

Sample Reports for OroTM 2.0

Organization Maturity Levels at a Glance:

This report, viewable by both Oro™ 2.0 Administrators and Team Members, shows the Individual's Assessment responses translated into one of four maturity levels by each of the 14 Components.

Oro™ 2.0 Assessment Results: Organization Maturity Levels at a Glance
Test Assessment

Mock Test-General Hospital
HCO ID: XXXXXX

Completed Date: 11/28/2015



Domain	Leadership						Safety Culture					Performance Improvement		
	Board	CEO/management	Physicians	Quality strategy	Quality measures	Information technology	Trust	Accountability	Identifying unsafe conditions	Strengthening systems	Assessment	Methods	Training	Spread
P1														
P2														
P3														
P4														
P5														
P6														
P7														

Results with Maturity Level Descriptions:

This report is also viewable by **Team Members** (for their own results and the Consensus Assessment) and **Oro™ 2.0 Administrators** (for all Individual participants and the Consensus Assessment). In this view the maturity levels for each component are indicated by color laid over that maturity level's description.

Oro™ 2.0 Assessment Results: Results with Maturity Level Descriptions

Mock Test-General Hospital

Test Assessment

HCO ID: XXXXXX

Results for don.smith@abchospital.org

All levels of maturity in the High Reliability Maturity Model, by component, are described in this report. The highlighted areas reflect the maturity level based on your individual responses to the Assessment questions.

Beginning	Developing	Advancing	Approaching
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Leadership	Beginning	Developing	Advancing	Approaching
Board	Board quality focus is nearly exclusively on regulatory compliance	Full Board's involvement in quality limited to hearing reports from its quality committee	Full board engaged in development of quality goals and approval of quality plan; regularly reviews adverse events and progress on quality goals	Board commits to goal of high reliability for all clinical services
CEO/management	CEO/management quality focus is nearly exclusively on regulatory compliance	CEO acknowledges need for plan to improve quality; delegates development and implementation of plan to subordinate	CEO leads development and implementation of proactive quality agenda	Management aims for zero failure rates for all vital clinical processes; some demonstrate zero or near-zero failure rates
Physicians	Physicians rarely lead quality improvement activities; overall physician participation in these activities is low	Physicians champion some quality improvement activities; physician participation in these activities occurs in some areas but is not widespread	Physicians often lead quality improvement activities; physician participation in these activities occurs in most areas, but we still have some important gaps	Physicians routinely lead clinical quality improvement activities and accept leadership of other appropriate clinicians; physician participation in these activities is uniform throughout the organization
Quality strategy	Quality is not identified as central strategic imperative	Quality is one of many competing strategic priorities	Quality is one of our organization's top 3 or 4 strategic priorities	Quality is the highest priority strategic goal of the organization
Quality measures	Quality measures not prominently displayed or reported internally or publicly; only measures used are those required by outside entities; not part of reward systems	Few quality measures reported internally; few or none reported publicly; not part of reward systems	Routine internal reporting of quality measures begins; first measures reported publicly; first quality metrics introduced into staff reward systems	Key quality measures are routinely displayed internally and reported publicly; reward systems for staff prominently reflect accomplishment of quality goals
Information technology	Provides little or no support for quality improvement	Supports some improvement activities, but principles of safe adoption not often adhered to	IT solutions support many quality initiatives; organization commits to principles and practice of safe adoption	Safely adopted IT solutions are integral to sustaining improved quality

Assessment Responses:

This report shows the questions that each participant responded to as well as the multiple choice options for each question. The participant's answer is indicated.

Oro™ 2.0 Assessment Results: Assessment Responses

Mock Test-General Hospital

Test Assessment

HCO ID:XXXXXX

Report for Don Smith

Completion Date: 08/21/2015

1. How would you describe your organization's overall approach to quality and patient safety? (choose one)
 - a) Our programs are designed primarily to comply with the requirements of outside entities (e.g., CMS, Joint Commission, state government).
 - b) Our programs are currently designed primarily to address regulatory requirements, but we are beginning to set our own goals.
 - c) Our programs address regulatory requirements and are also designed to achieve goals that are set by our own organization.
2. Which of the following statements best describes the role your Board plays in your organization's quality and safety programs? (choose one)
 - a) The full Board has delegated oversight of quality to a committee, hears regular reports from that committee, but does not participate in the development or review of the organization's quality plan.
 - b) The full Board approves a quality plan that is developed by management but rarely influences the content of that plan.
 - c) The full Board actively participates in the development of the organization's plan to improve quality by helping to decide on goals or targets for specific quality initiatives.
3. Does management report regularly and does the Board discuss progress toward your organization's achievement of Board-approved goals for quality initiatives?
 - a) Yes
 - b) No
 - c) Don't know