

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 1370

INTRODUCER: Senator Harrell

SUBJECT: Patient Safety Culture Surveys

DATE: February 10, 2020

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 1370 amends several sections of law to require the Agency for Health Care Administration (AHCA) to design a patient safety culture survey to be completed annually by each hospital and ambulatory surgical center (ASC). The bill requires the survey to be anonymous, specifies which aspects of patient safety culture must be measured, and requires the AHCA to review and analyze nationally recognized patient safety culture survey products when developing its survey.

The AHCA estimates the need for one full-time equivalent position (FTE) and \$162,477 in State Fiscal Year 2020-2021 in order to implement the bill, \$75,306 of which would be recurring.¹

The bill provides an effective date of July 1, 2020.

II. Present Situation:

Health Care Facility Regulation

Hospitals

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II, of ch. 408, F.S. Hospitals offer a range of health care services with beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care.² Hospitals must make regularly available, at a minimum, clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment.³

¹ Agency for Health Care Administration, *House Bill 763 Analysis* (December 4, 2019) (on file with the Senate Committee on Health Policy).

² Section 395.002(12), F.S.

³ *Id.*

Ambulatory Surgical Centers (ASCs)

An ASC is a facility, which is not a part of a hospital, the primary purpose of which is to provide elective surgical care, in which the patient is admitted and discharged within 24 hours.⁴ ASCs are licensed and regulated by the AHCA under the same regulatory framework as hospitals.⁵

AHCA Regulation of Hospitals and ASCs

There are 306 licensed hospitals and 479 licensed ASCs in the state of Florida. As part of state and federal regulatory oversight, the AHCA conducts onsite inspections of hospitals and ASCs to evaluate factors such as:

- Management and administration;
- Nursing services;
- Social services;
- Dietary services;
- Laboratory services; and
- Compliance with state and federal fire safety codes.

The AHCA's regulatory inspections occur periodically, according to specific guidelines for each facility type, and to investigate complaints and serious incidents. The AHCA also conducts annual risk management inspections in each licensed hospital. When deficiencies are found, a report is generated to the facility for corrective action. When necessary, AHCA staff conducts follow-up surveys or recommend sanctions, fines, and de-certifications when appropriate.

Section 1865(a)(1) of the Social Security Act permits providers and suppliers "accredited" by an approved national accreditation organization (AO) to be exempt from routine surveys by state survey agencies to determine compliance with Medicare conditions. Accreditation by an AO is voluntary and is not required for Medicare certification or participation in the Medicare program. Hospitals and ASCs, when accredited, are deemed exempt from AHCA routine inspections. Currently, 285 hospitals and 404 ASCs are accredited.

Adverse Incidents

The AHCA manages serious patient injury reporting, tracking, trending, and problem resolution programs in hospitals, ASCs, assisted living facilities, nursing homes, and certain health maintenance organizations, as directed by the Florida Statutes. The term "adverse incident" is defined in s. 395.0197(5), F.S., for purposes of reporting to the AHCA from hospitals and ASCs. Section 395.0197(5), F.S., provides a list of adverse incidents, whether occurring in the licensed facility or arising from health care prior to admission in the licensed facility, that must be reported by the facility to the AHCA within 15 calendar days after its occurrence.

The definition and the list are not identical. Due to this inconsistency, some facilities have communicated uncertainty to the AHCA about whether or not to report certain incidents. This feedback indicates that some hospitals may be under-reporting some incidents while others may

⁴ Section 395.002(3), F.S.

⁵ Sections 395.001-1065, F.S., and Part II, Chapter 408, F.S.

be over-reporting.⁶ During calendar year 2018, 15 hospitals were cited by the AHCA for failure to submit adverse incident reports while no ASCs were cited.

