

November 18, 2022

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Florida Center for Health Information and Transparency Division of
Health Quality Assurance
Agency for Health Care Administration (AHCA)
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Email: Meredith.Hayes@ahca.myflorida.com

RE: FHA Comments on Rulemaking 59A-35.115, Patient Safety Surveys

Dear Ms. Hayes,

On behalf of our 200-member hospitals and health systems, we appreciate the opportunity to provide comments on the proposed rule, 59A-35.115, Patient Safety Surveys.

We want to thank the Agency for taking such a deliberate and thoughtful approach to developing this rule and the supporting tools for complying with the new statutory requirement to conduct patient safety culture surveys every two years and report those results to the Agency for eventual public reporting. Florida is the first state to mandate public reporting of patient safety survey data. We appreciate the various iterations of the rule and documentation which reflect the Agency's commitment to ensuring clarity and consistency with the legislative intent, which directed the Agency to use the culture of safety survey tools developed by the Agency for Healthcare Research and Quality (AHRQ). In reviewing the proposed rule, we noted the Agency adopted many of our previous comments and recommendations on the proposed rules. However, there are still several areas of concerns in the rule published in October as we stated in the Proposed Rule Hearing on November 17, 2022. These concerns are:

1. The **definition of staff** lacks clarity and specificity. Specifically, the rule states "for the purposes of this rule, all persons who work in the facility are considered staff members". AHRQ recommends those being surveyed should have enough knowledge about the hospital and operations to provide informed answers to the survey items. AHRQ also notes the survey can be completed by all types of

hospital staff, including hospital-based physicians or physicians in outpatient settings with hospital privileges. We recommend the Agency be more precise in who should be surveyed to reduce confusion and ensure comparability.

2. The proposed rule requires hospital staff to complete AHCA Form 3130-8015, October 2022. We have **several concerns about the survey form**:
 - a. The legislatively mandated questions are listed after the background questions on the AHCA survey form. AHRQ specifically states in the user guide, “If your hospital wants to add items to the survey, such as any of the AHRQ Supplemental Items for Hospital SOPS or other custom items, add these immediately before the background items”. **We recommend that the Agency follow the AHRQ guidance and move these questions to before the background questions.**
 - b. AHRQ does offer technical assistance to review surveys before they are administered to ensure that it is consistent with the trademarked SOPS surveys. We strongly recommend the Agency, if not yet done, seek AHRQ’s review of the survey form and, as noted in our comment letters November 16, 2020, November 19, 2021, and August 5, 2022, request the wording of the additional questions mandated by the legislature to be validated and reviewed before use by AHRQ or their contractor Westat. **We strongly encourage AHCA, if not done so, to test these Florida-specific care questions before finalizing the rule and the survey tool.**
 - c. Given the number of hospital staff with English as a second language, we recommend the Agency develop a Spanish version of the survey. AHRQ does provide a Spanish version where they have tested the translation of the SOPS questions. The Agency could use the AHRQ translation for the AHRQ questions but would need to get a translation for the additional legislatively mandated questions.

3. There are several issues with the data entry tool, AHCA Form 3130-8015A, October 2022.
 - a. The data entry tool requires the submission of individual responses including any comments submitted. We strongly oppose the submission of comments reported on the individual surveys. This conflicts with AHRQ guidance and potentially could have legal implications. In the **AHRQ Hospital Survey on Patient Safety Culture Version 2.0 User Guide**, they note comments can be used to obtain direct quotes for feedback purposes but cautions they should be carefully reviewed and deidentified to ensure they do not contain information that can be used to identify who wrote the comments or individuals referred to in the comments. In other

words, the comments could contain Protected Health Information (PHI) or Personal Identifying Information (PII). **We strongly recommend the data entry tool is modified where it does not collect “comments”.**

- b.** The data entry tool also requests details for “other” as listed in questions 1 and 2. However, the AHCA Hospital Patient Safety Culture Survey Data Entry Guide and Data File Specifications manual notes, text for “other” for questions 1 and 2 should not be submitted to the database. AHRQ specifically dates that “other-please specify” data should not be reported to the database. We do not see how that data could be used or compiled and could include PII. **The columns for “other” after questions 1 and 2 should be removed from the data entry tool.**
4. Chapter 395.1012 (4) requires licensed facilities to submit the survey data to the Agency in a format specified by rule, which must include the survey participation rate. We could not find reporting instructions or where in the data submission tool the participation rate should be reported. For reporting the participation rate, we recommend the Agency use the AHRQ formula for calculating participation rate, which the number of surveys returned minus incompletes, divided by the number of eligible providers and staff who received a survey.

Finally, we want to reiterate our recommendation for the Agency to create a workgroup to develop recommendations for public reporting the data, including materials on how to interpret the data and use it in care decisions.

Thank you for the opportunity to provide input on the proposed rule. If you have any questions, please contact me at 850-222-9800.

Sincerely,



Kim Streit, MBA, MHS, FACHE
Senior Vice President