# Frequently Asked Questions
## Organizational Assessment Tool (OAT)
*(Adapted from National Content Developer – January 18, 2012)*

1. **What is the Organizational Assessment Tool (OAT)?**
   The OAT is a comprehensive evidenced-based tool to identify areas for quality improvement to help achieve the 40/20 by 13 goals of the Partnership for Patients (PfP) initiative. The GA HEN hopes to use results from the OAT to identify hospitals that appear to exemplify current evidence-based best practices and to find potential speakers for local and even national education as part of the PfP.

   The OAT consists of 122 markers organized by ten "Areas of Focus" that cover important aspects of care regarding the nine Hospital Acquired Conditions (HACs) and preventable readmissions. The areas of focus are: safety culture, leadership, measurement, medication, purchasing practice, procedural, risk management, nursing practice, communication, and infection control.

   A single OAT is to be completed for each hospital. The OAT was NOT designed to be administered to multiple staff, but multiple staff may need to provide information to complete OAT.

2. **How was the OAT developed?**
   Using publicly available evidence, markers/items were developed to capture the highest standard of care known to mitigate patient harm. The initial set of markers went through successive iterations based on feedback from clinical, patient safety, risk management, and quality improvement experts. The OAT was pilot tested and revised based on pilot-test data and interviews with hospital staff who completed the instrument.

3. **How can the OAT help the hospital and the GA HEN?**
   Data collected using the OAT can help:

   - Better understand strengths and weaknesses of hospitals across the ten Areas of Focus, HACs, and preventable hospital readmissions;
   - Establish a baseline level of performance for each hospital;
   - Develop plans for mitigating HACs and preventable readmissions; and
   - Track hospital's progress.

4. **How does the hospital administer the OAT?**
   For each hospital, the Quality contact is asked to be responsible for completing the OAT. You may need to consult with other staff (e.g. Director of Surgery, Director of Purchasing, Director of Risk Management, or Director of Patient Care) to gather the information necessary to complete different sections of the OAT.

5. **How long does it take a hospital to complete the OAT?**
   National pilot test results suggest that the OAT requires 30 minutes to 6 hours depending on the number of additional staff that need to be contacted. The longer time has not been demonstrated by the Georgia individuals we asked to pilot.

6. **How is data collected?**
   An online version of the OAT is available. A unique ID allows the respondent to log into the online tool at different times to incrementally complete it. Additional, detailed instructions for use of the online version of the OAT will be provided at a later date. Hospitals that prefer a paper-based version of the OAT should contact Michelle Sprouse at msprouse@gha.org.

7.  **Who will have access to the OAT data?**
    OAT data from hospitals that complete the online version of the OAT will be stored on secure web portal owned by Snap Surveys[1]. HENs will receive the data for their hospital partners. Only NCD and HENs will be able to identify the hospital that completes the OAT, not CMS.

    The NCD will report to CMS the de-identified, aggregated OAT data. In addition to CMS using the de-identified aggregate OAT data to track national trends, the CMS PfP team will use national rates for education. One example might be using the percent that are able to track labs in real time with exclusions from other systems to discuss how various Electronic Health Record vendors can make back-end data more assessable and help shape the agenda for enabling future capabilities. Another example would be sharing of data on purchasing practices with purchasing organizations to encourage a greater focus on reducing the burden on front line staff. A final example would be to share purchasing departments' best practices to improve care. No data collected through the OAT will be publicly reported.

8.  **How is the OAT scored?**
    The scoring key for the OAT is as follows:

    -   Simple YES/NO response set (5 points for YES; 0 for NO)
    -   YES/NO with additional responses (5 points for YES; 0 for NO; others as indicated)
    -   'Check all that apply' lists (1 point for each checked response)
    -   Likert scale (number of points = scale response)
    -   Other Specify responses (not scored)

    Depending on participation rates, the NCD intends to make normative data available for the OAT in the future.

9.  **Who do I contact for help in completing the OAT?**
    Contact Michelle Sprouse at msprouse@gha.org.

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[1] Snap WebHost server uses high-grade encryption (RC4 128 bit) on Internet connections and all data uploads and downloads are carried out using SSL (https). All direct communication with Snap WebHost core service is carried out using SSL (https). Communication with respondents on the Snap hosted system is via SSL (https).