

**Ambulatory Surgical Center
Patient Safety Culture Survey Data Entry Guide
and
Data File Specifications**

ASC Patient Safety Culture Survey Data Entry Guide and Data File Specifications

These specifications are for preparing your respondent-level data from the Patient Safety Culture Survey for Ambulatory Surgical Centers, AHCA Form 3130-8017, October 2022. The instructions and data file specifications provide guidance as to how to conduct the survey and prepare your CSV data file for submission to AHCA's Patient Safety Culture Survey (PSCS) System.

This survey is intended to be taken **anonymously**. Respondents will not be linked to individual survey responses by any specific identifier to encourage candidness. Instead, a unique ID must be assigned to each individual survey response, e.g. 001,002,003.

PROCEDURE:

Step 1: Decide whether the survey will be administered by facility personnel or a contracted vendor, or a combination of the two.

Step 2: Decide whether an electronic survey or paper survey will be administered. AHCA Form 3130-8017, October 2022 is available at <https://ahca.myflorida.com/schs/commiteescouncils/indexpscs.shtml>.

For electronic surveys:

Vendors may also design or utilize a program to handle some or all of your data collection, analysis, and report preparation.

For paper surveys:

Paper surveys may be disturbed through the facility's internal mail system or by the designated point of contact (POC). They may also be returned through the internal mail system or drop-boxes.

Step 3: Administering the survey in its entirety without modifying or deleting items.

Step 4: The designated personnel or POC must complete successful registration into the PSCS System prior to submission of the facility's final survey data CSV file.

Step 5: Submit survey response data to the PSCS System using the PSCS Data Entry Tool for ASCs, available at: <https://ahca.myflorida.com/schs/commiteescouncils/indexpscs.shtml>.

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Record Identifier	Variable Name	Response Values
Site ID	SITEID	If you are submitting data for multiple ASCs, then each site should have a unique Site ID. If you have data for only one ASC, then its Site ID can be 1.
Individual Unique Record ID	UNIQUEID	Each individual record in the dataset should have a unique ID, (e.g., 001, 002, 003)

SECTION A: Working in This Facility

Survey Question	Variable Name	Response Values
1. Important patient care information is clearly communicated across areas in this facility	A1	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
2. We feel comfortable asking questions when something doesn't seem right	A2	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
3. We have enough staff to handle the workload	A3	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
4. When we see someone with more authority doing something unsafe for patients, we speak up	A4	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing

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Survey Question	Variable Name	Response Values
5. Key information about patients is missing when it is needed	A5	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
6. Our ideas and suggestions are valued in this facility	A6	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
7. We share key information about patients as soon as it becomes available	A7	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
8. There is enough time between procedures to properly prepare for the next one	A8	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
9. Within this facility, we do a good job communicating information that affects patient care	A9	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
10. We feel rushed when taking care of patients	A10	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing

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SECTION B: Teamwork and Training

Survey Question	Variable Name	Response Values
1. When someone in this facility gets really busy, others help out	B1	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
2. Staff who are new to this facility receive adequate orientation	B2	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
3. Staff feel pressured to do tasks they haven't been trained to do	B3	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
4. Doctors and staff clearly understand each other's roles and responsibilities	B4	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
5. We get the on-the-job training we need in this facility	B5	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
6. Our facility allows disrespectful behavior by those working here	B6	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing

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Survey Question	Variable Name	Response Values
7. Staff get the refresher training they need	B7	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
8. We work together as an effective team	B8	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing

SECTION C: Organizational Learning/Response to Mistakes

Survey Question	Variable Name	Response Values
1. This facility actively looks for ways to improve patient safety	C1	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
2. Staff are treated fairly when they make mistakes	C2	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
3. We make improvements when someone points out patient safety problems	C3	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing

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Survey Question	Variable Name	Response Values
4. Learning, rather than blame, is emphasized when mistakes are made	C4	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
5. Staff are told about patient safety problems that happen in this facility	C5	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing
6. We are good at changing processes to make sure the same patient safety problems don't happen again	C6	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing

