

**INDIANA HOSPITAL ASSOCIATION  
PATIENT SAFETY CULTURE SURVEY  
2.0 TOOLKIT**



**Indiana  
Hospital  
Association**

## **Process for Administering AHRQ Patient Safety Culture Surveys**

To support a culture of patient safety and quality improvement, the Indiana Patient Safety Center of the Indiana Hospital Association (IHA) offers the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Culture Surveys free to all IHA members. This toolkit will provide the necessary information and forms needed to complete the survey process.

### **Introduction and Background**

IHA has offered the AHRQ Hospital Patient Safety Culture survey since 2008. The questions are designed to survey staff members who are clinical based but can also include those who work in a healthcare setting that are not clinical. Each organization can choose which members of their healthcare team they would like to offer the survey to.

Following survey completion, your organization can choose to have your survey data submitted to the AHRQ comparative databases central repositories for each type of survey offered. The databases serve as important resources for organizations wishing to compare their patient safety culture survey results to national comparisons and benchmarks.

### **Survey Steps**

1. Submit contracts/agreements
2. Submit Campaign Request/Plan
3. Survey created by IHA
4. Link sent to the organization administrator by IHA
5. Administration of survey by organization
6. Survey closed/analyzed by IHA
7. Results shared with organization by IHA
8. Results disseminated by organization to teams

## **Data Submission to AHRQ**

### **1.Data Contracts/Agreements**

There are three agreements an organization must sign and return before administering their survey:

- IHA Services Agreement
- Authorization to Release Data to AHRQ for survey analysis
- AHRQ Comparative Database Use Agreement

The IHA Services Agreement is required to be signed for any campaign. This agreement allows IHA to build your survey campaign and is renewable year after year with no additional signatures required for future campaigns. The Authorization to Release Data to AHRQ is the agreement for IHA to submit your data to AHRQ for survey analysis. The third agreement is the AHRQ agreement allowing them to use your data for their database.

### **2.Campaign Requests/Plan**

Organizations must submit a Campaign Request to give IHA the information needed to set-up the survey. This provides IHA contact information, the survey's timeframe and needed demographic information that AHRQ requires when submitting data. Please make sure that you identify which type of survey you are requesting by marking the appropriate box for hospital or medical office survey. The campaign request/plan is included in this toolkit.

### **3.Creating the Survey**

IHA uses SurveyMonkey to administer the survey. The templates are already built into SurveyMonkey and are Certified AHRQ surveys. **NO** changes can be made for the questions in sections A-G for it to remain certified and be eligible for inclusion in the AHRQ database. Keeping the integrity of the survey intact meets payor regulations, such as those put forth from the Anthem Scorecard and the option to earn a "bonus point" for conducting a certified AHRQ culture survey. You do have the opportunity to add up to five questions after section G if you would like specific data collected for your organization. You can also choose the comment option to be included in your results. These can be very beneficial to help understand why staff have responded the way they did.

In 2019, the AHRQ Hospital 2.0 Culture of Safety Survey expanded staff and unit/work area demographics. With these enhancements, many staff positions are now added for the survey participants to adequately reflect their position, along with the area where they work, so no crosswalks should be needed. If these new options do not meet your needs for collecting valuable data, please reach out to us for some helpful tips.

Please remember that to receive department specific feedback, a department must have 5 or more respondents. No data will generate for that department if the minimum is not met.

AHRQ has now developed questions focused on Workplace Safety. You can now choose to add these questions to your survey, and it is suggested to include, as it is a good measurement of your workplace health. You can read more about these questions [here](#).

Please allow up to **2 weeks** for your survey to be built.

#### **4. Link**

After receipt of the signed Campaign Request, Authorization to Release Data, and IHA Services Agreement, the link to the survey will be sent to you for review. If there are no changes that need to be made, the link is ready for you to distribute in your survey launch.

In addition to the survey link, a QR code will also be sent so that you can offer it to your staff to take the survey via their cell phone. You will have the ability to print the QR code and post throughout your hospital and staff can simply hold the camera on their phone up to the code, which will then automatically take them to the survey site to complete. This option allows staff to take the survey wherever they choose and does not limit them to a hospital computer.

#### **5. Administering Your Survey**

A survey is usually run for a calendar month period, which allows an ample amount of time for those who work limited shifts, are on leave, ill, or on PTO, to complete the survey. If you choose to either not run the survey for a calendar month or want to extend or shorten the survey period, please notify the IHA survey administrator.

