staff follow this nursing home's policies and procedures to care for residents. (Item A4, Compliance with Procedures)
- **74% positive:** Staff get the training they need in this nursing home. (Item A7, Training)

“We have to remind [staff] that they can't be on their phones unless they are on break.”

“More hands-on education would help.”

Willingness to Recommend and Overall Rating of Resident Safety



- 81% responded “Yes” they would recommend the nursing home as a place that provides safe resident care. (Item E1)
- 65% rated their nursing home as “Excellent” or “Very Good” on the overall rating on resident safety (Item E2)

Willingness to Recommend and Overall Rating of Resident Safety

- 81% responded “Yes” they would recommend the nursing home as a place that provides safe resident care. (Item E1)
- 65% rated their nursing home as “Excellent” or “Very Good” on the overall rating on resident safety (Item E2)

“I would not recommend anyone here for residing because of the unsafe staffing ratios.”

“Resident safety is always the number one here. We only want the residents to feel like they have a safe place to live.”

Reliability and Construct Validity



- Reliability
 - ▶ All composite measures had acceptable internal consistency reliability (Cronbach's $\alpha \geq 0.70$)
- Confirmatory factor analysis
 - ▶ Acceptable factor loadings and goodness-of-fit indices (CFI, RMSEA, SRMR)
- Statistically significant correlations among most of the composite measures and single items

SOPS Nursing Home Survey 2.0 Materials



- Nursing Home Survey Page
 - ▶ 2.0 survey in English and Spanish
 - ▶ Crosswalk between Versions 2.0 and 1.0
 - ▶ Survey User's Guide

- Additional Resources
 - ▶ Data Entry and Analysis Tool
 - ▶ Action Planning Tool
 - ▶ Improving Patient Safety Resource Lists

- Nursing Home Database Page
 - ▶ 2.0 Pilot Test Results
 - ▶ Updated Nursing Home Workplace Safety Supplemental Items Results

www.ahrq.gov/sops

SOPS Technical Assistance (TA)

General TA 1-888-324-9749
SafetyCultureSurveys@westat.com

- Survey administration
- Survey materials and resources
- International requests

Database TA 1-888-324-9790
DatabasesOnSafetyCulture@westat.com

- Data submission
- Data Entry and Analysis Tool
- Database reports
- Analytic requests



Audience Poll



What do you believe is (or could be) **the most valuable benefit** to administering the AHRQ SOPS Nursing Home Survey 2.0 in your facility? (Select one.)

- Identifying areas of strength and opportunities of improvement in patient safety culture
 - Using results to develop action plans to improve patient safety culture
 - Receiving a customized feedback report that compares your organization's results to others
 - Tracking progress over time to measure improvement
 - Increasing staff awareness about the importance of patient safety
 - Not applicable
-
- ▶ Please submit your answer in the pop-up to participate in the poll.
 - ▶ NOTE: If you are a MAC user you may not have this option

SOPS Nursing Home Survey Version 2.0 Pilot User Perspective

William Martyak PA-C

Jamie Thomas MSN, MBA, RN, NI-BC, CPHQ

ami

Agenda

- Background on AMI Expeditionary Healthcare and the PA DOH LTC RISE Program
- Administering the Survey
- Challenges and Lessons Learned
- Drawing on Results for Action Planning
- Next Steps and Resources



Background on AMI Expeditionary Healthcare and PA DOH LTC RISE Program

March – Dec 2020

Regional Response Health Collaborative Program (RRHCP)

Multi-agency partnership including PA DHS, DOH, PEMA, and 10 health systems
Provided clinical, operational, and educational support to LTC providers during COVID-19
Based on Educational Support and Clinical Coaching Program (ESCCP)

Jan – Dec 2021

Regional Congregate Care Assistance Teams (RCAT)

Limited version of RRHCP with additional state and federal funding
Delivered operational and administrative support for COVID-19 outbreak prevention and response

Jan 2022 – Present

LTC RISE (Long-Term Care Resiliency Infrastructure Supports & Empowerment)

Builds on RRHCP and RCAT, transitioning from COVID-19 response to resilience-focused care
Funded by CDC's ELC-EDE grant

Jan 2022 – July 2023

RISE 1.0: Outbreak support, needs assessments, and quality improvement in preparedness