Adverse incidents are self-reported by the facilities once they determine that an incident meets the statutory definition. The AHCA receives and reviews more than 5,000 adverse incident reports annually. The most frequently reported outcomes from hospitals and ASCs are patient death, a patient requiring surgery that is unrelated to their admitting diagnosis, and surgery to remove a foreign object from a previous surgery. The AHCA publishes quarterly and annual statistics for adverse incidents as required by law. The number of adverse incidents reported from hospitals and ASCs over the previous five calendar years are shown in the following table:⁷

Adverse Incidents Reported to the AHCA		
Calendar Year	Hospitals	ASCs
2019*	673	76
2018	636	77
2017	520	62
2016	470	58
2015	483	69
2014	427	80

*12-month estimate based on 11 months of data

Patient Safety Culture Surveys

Organizational culture refers to the beliefs, values, and norms shared by staff throughout the organization that influence their actions and behaviors. Patient safety culture is the extent to which these beliefs, values, and norms support and promote patient safety.⁸ Patient safety culture can be measured by determining what is rewarded, supported, expected, and accepted in an organization as it relates to patient safety.⁹ In a safe culture, employees are guided by an organization-wide commitment to safety in which each member upholds his or her own safety norms and those of co-workers.

Agency for Healthcare Research and Quality Hospital and ASC Patient Safety Culture Survey

In 2004, the federal Agency for Healthcare Research and Quality (AHRQ) released the Hospital Survey on Patient Safety Culture (SOPS 1.0), a staff survey designed to help hospitals assess the culture of safety in their institutions by measuring how their staff perceive various aspects of patient safety culture.¹⁰ The survey occurs once every two years and has since been implemented in hundreds of hospitals across the United States and in other countries.

⁶ *Supra* note 1.

⁷ *Id.*

⁸ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *2018 User Database Report-Hospital Survey on Patient Safety Culture*, p. 3, (March 2018) available at <https://www.ahrq.gov/sites/default/files/wysiwyg/sops/quality-patient-safety/patientsafetyculture/2018hospitalsopsreport.pdf> (last viewed Feb. 6, 2020).

⁹ *Id.*

¹⁰ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *Hospital Survey on Patient Safety Culture*, (March 2018) available at <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/index.html> (last viewed Feb. 6, 2020).

In 2018, AHRQ began developing a new version of the survey, with the goal of shortening the survey.¹¹ A pilot test was conducted with 25 hospitals, the data from which were used to examine the survey's reliability. In 2019, AHRQ released a new version of the survey, the SOPS 2.0.¹²

The survey asks respondents to indicate to what degree they agree or disagree with a statement, how often something occurs, or provide a specific number or grade. Excerpts of the survey follow.

- Teamwork
 - In this unit, we work together as an effective team.
 - During busy times, staff in this unit help each other.
 - There is a problem with disrespectful behavior by those working in this unit.
 - When one area in this unit gets really busy, others help out.
- Supervisor/Manager, or Clinical Leader Support for Patient Safety
 - My supervisor/manager, or clinical leader seriously considers staff suggestions for improving patient safety.
 - My supervisor/manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts.
 - My supervisor/manager, or clinical leader takes action to address patient safety concerns that are brought to their attention.
- Hospital Management Support for Patient Safety
 - Hospital management provides adequate resources to improve patient safety.
 - The actions of hospital management show that patient safety is a top priority.
 - Hospital management seems interested in patient safety only after an adverse event happens.
- Communication Openness
 - In this unit, staff speak up if they see something that may negatively affect patient care.
 - When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.
 - In this unit, staff are afraid to ask questions when something does not seem right.
- Handoffs and Information Exchange
 - When transferring patients from one unit to another, important information is often left out.
 - During shift changes, important patient care information is often left out.
 - During shift changes, there is adequate time to exchange all key patient care information.
- Patient Safety Grade- Poor, Fair, Good, Very Good, Excellent
 - How would you rate your unit/work area on patient safety?¹³

AHRQ developed a comparative database on the survey, composed of data from U.S. hospitals that administered the survey and voluntarily submitted the data.¹⁴ The database allows hospitals

¹¹ U.S Department of Health and Human Services, Agency for Healthcare Research and Quality, *Pilot Test Results from the 2019 AHRQ Surveys on Patient Safety Culture (SOPS) Hospital Survey Version 2.0*, p. 2, (September 2019) available at <http://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/hsops2-pilot-results-parti.pdf> (last viewed Feb. 6, 2020).

¹² The survey is available at <http://www.ahrq.gov/sops/surveys/hospital/index.html> (last viewed Feb. 6, 2020).

