Surveys on Patient Safety Culture® (SOPS®) Medical Office Value and Efficiency 2024-2026 Report

Part I

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Contract Number: GS-00F-009DA/75Q80123F80005

AHRQ Publication Number 26(27)-0022-1
November 2026

Agency for Healthcare Research and Quality

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Suggested Citation:
Tyler ER, Yalden O, Hare R, Fan L, Ji S, Kirchner J, Yount ND, Sorra J. 2026. Surveys on Patient Safety Culture® (SOPS®) Medical Office Value and Efficiency 2024-2026 Report. (Prepared by Westat, Rockville, MD, under Contract No. GS-00F009DA/75Q80123F80005). Rockville, MD: Agency for Healthcare Research and Quality; November 2026. AHRQ Publication No. 26(27)-0022-1.

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No investigators have any affiliations or financial involvement (e.g., employment, consultancies, honoraria, stock options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in this report.

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Highlights

Surveys on Patient Safety Culture®

Medical Office Value and Efficiency 2024-2026 Report

The Medical Office Value and Efficiency Supplemental Items assess the extent to which the organizational culture of a medical office promotes efficiency, waste reduction, patient centeredness, and high-quality care at a reasonable cost. The 2024-2026 results include data from:

56
Participating Medical Offices

748
Provider and Staff Respondents

63%
Overall Composite Measure Average

Highest Composite Measure:
Efficiency and Waste Reduction

75% of respondents indicated that they are working to reduce waste, improve patient flow, and eliminate unnecessary tests and procedures for patients.

Lowest Composite Measure:
Patient Centeredness and Efficiency

55% of respondents agreed they focus on streamlining patient flow and improving efficiency in clinical workflows.

Highest and Lowest Items

Highest
Patient Flow

81% of respondents indicated that they are working to improve patient flow . (Item B2)

Lowest
Patient and Family Input on Workflow

41% of respondents agreed that patient and family preferences have driven workflow changes. (Item C3)

Note: Results are based on items in a composite measure

What's Next? Action Planning for Patient Safety Improvement

The *Action Planning Tool for the AHRQ Surveys on Patient Safety Culture* provides step-by-step guidance on how to develop an action plan to improve patient safety culture, available at www.ahrq.gov/sops/resources/planning-tool.

1 Overview

The AHRQ Surveys on Patient Safety Culture® (SOPS®) Value and Efficiency Supplemental Items for Medical Offices assess the extent to which the organizational culture in medical offices places a priority on practices to promote efficiency, waste reduction, patient centeredness and high-quality care at a reasonable cost. The supplemental items were designed to be administered toward the end of the SOPS Medical Office Survey, just before the background questions.

This report presents unweighted statistics (averages, standard deviations, minimum and maximum scores, and percentiles) on the value and efficiency composite measures and items from the SOPS Value and Efficiency Supplemental Items for Medical Offices that submitted data to the 2024 and 2026 Medical Office Survey Databases. The supplemental items include 13 survey items grouped into four composite measures. Table 1-1 defines each composite measure.

Table 1-1. SOPS Medical Office Value and Efficiency Composite Measures and Definitions

Value and Efficiency Composite Measures	Definition: The Extent to Which…	Number of Items
Empowerment To Improve Efficiency	Staff and others working in the medical office are involved in proposed work process changes, encouraged to offer ideas for working more efficiently, and given opportunities to try out workflow solutions.	3
Efficiency and Waste Reduction	Staff in the medical office work on improving patient flow and try to find ways to reduce waste in their work, including eliminating unnecessary tests and procedures for patients.	3
Patient Centeredness and Efficiency	Staff in the medical office take steps to reduce patient wait time, seek patient or family member input on how to make patient visits more efficient, and make appropriate workflow changes based on patient preferences.	3
Owner, Managing Partner, Leadership Support for Improving Efficiency and Reducing Waste	The owners, managing partners, or leaders take action to address workflow problems, recognize those who offer ideas for improving efficiency, provide reports on performance, and set a high priority on working efficiently without compromising patient care.	4

The survey also includes eight (8) “Yes/No” single-item measures that ask respondents about their personal experiences with activities aimed at improving efficiency in their medical office.

Response Statistics

Table 1-2 shows the number of participating medical offices and respondents from the 2024 and 2026 Medical Office Survey Databases that submitted Value and Efficiency Supplemental Items. Table 1-3 shows response rate information, and Table 1-4 shows the response rates by survey administration modes for the 56 participating medical offices that administered the survey from September 2022 to September 2025.