Aug 2023 – July 2024

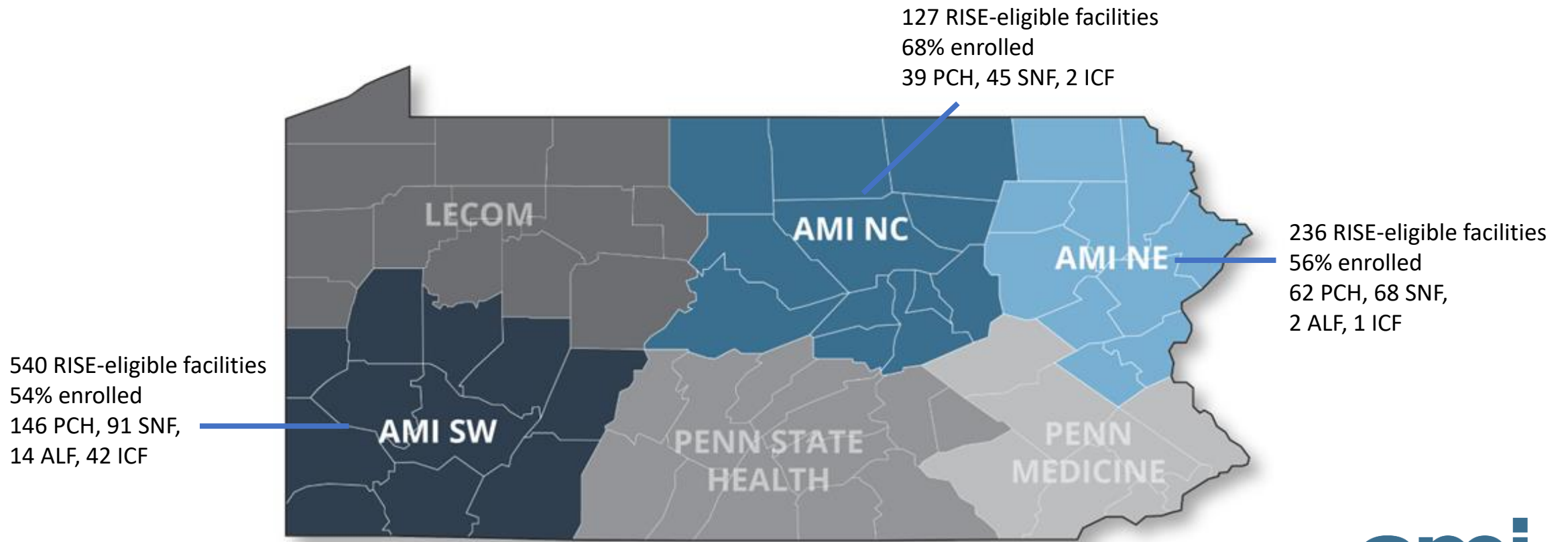
RISE 2.0: Statewide quality improvement in six themes: Leadership, Staff Skills, Infection Control, Immunizations, Emergency Preparedness, and Resident Care

**Aug 2024 – July 2025
&
Aug 2025 – Present**

RISE 3.0 & 4.0: Continuation of the six themes with an in-depth focus on quality improvement and resiliency.

Background on AMI Expeditionary Healthcare and PA DOH LTC RISE Program

AMI Expeditionary Healthcare is the regional grantee provider for the PA DOH LTC RISE Program in Northcentral, Northeast, and Southwestern Pennsylvania



Administering the Survey

Building Engagement and Motivating Staff to Respond

- **Leadership buy-in was essential:**
 - Leadership promoted completion and integrated into staff meetings.
 - Leadership messaging focused on “your voice drives change.”
- **On-site AMI support:**
 - Team members visited facilities to promote participation.
 - Provided clarity about confidentiality and how data would be used.
 - Incentivized completion.
- **Combination of electronic and paper surveys to reach all staff types.**
- **Weekly progress updates were sent to each facility:**
 - Displayed completion percentages and number of surveys needed.
 - Encouraged friendly regional competition.
 - Frequent updates created accountability and transparency.



