

# Frequently Asked Questions (FAQ)

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Q. What is Patient Safety Culture?

A. Patient Safety Culture is defined as the collective beliefs, values, and norms shared by a health care organization or facility that support and promote patient safety.

Q. Why must my facility administer AHCA's Patient Safety Culture Survey?

A. This survey must be administered pursuant to [Section 395.1012\(4\), Florida Statutes, \(F.S.\)](#)

Q. If the facility is newly operational, is it required to report patient safety culture survey data in 2025?

A. A newly operational facility is required to report the survey data to the Agency by the first biennial reporting period deadline, following no less than 1 year of operation from the facility's initial licensure.

Q. When will the Patient Safety Surveys administrative rule be effective?

A. Rule [59A-35.115](#) became effective January 26, 2023.

Q. Where can I find instructions on how to submit the survey on behalf of my facility?

A. Instructions on how to submit the PSCS on behalf of a hospital can be found [here](#).

A. Instructions on how to submit the PSCS on behalf of ASC can be found [here](#).

Q. Is there a Spanish language version of the survey available?

A. There is not a Spanish language version of the survey at this time, as there is no provision in [Section 408.05\(3\)\(d\)\(1\), Fla. Stat.](#), that authorize having the survey provided in any additional language.

Q. Can we add custom or supplemental questions to the survey?

A. Any survey data generated from customized or supplemental questions added to the adopted survey forms will not be accepted by the Agency. The PSCS survey forms correspond specifically with the data entry tools and cannot be amended to accommodate facility specific questions. A facility may add additional questions at their discretion for reporting to AHRQ or for facility use but those results should not be submitted to AHCA.

Q. Are the facilities allowed to mail the survey results to the Agency?

A. No. Each facility must submit the survey results in accordance with administrative rule 59A-35.115, Patient Safety Surveys. The rule stipulates that survey results must be compiled using the data entry tool to export the results to the correct file format for submission to the PSCS System.

Q. Who will view the individual survey responses?

A. The survey responses are anonymous. The designated facility personnel or facility contracted vendor, and the Agency's PSCS Team will have access to the anonymous survey results.

Q. Why is the survey considered anonymous instead of confidential?

A. The survey is considered anonymous as opposed to confidential because the survey respondent's name does not appear on or is solicited by the survey instrument. The term "anonymous" best applies.

Q. Which survey should ASCs within a hospital and **without** a separate license administer?

A. An ASC without a separate license is considered part of the hospital and should administer the **hospital survey**. (*\*We will notate these instances in the Agency's published report.*)

Q. During which calendar year must a facility conduct the **initial** PSCS survey?

A. The survey may be conducted at any time leading up to the 2025 reporting period. It is up to the facility's discretion. The surveying facilities **must** have the final survey data submitted to the Agency no later than **August 31, 2025**.

Q. When is the **first** PSCS reporting period for my facility?

A. The first reporting period is **June 1, 2025 - August 31, 2025**; two years from the effective date of rule [59A-35.115](#), Patient Safety Surveys.

Q. Is there a specific list of vendors that a facility is required to contract with to administer the survey?

A. No. Neither the law nor rule specifies the vendors that can be used.

Q. When will I be able to register my facility into the Agency's PSCS System?

A. Registration into the PSCS System will be made available in **January 2025**. The facility designee or contracted entity will be emailed the PSCS System registration link.

Q. What if my facility fails to submit a designee or designated person of contact from a contracted entity?

A. Failure to submit a facility designee or a person of contact from a contracted entity will result in the default designation of the facility CEO as the party responsible for submitting the Patient Safety Culture Survey data to the Agency.

Q. Will my facility receive reminders prior to the PSCS reporting period?

A. Each facility will receive email notifications that will serve as reminders of the PSCS requirements and provide procedural guidance leading up to the 2025 reporting period.

**2024 PSCS Notification will be sent the week of**

- February 1, 2024
- May 28, 2024
- September 30, 2024
- December 20, 2024

Q. Can my facility report the survey data to the Agency earlier to the 2025 reporting period?

- A. No. Each facility may conduct the survey at any time leading up to the 2025 reporting period but **may not** report the survey data to the Agency no sooner than **June 1, 2025**, and no later than **August 31<sup>st</sup>, 2025**.

Q. What will AHCA do with the reported data and where will it be published?

- A. The Agency will compile each facility's survey data and publish a report in accordance with [section 408.05\(3\)\(d\)3., F.S.](#), which will encourage each facility to assess the status of patient safety culture, identify strengths and areas of needed improvement, and evaluate the impact of implementing patient safety initiatives and interventions in an effort to increase positive health outcomes. That report when available will be published [here](#).

Q. When will the survey data report be published and for how long will that report be displayed?

- A. The data report for each reporting year will be published no sooner than 6 months, and no later than 9 months after the reporting deadline. Each published report will be displayed until the next biennial report's publishing date.

Q. What is the response rate and how does my facility calculate it?

- A. The following calculation method will be used to determine each facility's response rate. Each designee shall provide the count of the requested numbers and report them to the Agency when prompted. The calculation method is based on the Agency for Healthcare Research and Quality's (AHRQ) model is as follows:

➤ **Response Rate =  $\frac{\text{Number of returned surveys} - *Incompletes}{\text{Number of staff who received a survey}}$**

*\*Incomplete surveys, as defined by AHRQ, are surveys:*

- *Returned completely blank*
- *Have "Does not apply/Does not know" marked for all responses*
- *Only have background questions answered*
- *Contains the same answer for all the questions*

Q. What happens if a facility fails to submit the survey data in a timely manner or at all to the Agency?

- A. The submission of all data necessary to carry out the Agency's legislative duties is required by all Florida health care facilities in accordance with [408.061\(1\)\(a\) F.S.](#), that data includes patient safety culture surveys. A facility will be determined non-compliant with the Agency's legislative data collection directives for failing to submit the Patient Safety Culture Surveys in a timely manner or at all.