Table 1-2. Number of Participating Medical Offices and Respondents

Overall Statistic	From the 2024 Medical Office Database	From 2026 Medical Office Database	Total
Number of medical offices	11	45	56
Number of respondents	142	606	748

Table 1-3. Response Statistics

Overall Response Information	Statistic
Number of medical offices	56
Number of respondents	748
Number of surveys distributed	2,251
Overall response rate	33%
Average Response Information	**Average (SD)**
Average number of respondents per medical office (range: 3 to 45)	13 (10)
Average number of surveys distributed per medical office (range: 7 to 189)	40 (35)
Average medical office response rate (range: 4% to 100%)	46% (28%)

Table 1-4. Survey Administration Mode Statistics

	Medical Offices		Respondents		Average Response Rate
Survey Administration Mode	Number	Percent	Number	Percent	Percent (SD)
Paper only	18	32%	318	43%	66% (15%)
Web only	38	68%	430	57%	36% (28%)
Total	56	100%	748	100%	--

Note: Percentages may not add to 100 due to rounding. The standard deviation (SD) is displayed in parentheses and measures the spread or variability of medical office scores around the average.

Part II of this report (Appendixes A and B) presents more detailed information and results by medical office and respondent characteristics.

Appendix A: Results by Medical Office Characteristics

- Number of Providers
- Single-Specialty vs. Multispecialty
- Ownership
- Geographic Region

Appendix B: Results by Respondent Characteristics

- Staff Position
- Tenure in Medical Office

The appendixes in Part II are available online at www.ahrq.gov/sops/databases/medical-office.

2 Overall Results

This chapter presents average percent positive responses for each survey composite and item for the medical offices that submitted Value and Efficiency Supplemental Items data to the 2024 and 2026 SOPS Medical Office Databases. The methods for calculating the percent positive scores are described the Explanation of Calculations and Data Limitations chapter.

When comparing your medical office's results with the database results, note that the database provides only *relative* comparisons. Although your medical office's survey results may have higher percent positive scores, there may still be room for improvement within your medical office in an *absolute* sense.

The most positive-scoring composite measure was Efficiency and Waste Reduction (75%), which was twenty percentage points higher than Patient Centeredness and Efficiency (55%), the lowest-scoring composite measure.