Challenges Encountered-How They Were Addressed

| Challenge | Response/Strategy |
|---|---|
| Marketing | Finding facilities that had the current bandwidth, desire to conduct, and a good relationship with the program. |
| Concern about anonymity (especially electronic) | Explained the survey process and safeguards; provided paper options. |
| Staff turnover | Engaged new staff and revisited messaging. |
| Competing priorities | Linked participation to facility QAPI goals and upcoming initiatives. |
| Technology access | Provided iPads and internet support on-site. |
| Time constraints | Encouraged completion during breaks or shift changeovers. |
| Survey Fatigue | Mindfulness of recent surveys completed throughout the facility. |



NH SOPS 2.0 Pilot Results: Highlights

AMI Regions Pilot Response Overview

- 9 Skilled Nursing Facilities
- 428 responses (58%)
- Wide representation across departments
- High engagement from CNAs and frontline nursing staff

Completed Survey Data Collection: November 2024

Survey Administration Statistics

| | |
|-------------------------------|-----|
| Number of nursing homes | 9 |
| Number of completed surveys | 428 |
| (response rate numerator) | |
| Number of surveys distributed | 732 |
| (response rate denominator) | |
| Response rate | 56% |

| Staff Position | N | % |
|--|-----|------|
| Administrator or Manager | 51 | 13% |
| Administrative Support Staff | 27 | 7% |
| Physician (MD, DO) | 2 | 1% |
| Other Provider | 0 | 0% |
| Registered Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN) | 69 | 17% |
| Certified Nursing Assistant (CAN), Geriatric Nursing Assistant (GNA), Nursing Aide/Nursing Assistant | 106 | 27% |
| Physical, Occupational, Speech, Respiratory, or Recreational Therapist | 22 | 6% |
| Other Direct Care Staff | 24 | 6% |
| Other Support Staff | 83 | 21% |
| Other, please specify | 11 | 3% |
| Total | 395 | 100% |
| Missing | 33 | |

NH SOPS 2.0 Pilot Results: Highlights

Your Nursing Home System's **Top** Five Scoring Items

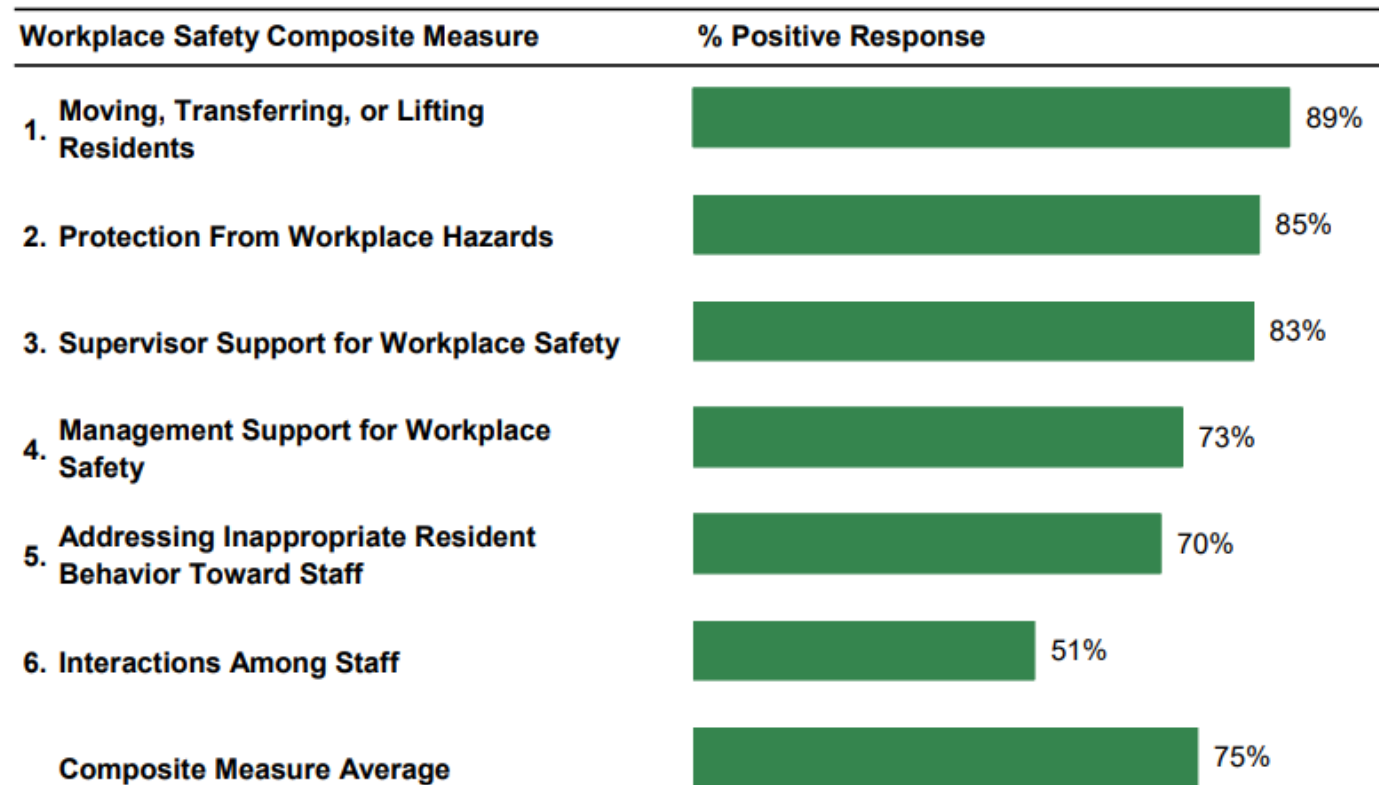
| SOPS Nursing Home Survey 2.0 Pilot Items | Percent Positive Response |
|---|---------------------------|
| Staff speak up if they see something that might harm a resident. (Item B6) | 89% |
| My supervisor pays attention to resident safety in this nursing home. (Item C1) | 88% |
| In this nursing home, we talk about ways to keep resident safety incidents from happening again. (Item A10) | 84% |
| My supervisor listens to staff ideas and suggestions about resident safety. (Item C2) | 83% |
| This nursing home makes changes to prevent the same incidents from happening again. (Item A11) | 82% |