SECTION D: Near-Miss Documentation

Survey Question	Variable Name	Response Values
1. When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?	D1	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing

SECTION E: Management Support for Patient Safety

Survey Question	Variable Name	Response Values
1. Managers encourage everyone to suggest ways to improve patient safety	E1	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing or properly skipped

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Survey Question	Variable Name	Response Values
2. Management examines near-miss events that could have harmed patients but did not		1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing or properly skipped
3. Management provides adequate resources to improve patient safety	E3	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree 9 = Does not apply or Don't know blank = Missing or properly skipped

SECTION F: Overall Rating

Survey Question	Variable Name	Response Values
1. Please give your facility an overall rating on patient safety.	F1	1 = Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent blank = Missing

SECTION G: Communication in the Surgery/Procedure Room

Survey Question	Variable Name	Response Values
A. Are you typically in the surgery/procedure room during surgeries, procedures, or treatments?	GA	1 = Yes 2 = No blank = Missing
1. Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done	G1	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing

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Survey Question	Variable Name	Response Values
2. Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns	G2	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing
3. Immediately after procedures, team members discussed any concerns for patient recovery	G3	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always 9 = Does not apply or Don't know blank = Missing

Care

Excluding privacy preferences and service limitations, what is the likelihood that you would seek care for yourself or for your family at this facility?

Very Unlikely	Unlikely	Somewhat Likely	Likely	Very Likely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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Section H: Background Questions

Survey Question	Variable Name	Response Values
1. What is your position in this facility? Check <u>ONE</u> category that best applies to your job.	H1	a = Anesthesiologist b = Doctor/Physician (excluding Anesthesiologists) or Surgeon c = Certified Registered Nurse Anesthetist (CRNA) d = Physician Assistant or Nurse Practitioner e = Management f = Nurse g = Technician h = Other Clinical Staff or Clinical Support Staff i = Administrative, Clerical, or Business Staff j = Other Position blank = Missing
TEXT FOR OTHER, SPECIFY		
2. Typically, how many hours per week do you work in this facility?	H2	a = 1 to 16 hours per week b = 17 to 31 hours per week c = 32 to 40 hours per week d = More than 40 hours per week blank = Missing
TEXT FOR YOUR COMMENTS		

INSTRUCTIONS:

Step 1: After the survey has been administered the data must be compiled on the PSCS Data Entry Tool for ASCs and exported into a CSV file.

The designated facility personnel or POC will have previously completed registration into the PSCS System located at:

<https://ahca.myflorida.com/schs/commiteescouncils/indexpscs.shtml>.

(Successful PSCS System registration may take up to 3 business days. If you have not received an approval email within 3 business days, please email: PSCS@ahca.myflorida.com)

Step 2: Upon successful registration into the PSCS system, the POC will receive a confirmation email. A link to submit the survey when they are ready to on behalf of the facility will be included in the email.

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Step 3: The designated facility personnel or POC will be prompted to select and upload the CSV file to the PSCS System.

NOTE: The PSCS System will only accept a CSV file type. Your facility survey submission may fail if:

- An incorrect, modified, or tool with missing columns has been used to create the CSV file.
- No responses have been compiled in the data entry tool.

Step 4: Upon final submission of the facility survey, the designated facility personnel or POC will receive email confirmation that the submission has been accepted into the PSCS System. (If you have not received a conformation email within 3 business days, please email: PSCS@ahca.myflorida.com.)

This guide was derived from the Agency for Healthcare Research and Quality's (AHRQ), Ambulatory Surgery Center Survey on Patient Safety Culture: User's Guide.

AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. The information helps health care decision makers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.

Smith S, Sorra J, Franklin M, et al. Ambulatory Surgery Center Survey on Patient Safety Culture: User's Guide. (Prepared by Westat, Rockville, MD, under Contract No. HHSA290201000025I.) Rockville, MD: Agency for Healthcare Research and Quality; July 2018. AHRQ Publication No. 18-0040-EF (Replaces 15-0019-EF).
<http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/index.html>