Chart 2-1. Composite Measure Results—Average Percent Positive Response

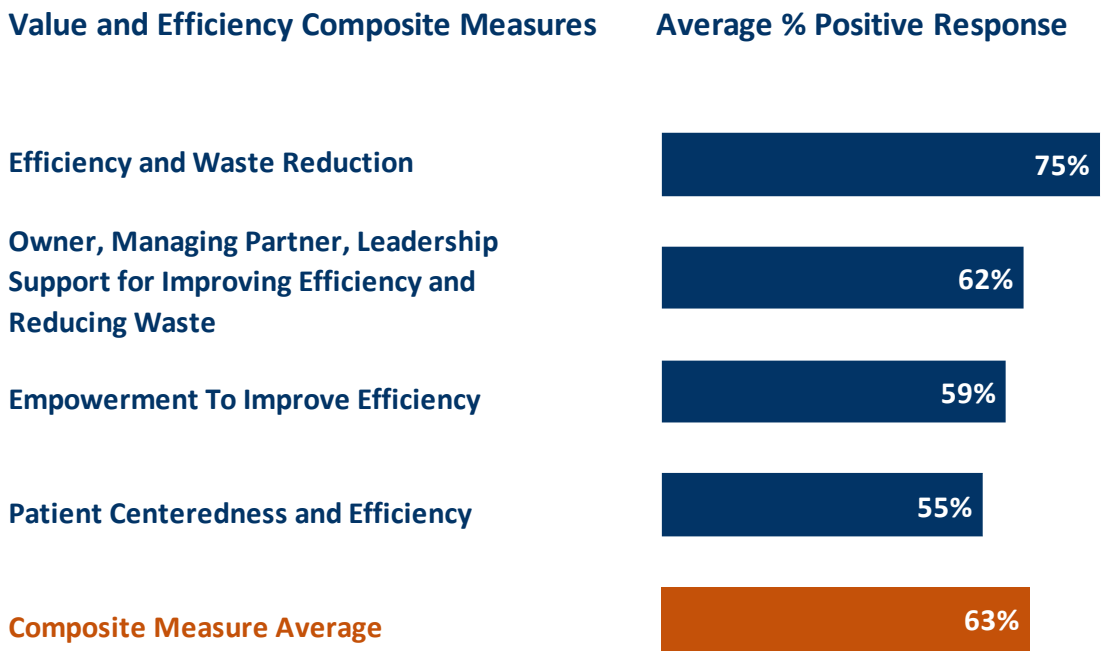