Your Nursing Home System's **Bottom** Five Scoring Items

| SOPS Nursing Home Survey 2.0 Pilot Items | Percent Positive Response |
|--|---------------------------|
| We have enough staff to handle the workload. (Item A5) | 41% |
| Staff have enough time to meet resident needs. (Item A6) | 56% |
| This nursing home uses agency or contract staff appropriately to provide safe resident care. (Item A7) | 62% |
| Management often walks around the nursing home to check on resident safety. (item D3) | 63% |
| Staff are treated fairly when they make mistakes. (Item A13) | 65% |

Note: Survey item text and numbering is based on the NH SOPS 2.0 Pilot Version; not all items shown ended up on the final 2.0 survey.

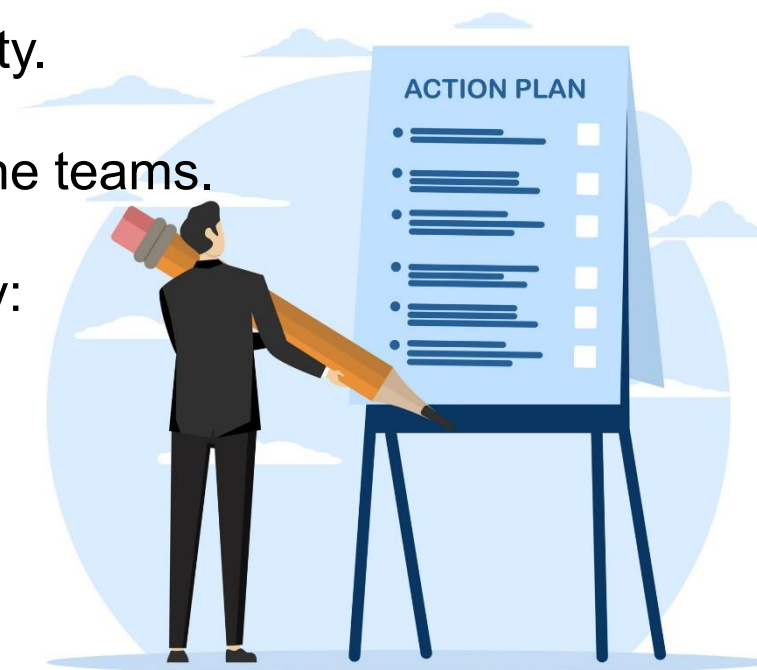
NH Workplace Safety Supplemental Survey Results



Note: Composite measure scores are calculated when items within the composite measure have at least three respondents and at least half of the composite measure items have scores. For three item composite measures, there must be scores for at least two of the three items.

Drawing on Results for Action Planning

- AMI **personally reviewed facility reports** with each participating home.
- Highlighted **top and bottom composite measures** for clarity.
- Encouraged results to be **shared transparently** with frontline teams.
- Completed **AHRQ's Action Planning Tool** with each facility:
 - Selected priority areas.
 - Developed measurable action steps.
 - Aligned to AMI-supported educational initiatives.