To have the best survey possible, determine who you would like to be included in the survey. The AHRQ survey was designed to be mainly clinically focused but can be given to all staff members in your organization. The new survey now includes the option of “Do Not Know/Not Applicable” so staff should choose this response if the question does not pertain to their work environment. If multiple questions are skipped, there is risk that the survey would not be counted in your final response numbers because there were not enough questions answered to include it.

Plan to build activities into your survey period that would encourage participation and celebrate the Culture of Safety in your organization. Simple gestures such as drawings for prizes or cookies or pizza for reaching participation goals can increase your response rates. IHA will update the organization contact with participation numbers on Friday of each week during the campaign.

**Please note:** The participation update given to you on each Friday reflects the total number of people who opened and responded to at least ONE question in the survey. When the survey is closed and moves to the analysis process, any survey that does not have an adequate number of questions answered will be removed from your end count, so your total after survey closing may reflect a different number than reported during the survey. Therefore, it is important to request that people mark “DNK/NA” instead of not responding at all to a question.

### **6. Closing the Survey/Analyzing**

The survey will close on the specified date. At this time, IHA will begin the analysis process of your survey results. IHA uses AHRQ analysis tools to calculate the survey results. Your results are composed of:

- Demographic information
- Composite level results and item level results
- Survey comments
- Your results compared to national benchmarks
- Results by position and tenure
- Year after comparison of results

### **7. Sending Results**

Results will be returned to the organization within **3 weeks** of closing date via secure messaging. The IHA Culture of Safety Lead will offer to review your results with your organization's survey administrator. Your comprehensive results are ready to be shared with your organization upon receipt. If you would like to have specific unit/department results, instructions will be provided to you which allows you to make your own reports.



### **8. Share the Results**

Plan to review department level results with your leaders so that improvement plans can be developed, and staff are acknowledged for their participation. IHA can provide support to you and your team to assist with strategies for performance improvement on areas that you identify for interventions.

## **Data Submission to AHRQ**

AHRQ has centralized databases that aggregate survey results into national comparisons. IHA uses the Hospital Comparative Database Report in our analysis of surveys to compare results to other U.S. hospitals. Your organization can choose to be included in this database, and if you do, with your signed permission, IHA will send your data to AHRQ following the data submission guidelines listed below. Further information regarding this can be found at:

<https://www.ahrq.gov/sops/databases/index.html>

SOPS Survey		2022	2023
	<a href="#">Ambulatory Surgery Center</a>	-	June 1-22
	<a href="#">Medical Office</a> <ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Safety Supplemental Item Set</a></li> <li>• <a href="#">Value and Efficiency Supplemental Item Set</a></li> </ul>	-	Sept. 1-22
	<a href="#">Hospital</a> <ul style="list-style-type: none"> <li>• <a href="#">Health IT Patient Safety Supplemental Item Set</a></li> <li>• <a href="#">Workplace Safety Supplemental Item Set</a></li> <li>• <a href="#">Value and Efficiency Supplemental Item Set</a></li> </ul>	June 1–July 22  (HSOPS 2.0 only)	
	<a href="#">Nursing Home</a>	Sept. 1–21	

**Resources:**

The SOPS program offers [resources](#) to assist survey users, including an Action Planning Tool, Data Entry and Analysis Tool, Improvement Resources, [SOPS Bibliography](#), and frequently asked questions.

Please contact us for any other questions not addressed in this toolkit.

## **Authorization to Release Data**

**Name of Facility/Facilities:**

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### **A Culture of Patient Safety Survey Participating Hospital:**

The Agency for Healthcare Research and Quality (AHRQ) has established a database to serve as a national repository for data collected using AHRQ's Hospital Survey on Patient Safety Culture and certain other health care-related surveys. This database is an important resource for hospitals to compare their patient safety culture survey results with those of similar hospitals. Hospitals will not be publicly identified in the database.

The Indiana Hospital Association (IHA) is administering these AHRQ surveys through SurveyMonkey to collect and aggregate culture of survey results for Indiana hospitals. We understand the burden hospitals experience when multiple organizations request the same information. In order to alleviate some of this burden, IHA needs your authorization to allow IHA to release data to AHRQ. The contract between IHA and your facility prohibit either IHA from sharing any data with any other organization without written authorization from the hospital.

As a partner with AHRQ, IHA will receive a copy of the national database results from which IHA can build comparisons and benchmarks into reports. This will benefit your hospital by continuing to make the national comparisons available. As we collectively strive to lessen the burden of providing the same information to different entities, we would like to request your consent to share information.