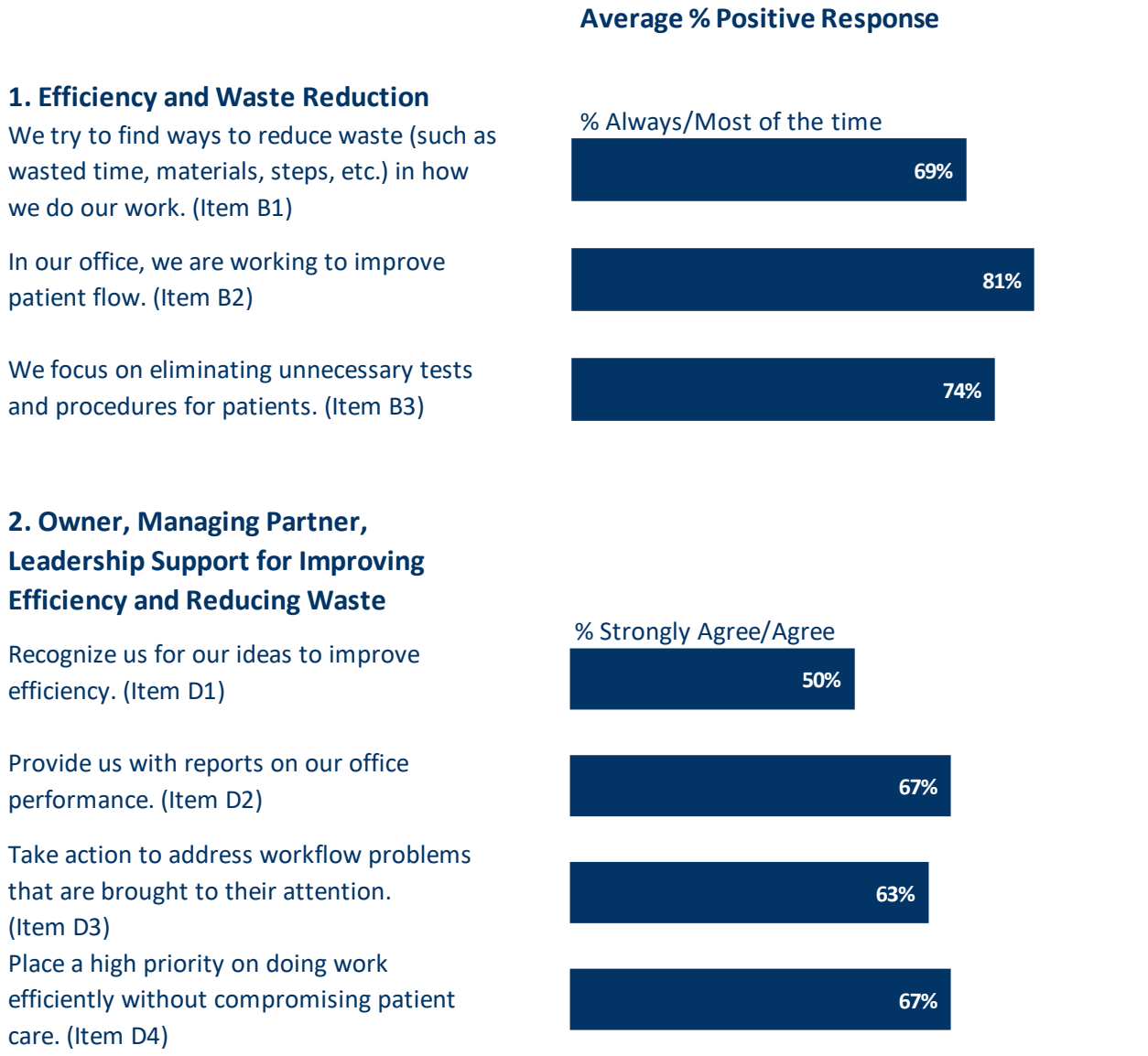
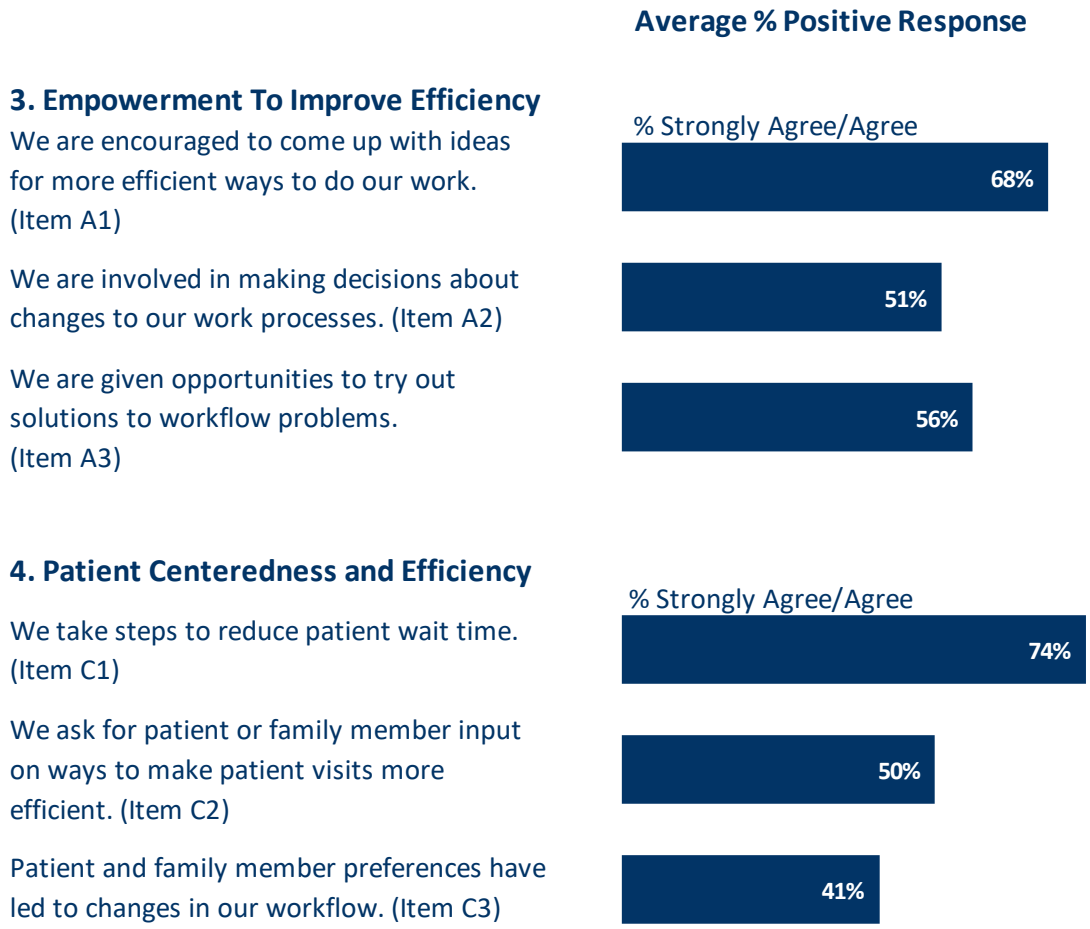