Aligned Education & Improvement Initiatives

From Data to Action: Educational Pathways

| AMI LTC RISE Aligned Educational Initiatives | AHRQ SOPS Nursing Home Survey 2.0 Patient Safety Culture Area | | | | | | | |
|--|---|----------|----------------------|-----------------------------------|-------------|--|--|-------------------------|
| | Teamwork | Staffing | Response to Mistakes | Handoffs and Information Exchange | Speaking Up | Supervisor Support for Resident Safety | Management Support for Resident Safety | Organizational Learning |
| AHRQ TeamSTEPPS Mutual Support | ✓ | | | | ✓ | | | ✓ |
| AHRQ TeamSTEPPS Team Leadership | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ |
| AHRQ TeamSTEPPS Communication | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHRQ TeamSTEPPS Situation Monitoring | | | | ✓ | | | | ✓ |
| Eklego Workforce Development | | ✓ | | | | | | |
| AHRQ Fall Prevention | | ✓ | | | ✓ | | | ✓ |
| IHI 4Ms AFHS | | | | | | | | ✓ |
| Age Sensitive Training | | | | | | | | ✓ |
| Age-u-Gate | | | | | | | | ✓ |
| Centers of Excellence for Behavioral Health | | | | | | | | ✓ |
| PsychU | | | | | | | | ✓ |
| Infection Prevention Education | | | | | | | | ✓ |

Aligned Education & Improvement Initiatives

From Data to Action: Educational Pathways

| AMI LTC RISE Aligned Educational Initiatives | AHRQ SOPS NH Survey 2.0 Single-Item Measures | | | |
|--|--|----------|--------------------------|-----------------------------------|
| | Compliance With Procedures | Training | Willingness to Recommend | Overall Rating on Resident Safety |
| Enhanced Barrier Precautions | ✓ | | | |
| Donning & Doffing | ✓ | | | |
| Hand Hygiene | ✓ | | | |
| N95 Train-the-Trainer Fit Testing | ✓ | | | |
| CDC Project Firstline Education | ✓ | ✓ | | |
| AHRQ TeamSTEPPS | | ✓ | | ✓ |
| AHRQ Fall Prevention | | ✓ | | ✓ |
| Alzheimer's Association essentiALZ | | ✓ | | ✓ |
| IHI 4Ms AFHS | | | ✓ | ✓ |
| Age Sensitive Training | | ✓ | | |
| Age-u-Cate | | ✓ | | |
| Patient Safety Authority | | | | ✓ |

Alignment of Educational & Improvement Initiatives with NH Workplace Safety Supplemental Measures

| AMI LTC RISE Aligned Educational Initiatives | Workplace Safety Composite Measure | | | | | | | | |
|--|------------------------------------|--|---|--------------------------|---|----------------------------|---|----------------------|--|
| | Protection From Workplace Hazards | Moving, Transferring, or Lifting Residents | Addressing Inappropriate Resident Behavior Toward Staff | Interactions Among Staff | Supervisor Support for Workplace Safety | Workplace Safety Reporting | Management Support for Workplace Safety | Work Stress/ Burnout | Overall Rating on Workplace Safety for Staff |
| AHRQ TeamSTEPPS Team Leadership | | | | | √ | | √ | | |
| CDC Project Firstline Education | √ | | | | | | | | |
| AHRQ TeamSTEPPS Communication | | | √ | | | | | | |
| AHRQ TeamSTEPPS Mutual Support | | | √ | | | √ | | | |
| AHRQ TeamSTEPPS Situation Monitoring | | √ | | | | | | | |
| AHRQ TeamSTEPPS Fall Prevention | | √ | | | | √ | | | |
| AHRQ TeamSTEPPS | | | | | | | | | √ |

Alignment of Educational & Improvement Initiatives with NH Workplace Safety Supplemental Measures

| AMI LTC RISE Aligned Educational Initiatives | Workplace Safety Composite Measure | | | | | | | | |
|--|------------------------------------|--|---|--------------------------|---|----------------------------|---|----------------------|--|
| | Protection From Workplace Hazards | Moving, Transferring, or Lifting Residents | Addressing Inappropriate Resident Behavior Toward Staff | Interactions Among Staff | Supervisor Support for Workplace Safety | Workplace Safety Reporting | Management Support for Workplace Safety | Work Stress/ Burnout | Overall Rating on Workplace Safety for Staff |
| N95 Train-the-Trainer Fit Testing | √ | | | | | | | | |
| Enhanced Barrier Precautions | √ | | | | | | | | |
| Donning & Doffing | √ | | | | | | | | |
| Hand Hygiene | √ | | | | | | | | |
| MILO | | | | √ | | | √ | | |
| Age Sensitivity | | | | √ | | | | | |
| Alzheimer's Association essentiALZ | | | | √ | | | | | |
| Emergency Preparedness | | | | | √ | | | | |
| PsychU | | | | | | | | √ | |
| HAPevolve Emergency Preparedness | | | | | | | √ | | |
| Patient Safety Authority | | | | √ | | | | √ | √ |