¹³ *Id.*

¹⁴ The database is available at <http://www.ahrq.gov/sops/databases/hospital/index.html> (last viewed Feb. 6, 2020).

to compare their patient safety culture survey results to those of other hospitals in support of patient safety culture improvement.¹⁵ AHRQ utilizes the database to publish a biennial report presenting non-identifiable statistics on the patient safety culture of all participating hospitals. In 2018, 630 hospitals submitted survey results to the database. However, only 306 of those hospitals submitted surveys in 2016. As a result, to identify trends, comparisons can only be drawn from the data submitted by those 306 hospitals.¹⁶

AHRQ also developed the Ambulatory Surgery Center Survey on Patient Safety Culture in response to interest from ASCs in assessing patient safety culture in their facilities. This survey is designed specifically for ASC staff and asks for their opinions about the culture of patient safety in their facility.¹⁷ In 2014, AHRQ conducted a pilot study on the use of the Patient Safety Culture survey in 59 ASCs.¹⁸ The pilot study was intended to help ASCs assess the extent to which their culture emphasizes the importance of patient safety by viewing the patient safety culture survey results of the ASCs participating in the study.¹⁹ The study was also used to prove the reliability and structure of the questions and items contained in the survey. Based on the testing and input from AHRQ and a technical expert panel, the survey was determined to be reliable and it was made available for industry use.

University of Texas Safety Attitudes Questionnaire

Another patient safety culture survey widely used by hospitals and other facilities to measure patient safety culture is the Safety Attitudes Questionnaire (SAQ) developed by researchers at the University of Texas. The SAQ was adapted from two other safety surveys from the aviation industry- the Flight Management Attitudes Questionnaire and its predecessor, the Cockpit Management Attitudes Questionnaire, developed over 30 years ago.

The aviation questionnaires were created after researchers found that most airline accidents were due to breakdowns in interpersonal aspects of crew performance such as teamwork, speaking up, leadership, communication, and collaborative decision making. The FMAQ measures crew member attitudes about these topics, and was found to be reliable, sensitive to change, and predictive of flight crew performance. Researchers also found that many of the items contained in the aviation questionnaires were useful in measuring attitudes about the same topics in a medical setting, which led to the SAQ's development.

The SAQ was specifically designed to measure safety culture at both the individual and group level. Both the healthcare version (SAQ) and aviation version (FMAQ) of this survey instrument

¹⁵ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *2018 User Database Report-Hospital Survey on Patient Safety Culture*, at p. 1, available at <https://www.ahrq.gov/sites/default/files/wysiwyg/sops/quality-patient-safety/patientsafetyculture/2018hospitalsopsreport.pdf> (last viewed Feb. 6, 2020).

¹⁶ *Id.* at p. 29.

¹⁷ The survey is available at <https://www.ahrq.gov/sops/surveys/asc/index.html>. (last viewed Feb. 6, 2020).

¹⁸ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *Results From the 2014 AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture Pilot Study*, (April 2015) available at https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/asc/resources/asc_pilotstudy.pdf (last viewed Feb. 6, 2020).

¹⁹ *Id.* at p. 1.

were shown to identify variability within and between hospitals and airlines.²⁰ The SAQ went through full derivation and validation testing, and was determined to be both a valid and reliable measurement tool for determining patient safety culture.²¹

The SAQ is a one-page, 60-item survey instrument that assesses safety culture across six factors: perceptions of management, job satisfaction, working conditions, stress recognition, teamwork climate, and safety climate.²² The SAQ defines safety climate as perceptions of a strong and proactive organizational commitment to safety, as one aspect of overall safety culture. Each item is measured on a five-point Likert scale, from disagree strongly to agree strongly, which is then converted to a 0–100 scale. The scaled scores correspond to the patient safety climate in a facility. The SAQ has been adapted for use in intensive care units, operating rooms, general inpatient settings, and ambulatory clinics.²³

III. Effect of Proposed Changes:

Section 1 amends s. 408.05, F.S., to require the AHCA to design a patient safety culture survey which must be completed and submitted annually by each hospital and ASC. The survey:

- Must be designed to measure aspects of patient safety culture including, but not limited to:
 - Frequency of adverse events;
 - Quality of handoffs and transitions;
 - Comfort in reporting potential problems or errors;
 - The level of teamwork within hospital units and within the facility as a whole;
 - Staff compliance with patient safety regulations and guidelines;
 - Staff perception of facility support for patient safety; and
 - Staff opinions on whether the staff would undergo a health care service or procedure at the facility.
- Must be anonymous to encourage staff employed or working in the facility to complete the survey.
- Must be developed after the AHCA reviews and analyzes nationally recognized patient safety culture survey products, including, but not limited to, the patient safety surveys developed by the AHRQ and the SAQ developed by the University of Texas.
- Is not required to be completed by licensed facilities operating exclusively as state facilities.