Chart 2-2. Item Results—Average Percent Positive Response (Page 1 of 2)



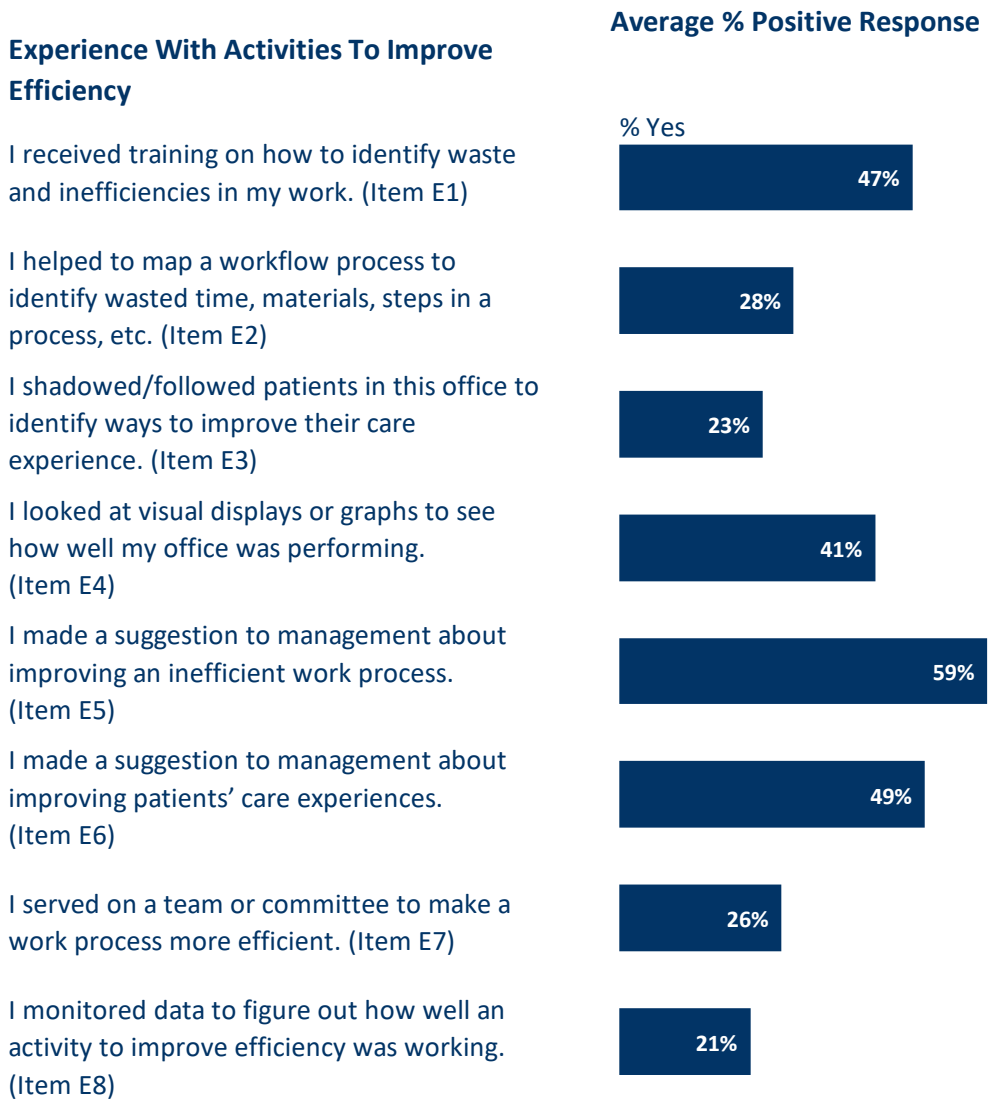
Note: The item's survey location is shown in parentheses after the item text. Owner, Managing Partner, Leadership Support for Improving Efficiency and Reducing Waste results only include those respondents who answered "No" to being an owner, a managing partner, or in a leadership position with responsibility for making financial decisions in the medical office.

Chart 2-2. Item Results—Average Percent Positive Response (Page 2 of 2)



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

Chart 2-3. Item Results—Average Percent Positive Response on Experience With Activities To Improve Efficiency



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

3 Results by Percentile

This chapter presents descriptive statistics (average percent positive, standard deviation [SD], minimum and maximum scores, and percentiles) for the composite measures and items. You can compare your facility's results with the averages and percentile scores for all medical offices in the database. A description of how these statistics were calculated can be found at the end of this report in the Explanation of Calculations and Data Limitations chapter.

Percentiles provide information about the distribution of medical office scores for the database. A specific percentile score shows the percentage of medical offices that scored at or below a particular score. For example, the 75th percentile represents the percent positive score where 75% of the medical offices scored the same or lower. The 90th percentile represents the percent positive score where 90% of the medical offices scored the same or lower. If your facility scores fall in a high percentile, it means your facility is scoring better than most database medical offices. Table 3-1 shows examples of two facilities scoring above the 75th and 90th percentiles.

Table 3-1. Sample Percentile Statistics

Survey Item	Average % Positive	SD	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
Item 1	36%	12.26	8%	10%	25%	35%	49%	62%	96%

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

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

If your medical office's score is 55% positive, it falls above the 75th percentile (but below the 90th), meaning that your medical office scored higher than at least 75% of the medical offices in the database.

If your medical offices score is 65% positive, it falls above the 90th percentile, meaning your medical office scored higher than at least 90% of the medical offices in the database.

Table 3-2. Composite Measure Percentiles

Value and Efficiency Composite Measures	Average % Positive	SD	Composite Measure % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
1. Efficiency and Waste Reduction	75%	14.06%	23%	57%	68%	77%	83%	93%	100%
2. Owner, Managing Partner, Leadership Support for Improving Efficiency and Reducing Waste	62%	17.87%	16%	40%	49%	64%	75%	82%	96%
3. Empowerment To Improve Efficiency	59%	15.66%	17%	40%	47%	61%	68%	77%	87%
4. Patient Centeredness and Efficiency	55%	18.82%	19%	34%	42%	53%	67%	79%	100%
Composite Measure Average	63%	13.49%	25%	45%	56%	64%	72%	76%	89%

Note: Each composite measure score is the average of the unrounded composite measure scores for all medical offices in the database. The Composite Measure Average is the average of the four unrounded composite measure scores for each medical office in the database. The standard deviation (SD) measures the spread or variability of medical office scores around the average.