Next Steps and Resources Used

- Continuing **targeted education and coaching** with pilot facilities.
- **Reassessment Q1 2026** for all pilot sites.
- Expansion through **three cohorts (2025–2026)**:
 - *Pilot (9 facilities)* – 7 continuing forward.
 - *Cohort 1 (40+ facilities)* – surveys complete, feedback under review.
 - *Cohorts 2–3 (through 2025–2026)* – onboarding in progress.
- **Goal:** 100 facilities by May 2026 using the SOPS 2.0 + Action Planning model.



Key Takeaways



- Leadership buy-in is critical to response and follow-through.
- Confidentiality education boosts participation confidence.
- In-person navigation significantly improves participation rates.
- Survey data must inform real, tangible action.

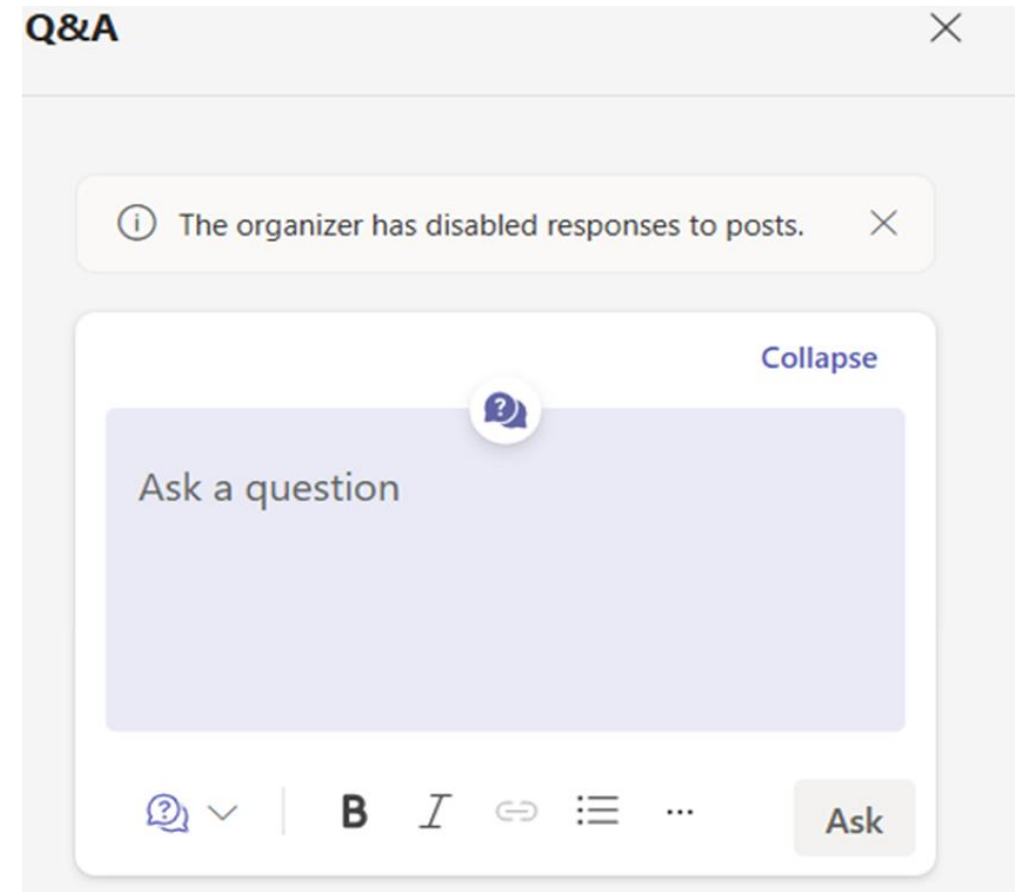
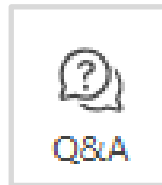
Q&A

?

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How to Ask a Question

- Question and Answer
 - ▶ Select Q&A
 - ▶ Type a question in the box that opens



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- Community Pharmacy Survey

THANK YOU!

**PLEASE COMPLETE THE WEBCAST
EVALUATION**