The AHRQ survey instruments are supplemented with detailed implementation guidance, scoring templates, standardized scoring instructions, and national results databases for benchmarking. Alternatively, the model from Texas does not currently offer a standard way of scoring the labor and delivery or the operating room portions of the survey, and so there is no guidance on administering the Texas survey in those environments. Given this limitation, the AHCA reports that, under the bill:

- The AHCA anticipates adopting the standard AHRQ survey formats for both hospitals and ASCs; and

²⁰ *Supra* note 10

²¹ Sexton JB, Helmreich RL, Neilands TB et al. *The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research*. BMC Health Serv Res 2006;6:44.

²² Huang, D., Clermont, G. *Intensive care unit safety culture and outcomes: a U.S. multicenter study*. Intl. J. Quality in Health Care 2010;22:151-161.

²³ For each version of the SAQ, item content is the same, with minor modifications to reflect the clinical area.

- Utilizing the existing, nationally standardized surveys and scoring methodologies should enable direct benchmarking of Florida's scores with national peers.²⁴

Sections 2 and 3 amend ss. 408.061 and 395.1055, F.S., respectively, to make conforming and cross-reference changes.

Section 4 provides an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Hospitals and ASCs that are required to complete and submit a patient safety culture survey or surveys under SB 1370 will incur an indeterminate cost to fulfill that requirement.

C. Government Sector Impact:

The AHCA has not provided a fiscal impact estimate for SB 1370. However, under HB 763, which is very similar to SB 1370, the AHCA reports that it will be required to collect, compile, and prepare the survey results for publication. Data collection will

²⁴ *Supra* note 1.

require developing new information technology applications or infrastructure, or both, to accept the survey data files electronically from each of, at least, 776 facilities. Survey data collection must include identity verification to ensure that the party submitting data on behalf of a facility is properly authorized to do so, along with a validation process to ensure that submitted data files are complete and meet required specifications.

AHCA also reports that, under HB 763, its staff will be required to compile the submitted data for publication. Due to the number of facilities reporting, the AHCA estimates the need for one full-time analyst to perform these functions and to monitor and report facility compliance. The costs associated with internal development of a reporting portal for facilities to submit their survey data are estimated based on known development costs associated with recent and relatively similar reporting projects. The secure data submission portal will need to include identity verification, validation of data specifications, documentation of the date and time of submission, and reporting requirements. The costs for the AHCA to build such a system are estimated at \$60,000 in the first year.

Publication of survey findings or scores at the facility level will require custom programming to the AHCA's existing consumer transparency website, FloridaHealthFinder.gov. The development of new transparency tools in recent years have had associated vendor costs ranging from \$6,400 to \$30,000, depending on the size and scope of the new function or tool. The publication of the patient safety culture survey data would be a significant endeavor, requiring the AHCA's contracted vendor to create search functionality, publication, and integration of results for all of the state's licensed hospitals and ASCs. AHCA's rough estimate of associated programming and web-design costs is approximately \$25,000 in the first year and \$2,000 recurring annually thereafter.

The Agency estimates the need for one analyst to manage the survey vendor contract, perform data analysis functions, monitor facility compliance, and analyze and report noncompliant facilities to AHCA licensure staff for regulatory follow-up as needed. Comparable contracts managed by the AHCA are administered by a Government Analyst II level staff member. AHCA reports that the patient safety culture survey program would be a significant implementation, and, in order for it to be successful, the program will require, at a minimum, a dedicated contract manager who also has data analysis skills and experience.

Overall, the AHCA estimates the need for one FTE and \$162,477 to implement the bill in State Fiscal Year 2020-2021, followed by recurring costs of \$75,306 per year in subsequent fiscal years.²⁵

VI. Technical Deficiencies:

None.

²⁵ *Id.*

VII. Related Issues:

The AHCA recommends that hospitals and ASCs be required under the bill to contract with an independent third-party organization to administer the surveys in order to ensure anonymity of responses and encourage honesty from respondents. Under this recommendation, each facility would be required to capture and provide data from a statistically valid sample of employees in order to ensure that findings are representative of the facility as a whole.²⁶

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 408.05, 408.061, and 395.1055.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

²⁶ *Id.*