Table 3-3. Item Percentiles (Page 1 of 2)

Survey Items by Value and Efficiency Composite Measure	Average % Positive	SD	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
1. Efficiency and Waste Reduction			% Always/Most of the time						
We try to find ways to reduce waste (such as wasted time, materials, steps, etc.) in how we do our work. (Item B1)	69%	15.26%	19%	50%	57%	72%	81%	88%	100%
In our office, we are working to improve patient flow. (Item B2)	81%	18.29%	20%	56%	72%	84%	100%	100%	100%
We focus on eliminating unnecessary tests and procedures for patients. (Item B3)	74%	18.66%	19%	50%	67%	75%	88%	100%	100%
2. Owner, Managing Partner, Leadership Support for Improving Efficiency and Reducing Waste			% Strongly Agree/Agree						
Recognize us for our ideas to improve efficiency. (Item D1)	50%	21.30%	0%	25%	31%	50%	67%	75%	100%
Provide us with reports on our office performance. (Item D2)	67%	21.65%	13%	33%	55%	67%	83%	100%	100%
Take action to address workflow problems that are brought to their attention. (Item D3)	63%	22.32%	0%	37%	50%	67%	80%	89%	100%
Place a high priority on doing work efficiently without compromising patient care. (Item D4)	67%	20.14%	13%	42%	56%	67%	80%	90%	100%

Note: The item's survey location is shown in parentheses after the item text. The standard deviation (SD) measures the spread or variability of medical office scores around the average. Owner, Managing Partner, Leadership Support for Improving Efficiency and Reducing Waste results only include those respondents who answered "No" to being an owner, a managing partner, or in a leadership position with responsibility for making financial decisions in the medical office.

Table 3-3. Item Percentiles (Page 2 of 2)

Survey Items by Value and Efficiency Composite Measure	Average % Positive	SD	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
3. Empowerment To Improve Efficiency			% Strongly Agree/Agree						
We are encouraged to come up with ideas for more efficient ways to do our work. (Item A1)	68%	18.34%	25%	40%	59%	68%	81%	89%	100%
We are involved in making decisions about changes to our work processes. (Item A2)	51%	19.49%	0%	25%	41%	52%	60%	80%	100%
We are given opportunities to try out solutions to workflow problems. (Item A3)	56%	17.59%	0%	34%	46%	55%	68%	80%	86%
4. Patient Centeredness and Efficiency			% Strongly Agree/Agree						
We take steps to reduce patient wait time. (Item C1)	74%	21.44%	31%	44%	57%	75%	100%	100%	100%
We ask for patient or family member input on ways to make patient visits more efficient. (Item C2)	50%	23.50%	0%	17%	33%	50%	67%	75%	100%
Patient and family member preferences have led to changes in our workflow. (Item C3)	41%	24.23%	0%	13%	24%	38%	63%	71%	100%

Note: The item's survey location is shown in parentheses after the item text. The standard deviation (SD) measures the spread or variability of medical office scores around the average.

Table 3-4. Item Percentiles For Experience With Activities To Improve Efficiency

Experience With Activities To Improve Efficiency	Average % Positive	SD	Survey Item % Positive Response						
			Min	10th %ile	25th %ile	Median/ 50th %ile	75th %ile	90th %ile	Max
In the past 12 MONTHS, have you done the following activities to improve efficiency, add value, or reduce waste in your medical office?						% Yes			
I received training on how to identify waste and inefficiencies in my work. (Item E1)	47%	17.34%	0%	25%	35%	44%	61%	71%	89%
I helped to map a workflow process to identify wasted time, materials, steps in a process, etc. (Item E2)	28%	15.95%	0%	6%	16%	26%	40%	45%	67%
I shadowed/followed patients in this office to identify ways to improve their care experience. (Item E3)	23%	17.09%	0%	0%	13%	20%	33%	45%	89%
I looked at visual displays or graphs to see how well my office was performing. (Item E4)	41%	21.89%	0%	11%	24%	40%	58%	67%	83%
I made a suggestion to management about improving an inefficient work process. (Item E5)	59%	19.06%	17%	33%	47%	61%	71%	83%	100%
I made a suggestion to management about improving patients' care experiences. (Item E6)	49%	18.61%	0%	25%	37%	50%	63%	75%	83%
I served on a team or committee to make a work process more efficient. (Item E7)	26%	18.88%	0%	0%	14%	23%	35%	50%	80%
I monitored data to figure out how well an activity to improve efficiency was working. (Item E8)	21%	14.83%	0%	0%	11%	18%	28%	42%	57%

Note: The item's survey location is shown in parentheses after the item text. The standard deviation (SD) measures the spread or variability of medical office scores around the average.

