Hospital - Patient Safety Culture Survey Data Entry Tool

Instructions:
1 Copy survey data into the corresponding answer columns
2 Click the Export button and follow the steps to generate your facility's CSV file
3 Submit file to AHCA's PSCS System

ONLY ENTER DATA IN GREEN CELLS

SiteID	UniqueID	Staff Position	If Staff Position is "Other", please specify	Your Unit/Work Area	If Unit/Work Area is "Other", please specify	SECTION A															Comments	SECTION B			SECTION C							SECTION D			SECTION E	SECTION F						Background Questions				SECTION H		Comments
						A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14		B1	B2	B3	C1	C2	C3	C4	C5	C6	C7	D1	D2	D3	Patient Safety Rating	F1	F2	F3	F4	F5	F6	Tenure with Hospital	Tenure in Unit/Work Area	Hours Worked per Week	Direct Patient Contact	H1	H2	

AHCA Form 3130-8015A. October 2022   (Incorporated by reference in Rule 59A-35.115 F.A.C.)   Form available at: https://ahca.myflorida.com/schs/commiteescouncils/indexpscs.shtml

Results enter below this line will not calculate results - Use another sheet