### **Authorization to Release Data**

On behalf of \_\_\_\_\_ and its facilities ("Facility"), I authorize IHA to release the below information to AHRQ. I understand that such data will identify Facility, will include survey results completed by employees but will not identify persons by name nor have any data pertaining to patients. I also understand that this authorization will remain in place throughout Facility's participation unless otherwise requested by IHA or Facility. Please initial the appropriate response:

**\_\_\_ Yes, I consent to allow IHA to share Facility's Hospital Survey on Patient Safety Culture data and data from other AHRQ surveys with AHRQ.**

**\_\_\_ No, I do not consent to allow IHA to share our hospital's Hospital Survey on Patient Safety Culture data or data from other AHRQ surveys with AHRQ.**

**FACILITY:** \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## PATIENT SAFETY SERVICES AGREEMENT

This Patient Safety Services Agreement is made by and between the Indiana Hospital Association ("IHA") and \_\_\_\_\_ on behalf of itself and its facilities ("Facility"). IHA and Facility are referred to herein jointly as the "Parties" and individually as a "Party."

### RECITALS:

**WHEREAS**, Facility is a member of IHA, and IHA ("IHA Agreement") will provide Facility with certain survey-related services and resources for the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety ("Survey") and certain other AHRQ surveys applicable to units, departments or organizations of the Facility ("Other Surveys"). For purposes of this Agreement, a "Survey" and one or more "Other Surveys" shall be referred to collectively as "Surveys."

**WHEREAS**, IHA is using the Surveys to enable hospitals to assess the safety culture as a whole, or for specific units, departments or organizations within hospitals, and document their safety culture. The Surveys further enable hospitals to identify issues that when addressed will assist in establishing a culture that embraces patient safety. Additionally, the Surveys can be used to track changes in patient safety over time and to evaluate the impact of patient safety interventions.

**WHEREAS**, Facility desires to contract with IHA and obtain access to the survey-related services and resources set forth in this Agreement.

NOW THEREFORE, the Parties hereby agree as follows:

### Terms and Conditions:

1. **Term.** This Agreement shall commence on January 1, 2023 (the "Effective Date") and continue until December 31, 2023 (the "Term"). After expiration of the Term of this Agreement, this Agreement will automatically renew for successive one (1) year periods (each a "Renewal Term") unless terminated in accordance with the provisions of this Agreement. During any Renewal Term, Facility may terminate this Agreement with at least thirty (30) days advance notice to IHA.
2. **Data Collection and Submission to IHA by Facility.**
  - a. *Data Collection.* As necessary for external requirements, Facility administrator will create campaigns for employees to complete the Surveys, as applicable. Employees shall then access the Surveys through a SurveyMonkey link, answer questions as necessary, and submit responses to the Surveys through SurveyMonkey ("Facility Data").
  - b. *Data Submission.* As Surveys are completed, Facility will transmit such Data electronically to IHA via SurveyMonkey.
  - c. *Facility Responsibilities.* In collecting and submitting Facility Data to IHA, Facility shall comply with external requirements for Survey or Other Surveys participation. Facility Data collection will be done either with a paper tool or online; if paper is used the Facility will be responsible for transcribing answers into the web-based system.
  - d. *Hardware and Software Specifications.* The Surveys are provided solely through the Internet.



3. **Termination.** If either Party defaults in the observance or performance of any material obligation in this Agreement and such default is not cured or corrected within thirty (30) days after written notice thereof from the aggrieved party, the aggrieved party may, at its option, terminate this Agreement in whole or in part by written notice to the other Party. Upon the termination or expiration of this Agreement, Facility shall return to IHA all Proprietary Information (as hereinafter defined) that is in its possession or control.

4. **Ownership.**

a. *Ownership of Proprietary Information.* Facility acknowledges and agrees that the SurveyMonkey tool, software, information, operating systems, application programs and database systems, together with all related specifications, documentation, designs, processes, procedures, methodologies and applications provided by IHA under or in connection with this Agreement (collectively, "Proprietary Information") are proprietary to IHA through IHA's agreement with SurveyMonkey.

b. *Ownership of Facility Data.* Facility shall retain all right, title and interest in and to Facility Data. IHA is granted a perpetual, royalty free license to use and distribute the Facility Data, including all derivatives and modifications made thereto by IHA in processing Facility Data, in accordance with the confidentiality obligations of this Agreement.

c. *Ownership/Use of the Reports.* Reports means all outputs of the Surveys. IHA shall be the sole and exclusive owner of all Proprietary Information contained in the Reports. IHA shall be the sole and exclusive owner of all aggregated Facility Data contained in the Reports. IHA may release the Facility Data as it is aggregated and/or compared with other facilities, in all cases presenting the Facility Data in a manner that does not identify the Facility without written consent of the Facility. IHA shall have the unlimited right to use, modify, reproduce and/or distribute the Reports (which may include proprietary and aggregate level information), in whole or in part, or combine the Reports with other information, as it sees fit. Aggregate Facility Data and all Reports provided by IHA to Facility are the property of IHA.