4 What's Next? Action Planning for Improvement

The AHRQ SOPS Surveys are important sources of information for healthcare organizations striving to improve patient safety. However, administering a SOPS survey is not the end of the improvement process. It is important to develop and implement action plans that use survey results for improvement.

SOPS Action Planning Tool

The Action Planning Tool for the AHRQ Surveys on Patient Safety Culture is intended for use after administering the survey items and analyzing the results. The *Action Planning Tool* offers guidance to help you develop an action plan for your facility. You can use the Action Plan Template at the end of the tool to document your answers to the key questions below.

1. **Identifying Areas To Improve:**
    a. What areas do you want to focus on for improvement?
    b. What are your "SMART" (Specific, Measurable, Achievable, Relevant, Time-Bound) goals?
2. **Planning Your Improvement Initiative:**
    a. What initiative will you implement?
    b. What resources will you need?
    c. What are possible barriers and how can you overcome them?
    d. How will you measure progress and success?
    e. Will you pilot test the initiative?
    f. What is the timeline?
3. **Communicating Your Action Plan:**
    a. How will you share your action plan?
    b. How will you provide progress updates on your action plan?

Improvement for AHRQ Value and Efficiency Supplemental Items Users

Improving Value and Efficiency in Hospitals and Medical Offices: A Resource List for Users of the AHRQ Value and Efficiency Supplemental Items contains references to websites and other practical resources medical offices can use to improve value and efficiency. The resource list is not exhaustive but provides initial guidance to medical offices looking for information about improvement initiatives.

Explanation of Calculations and Data Limitations

This chapter provides additional detail regarding how various statistics presented in this report were calculated. Note that all statistics presented are unweighted.

Calculation of Percent Positive Scores

Most of the survey items in the SOPS Value and Efficiency Supplemental Items for Medical Offices ask respondents to answer using 5-point response options in terms of agreement (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree) or frequency (Always, Most of the time, Sometimes, Rarely, Never). Excluding survey items within Experience With Activities To Improve Efficiency, items also contain a "Does Not Apply or Don't Know" response option that is not included in the calculation of percent positive scores.

Item Percent Positive Response

The percent positive response for most items is the combined percentage of respondents within a medical office who answered "Strongly Agree" or "Agree," or "Always" or "Most of the time," depending on the response options used for the item.

For the Experience With Activities To Improve Efficiency items, the percent positive response is the percentage of respondents within a medical office who answered "Yes."

Composite Measure Percent Positive Response

The four SOPS Value and Efficiency Supplemental for Medical Offices composite measures are each composed of three or four survey items. Composite measure scores were calculated for each medical office by averaging the unrounded percent positive response on the items within a composite measure.

If a medical office had data for at least 50% of the items within a composite measure, the site would still receive a composite measure score. For example, for a three-item composite measure, the number of item scores needed to calculate the composite measure score is two items. For a four-item composite measure, the number of item scores needed to calculate the composite measure score is two items. For an item score to be calculated, there must be at least three respondents for the item.

Table 4 shows an example of computing a composite measure score for *Empowerment To Improve Efficiency* for a single medical office. This composite measure has three items.

Table 4. Example of Computing Item and Composite Measure Percent Positive Scores

Empowerment To Improve Efficiency Composite Measure	Calculation of Percent Positive		
	Number of "Strongly Agree" and "Agree" Responses	Total Number of Responses to the Item (Excluding "Does Not Apply or Don't Know" and Missing)	Item Percent Positive Response
"We are encouraged to come up with ideas for more efficient ways to do our work." (Item A1)	110	240	110/240= **45.8%**
"We are involved in making decisions about changes to our work processes." (Item A2)	142	250	142/250= **56.8%**
"We are given opportunities to try out solutions to workflow problems." (Item A3)	125	260	125/260= **48.1%**
Composite Measure Percent Positive Score = (45.8% + 56.8% + 48.1%) / 3 = **50.2%**			

This example includes three items, with percent positive response scores of 45.8%, 56.8%, and 48.1%. Averaging these three items' percent positive scores results in a composite measure percent positive score of 50.2%, rounded to 50% for the *Empowerment To Improve Efficiency* composite measure.

Database Item and Composite Measure Percent Positive Scores

The database average percent positive scores were calculated by averaging the unrounded medical office-level percent positive scores of all medical offices with at least three respondents. For the appendixes, average percent positive scores were calculated by averaging the unrounded medical office-level percent positive scores of all medical offices for each facility characteristic (Appendix A) and for each respondent characteristic (Appendix B).

Reporting the average percent positive scores at the medical office level ensures that each medical office's scores receive equal weight, regardless of the medical office's size. We do not report the percentage of positive responses at the individual level, as this approach would give greater weight to medical offices with greater numbers of staff. Reporting the data at the medical office level, rather than the individual level, is important because culture is considered a group characteristic, not an individual characteristic.

Thresholds for Reporting Percent Positive Scores

For the main report and Appendix A, item percent positive scores were calculated only for medical offices with at least three respondents to a given item. If fewer than three respondents answered the item, the medical office's score was set to missing and excluded from the

benchmark. In Appendix A, item scores were not shown if fewer than 10 medical offices met the three-respondent threshold for that item.

For Appendix B, the requirements for item percent positive scores differed to retain more data. Item percent positive scores were calculated for medical offices with at least one respondent per respondent characteristic (e.g., physician), recognizing that many medical offices may only have a single respondent in that category. Item scores were not shown if fewer than 10 medical offices had at least one respondent to the item. As a result, a medical office's item average percent positive score may reflect the response of one individual.

Standard Deviation

The standard deviation is a measure of the spread or variability of medical office scores around the average. A low standard deviation indicates that most of the scores are close to the average, while a high standard deviation indicates greater variability around the average.

Margin of Error

The margin of error provided in the appendixes is an estimate of uncertainty around the percent positive score estimates based on the sample data. For example, if the sample percent positive score is 80%, and the margin of error is ± 2%, we can be 95% confident that the true population percent positive score lies within the interval of 78% to 82% (80% ± 2%). A smaller margin of error means greater precision in the estimate, while a larger margin of error indicates more uncertainty in the estimate. When comparing two percent positive score estimates in the appendixes, consider their respective margins of error. If the ranges defined by their confidence intervals (score ± margin of error) overlap, the two percent positive scores are less likely to be significantly different.

Minimum and Maximum Scores

The minimum (lowest) and maximum (highest) percent positive scores are presented for each composite measure and item. When comparing your data with the minimum and maximum scores, keep in mind that these scores may represent medical offices that are extreme outliers (indicated by large differences between the minimum score and the 10th percentile score, or between the 90th percentile score and the maximum score).

Percentiles

Percentile scores represent the percentage of medical offices that scored at or below the percent positive score for a particular item or composite measure. For example, the 50th percentile, also known as the median, is the middle value that divides the lower half from the upper half, so that 50% of the medical offices fall below that percent positive score, and 50% fall above it. Percentiles range from 0 to 100. Interpret the percentile scores as shown in Table 5.

Table 5. Interpretation of Percentile Scores

Percentile Score	Interpretation
10th percentile Represents the lowest scoring medical offices.	10% of the medical offices scored the same or lower. 90% of the medical offices scored higher.
25th percentile Represents lower scoring medical offices.	25% of the medical offices scored the same or lower. 75% of the medical offices scored higher.
50th percentile (or median) Represents the middle of the distribution of medical offices.	50% of the medical offices scored the same or lower. 50% of the medical offices scored higher.
75th percentile Represents higher scoring medical offices.	75% of the medical offices scored the same or lower. 25% of the medical offices scored higher.
90th percentile Represents the highest scoring medical offices.	90% of the medical offices scored the same or lower. 10% of the medical offices scored higher.

Statistically "Significant" Differences Between Scores

You might be interested in determining the statistical significance of differences between your scores and the database scores, or between database scores in various categories (e.g., number of providers per week or geographic region). Statistical significance is greatly influenced by sample size; as the number of observations in comparison groups increases, small differences in scores become statistically significant. While a 1 percentage point difference between percent positive scores might be "statistically" significant (that is, not due to chance), such a small difference of 1 percentage point is not likely to be meaningful or "practically" significant.

Keep in mind that statistically significant differences are not always important, and nonsignificant differences are not always trivial. The average, standard deviation, margin of error, range, and percentile information are provided so that you can compare your data with the database in different ways.

Data Limitations

When comparing your medical office's results with the results in this document, keep in mind that these results are from a small number of medical offices that were not derived from a statistically representative sample of U.S. medical offices.