5. **Confidentiality.**

a. *IHA Obligations.* IHA shall, at all times, treat all Facility Data in whatever form or medium as Facility's confidential information. IHA shall not release Facility Data except in accordance with the requirements of Section 4(b) and (c).

b. *Facility Obligations.* Facility shall keep all Proprietary Information confidential and shall not reproduce, duplicate, reveal, publish, transfer or disclose any Proprietary Information to anyone other than its employees with a "need to know" in the ordinary course and scope of their employment. Facility agrees to take at least the same precautions and measures to safeguard the secrecy and confidentiality of, and proprietary rights to, the Proprietary Information as it would with its own proprietary information and agrees not to disclose such Proprietary Information to any third party without IHA's prior written consent. Facility agrees to require all its employees, agents and other representatives who have access to any Proprietary Information to adhere to these confidentiality obligations.

Facility shall not reproduce, duplicate, or publish any IHA Reports without listing IHA as the source of such Reports. Facility shall not release comparative Reports containing identified or blinded hospital- specific data for other Facilities.

*c. Exclusions.* This Section 5 shall not be construed to restrict the use or disclosure of confidential information including Facility Data and Proprietary Information that (i) has been previously published or is now or becomes public knowledge through no act or omission of the receiving Party; (ii) at the time of disclosure to the receiving Party, is already in the possession of, or known to, such Party, (iii) is made available to a Party as a matter of right by any person or entity other than a Party hereunder, or (iv) is required by law to be disclosed pursuant to applicable law, order or regulation provided prompt notice of the same is given to the disclosing Party. The foregoing exceptions to the confidentiality provisions do not confer any license or other rights to either Party for any of the information referenced in such exceptions.

*d. Breach.* Each Party will give the other written notice of any breach of any confidentiality obligation set forth in this Agreement as soon as such Party becomes aware of the breach. Each Party agrees that any violation of the provisions of this Section 5 may cause irreparable harm to the other Party. Accordingly, in addition to any other remedies available to the aggrieved Party at law or in equity, the aggrieved Party shall be entitled to an injunction or other decree of specific performance with respect to any violation or threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages. Nothing herein shall be construed as prohibiting the aggrieved Party from pursuing any other remedy available under this Agreement for such actual or threatened breach.

### **6. Limited Warranties/Limitation on Damages.**

*a. Access to the Surveys.* Facility acknowledges that access to the Surveys is beyond the control of IHA. Although IHA has made efforts to ensure the availability of the Survey, Facility shall not hold IHA liable for any periods of unavailability of the Survey.

*b. Disclaimer.* The survey-related services and resources made available under this Agreement (including, without limitation, the Reporting and Reports) require use of data and/or information compiled from Facility which IHA does not control and whose information has not been independently investigated or verified. Facility shall rely solely upon its business judgment in drawing conclusions from and making recommendations and taking action based on such survey-related services and resources (including, without limitation, the Reporting and Reports). Accordingly, except as expressly provided in this Agreement, IHA DOES NOT MAKE ANY WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, AS TO THE SERVICES TO BE PROVIDED UNDER THIS AGREEMENT INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE. IN ADDITION, IHA MAKES NO EXPRESS, IMPLIED, OR STATUTORY WARRANTY OF NON-INFRINGEMENT.

*c. Limitation of Liability.* IN NO EVENT SHALL IHA BE LIABLE FOR SPECIAL, INCIDENTAL, INDIRECT, CONSEQUENTIAL OR SIMILAR DAMAGES EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. No action arising out of this Agreement may be brought by either Party more than two (2) years after the cause of action has accrued.

### **7. Indemnification.**

*Facility Indemnification Obligations.* Facility shall indemnify, defend and hold harmless IHA and its directors, officers, employees, agents and subsidiaries, from and against all costs arising

from third party claims arising out of or resulting from (i) the alleged wrongdoing of Facility in its use or application of the Survey Services; (ii) IHA's use of Facility Data in accordance with the terms of this Agreement and in accordance with the Authorization to Release Data, or Facility's failure to perform or observe any of its covenants or obligations under this Agreement.

8. **Training and Support Services.** IHA may provide training and support to Facility regarding the Surveys.
  
9. **Miscellaneous.** Paragraph headings contained in this Agreement are for convenience only and shall not be considered for any purpose in governing the provisions of this Agreement. Facility shall not assign this Agreement without the prior written consent of IHA. This Agreement shall be binding on, inure to, and be enforceable against the Parties and their respective successors and permitted assignees. No term or provision hereof will be considered waived by a Party, and no breach excused by a Party, unless such waiver or consent is in writing signed by the Party against whom the waiver is asserted. A waiver by a Party hereto shall not constitute a continuing waiver or a waiver of a different or subsequent breach. If any part of this Agreement is found invalid or unenforceable, the remainder of this Agreement will remain in full force and effect. This Agreement shall be governed by the laws of the State of Indiana, without regard to conflicts of law principles. Any action relating to this Agreement must be brought in the federal or state courts located in Marion County, Indiana and the Parties consent to the jurisdiction of such courts. There is no relationship of agency, partnership, joint venture, employment or franchise between the Parties, and a Party hereto has no authority to bind the other Parties or to incur any obligation on their behalf. The terms and conditions of this Agreement that expressly or by their nature ought to shall survive the termination or expiration hereof. This Agreement may be executed in one or more counterpart copies, each of which shall be considered an original, and all of which when taken together shall constitute one and the same agreement. This Agreement shall constitute the entire understanding of the Parties with respect to the subject matter hereof, and supersede all prior and contemporaneous promises, agreements and understandings, whether written or oral, pertaining thereto. This Agreement cannot be modified, amended or rescinded except by a writing duly executed by an authorized representative of the Party to be charged.

**AGREED TO BY:**

**FACILITY:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**IHA:**

**Indiana Hospital Association**

By: 

Name: Karin Kennedy

Title: Administrative Director, IPSC

Date: \_\_\_\_\_

[Sections in blue are to be altered according to each organization's needs]

[Organization name/logo]

Dear colleague,

**(Organization name) Culture of Safety Survey: Your feedback can help improve the safety of our patients!**

The Culture of Safety Survey is run in partnership with the Agency for Healthcare Research and Quality (AHRQ) and is one of the best ways for you to share your views about patient safety.

Results from this survey are used to improve care for patients and safety concerns from staff.

For example, [A short paragraph may be added to show how results from previous surveys have been used to make improvements in this organization. A link to a chief exec letter can be included here.]

**What you need to do:**

- Complete the survey by clicking here: [\[insert weblink\]](#)

It is great that so many (Organization name) staff take part in this survey. It only takes a few minutes, but your feedback is very important. The survey will run from XXXX thru XXXX.

[ADD BRIEF ADDITIONAL INFO ABOUT INCENTIVE SCHEMES IF REQUIRED]

**Responses to this survey are strictly confidential.** No one from where you work will see your completed survey or be able to identify individual responses. The survey is being run by the Indiana Hospital Association on behalf of our organization.

If you need help completing the survey, please email [\[site leader email\]](#) or call [\[site leader number\]](#).

Thank you for taking the time to respond to this important survey.

Yours sincerely,

[ORGANIZATION CHIEF EXECUTIVE'S SIGNATURE MAY ALSO BE ADDED BELOW OR ALONGSIDE]

[Sections in blue are to be altered according to each organization's needs]

[Organization name/logo]

Dear colleague,

**[Organization name] Culture of Safety Survey: reminder to respond**

[I/We] recently wrote to invite you to take part in this year's survey.

If you have not yet responded, this email is to remind you not to miss out on your opportunity to help improve the safety at our organization.

**What you need to do:**

- Complete the survey by clicking here: [\[insert weblink\]](#)

Lots of your colleagues have already responded, but we do not want to miss hearing the views of [\[Organization name\]](#) staff like you. The Culture of Safety Survey is run in partnership with the Agency for Healthcare Research and Quality and is one of the best ways for you to share your views about patient safety.

**Responses to this survey are strictly confidential.** No one from where you work will see your completed survey or be able to identify individual responses.

If you need help completing the survey, please email [\[site leader email\]](#) or call [\[site leader number\]](#).

[I'll/We] will send another reminder soon but hope you will have responded before then.

Yours sincerely,

[ORGANIZATION'S CHIEF EXECUTIVE'S SIGNATURE MAY ALSO BE ADDED BELOW OR ALONGSIDE]