

SUPPORTING STATEMENT - PART A

DEPARTMENT OF DEFENSE PATIENT SAFETY CULTURE SURVEY

OMB Control Number: 0720-0034

1. Need for the Information Collection

The Department of Defense (DoD) Patient Safety Culture Survey (PSCS) data collection effort is conducted in response to a task order from the Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense, and the Defense Health Agency (DHA). Part of the DoD Patient Safety Program's (PSP's) mission is to identify and analyze reports on actual and potential problems within the medical systems and processes in each military treatment facility (MTF) within the Military Health System (MHS). The DoD PSP must recommend effective actions to improve patient safety and health care quality throughout the MHS, which is comprised of approximately 47 MTF hospitals and over 375 ambulatory clinics. In support of its mission, the PSP administers a web-based PSCS to a census of staff working in Army, Navy, Air Force, and National Capital Region Medical Directorate (NCR) MHS facilities in the Continental United States (CONUS) and Outside the Continental United States (OCONUS) to assess the status of patient safety culture in MHS facilities worldwide.

This information collection is authorized by the 2001 National Defense Authorization Act (NDAA); Section 754 addresses patient safety in military and Veteran's health care systems. The legislation states that the Secretary of Defense (SECDEF) shall establish a patient care error reporting and management system to study occurrences of errors in patient care and that one of the purposes of the system should be "to identify systemic factors that are associated with such occurrences" and "to provide for action to be taken to correct the identified systemic factors" (items b2 and b3). In addition, the legislation states that the SECDEF shall "continue research and development investments to improve communication, coordination, and team work in the provision of health care" (item d4).

As an ongoing response to this legislation, DoD has implemented a web-based PSCS to obtain MHS staff opinions on patient safety issues such as teamwork, communication, medical error occurrence and response, error reporting and overall perceptions of patient safety. The purpose of the survey is to assess the current status of patient safety in MHS facilities, provide baseline input for assessment of patient safety improvement over time, and benchmark results to the Agency for Healthcare Research and Quality (AHRQ) measures. The survey examines patient safety culture from a hospital staff and clinic perspective. The survey results are then used to:

- Raise staff awareness about patient safety,
- Assess the current status of patient safety culture,
- Identify strengths and areas for patient safety culture improvement,
- Identify key drivers associated with high ratings and improvements in patient safety,
- Examine trends in patient safety culture change over time,
- Benchmark results to AHRQ measures,

- Evaluate the cultural impact of patient safety initiatives and interventions, and
- Conduct comparisons within and across organizations/services.

2. Use of the Information

The web-based survey will be administered on a voluntary basis to all staff working in Army, Navy, Air Force, and National Capitol Region Medical Directorate (NCR MD) MHS direct care CONUS and OCONUS facilities, including MTF hospitals and ambulatory and dental services. Respondents who are members of the public include contractors, local nationals and volunteers or other civilian MHS staff who are not direct employees of the DoD. Responses and respondents will remain anonymous.

There are two validated versions of the survey to be implemented, the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture and the 2016 user comparative database (hospitals), and the Medical Office Survey on Patient Safety Culture to assess patient safety culture in the outpatient (clinic/ambulatory) setting, publicly released in 2011. The development and testing of this PSCS was funded by AHRQ and sponsored by the DoD as an agency member of the Quality Interagency Coordination Task Force (QuIC), along with ten other Federal agencies. This survey was chosen because it measures a number of different dimensions pertaining to patient safety culture, has demonstrated reliability and validity and will provide the DoD with actionable information about MHS patient safety.

The survey is completed by all types of medical staff—from housekeeping and security to nurses and (especially) physicians:

- Hospital staff who have direct contact or interaction with patients (clinical staff, such as nurses, or nonclinical staff, such as unit clerks);
- Hospital staff who may not have direct contact or interaction with patients but whose work directly affects patient care (e.g., staff in units such as pharmacy, laboratory/pathology);
- Hospital-employed physicians or contract physicians who spend most of their work hours in the hospital (e.g., emergency department physicians, hospitalists, pathologists); and
- Hospital supervisors, managers, and administrators.

MTF hospital-based physicians or physicians in outpatient settings with hospital privileges are also invited to respond to the survey. They should respond about the hospital unit where they spend most of their work time or provide most of their clinical services, or they can simply select “Many different hospital units/No specific unit” when responding to the survey.

Because of the sensitivity of the survey topic, the Patient Safety Program places emphasis on anonymity; to ensure this anonymity, each MTF is responsible for distributing the survey link to staff members rather than the contractor receiving a sampling frame and distributing survey invitations. Each MTF reports the total number of staff eligible to take

the survey so that a response rate can be calculated, but no demographic information or any other characteristics are provided.

Individuals will be invited by email and provided a generic link to the web survey. There will be no hard copy surveys administered. Using a web-based survey will accommodate the domestic and international survey dissemination, shorten the field period necessary for data collection and decrease the need for data cleaning since only valid responses can be entered and automatic storage of responses can occur in an electronic database. A response is completed and returned through the survey website, and the survey manager (Zogby Analytics) processes the returns in accordance with Data Sharing Agreement protocols.

The purpose of the Survey on Patient Safety Culture is to measure the culture of patient safety at a single hospital in a specific location. We therefore consider each unique facility to be a separate site for the purposes of survey administration and providing hospital-specific feedback. Each hospital will be identified as a separate site so that each site can receive its own results in addition to overall results across sites.

The PSCS Administration follows the basic data collection steps to achieve high response rates:

1. Prenotification email. DoD and/or local MTF leadership (such as the Patient Safety Manager) emails staff at each MTF a prenotification letter telling them about the upcoming survey and alerting them that they will soon receive an invitation to complete the Web survey. This prenotification may include a statement of support from DoD leadership. This notification may be complemented with printed flyers and blog posts from leadership.

2. Survey invitation email. The survey invitation email is sent a few days after sending the prenotification email. Included is the hyperlink to the Web survey (or instructions for accessing the survey on the hospital intranet). Instructions are provided about whom to contact for help accessing and navigating the survey.

3. Follow-up communications. Email reminders are sent strategically during the fielding period to encourage response. In the message, we thank those who have already completed the survey and encourage others to do so.

The DoD PSCS is critical to evaluate and better assess the needs of MHS facilities to promote patient safety culture. Survey results will be prepared at the facility and Service levels, as well as MHS overall. Facilities will benefit by being given the opportunity to receive feedback about their staff's responses to the survey, which will provide insight into their strengths and areas for improvements. Additionally, the survey will provide an overview of the status of Service and MHS patient safety to higher leadership, who can then appropriately allocate the necessary resources and tools to decrease medical errors and improve safety.

3. Use of Information Technology

100% of responses will be collected electronically. The web-based survey, using Results for Research software, will be administered on a voluntary basis to all staff working in Army, Navy, Air Force, and NCR MD MHS direct care CONUS and OCONUS facilities, including MTF hospitals and ambulatory and dental services. Individuals will be invited by email and provided a generic link to the web survey. There will be no hard copy surveys administered. Using a web-based survey will accommodate the domestic and international survey dissemination, shorten the field period necessary for data collection and decrease the need for data cleaning since only valid responses can be entered and automatic storage of responses can occur in an electronic database.

Responses and respondents will remain anonymous. There are two versions of the survey that may be administered, corresponding to the setting in which care is delivered, either Hospital (inpatient) or Medical Office (outpatient/clinic setting).

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

This data collection occurs once every three years, which is less frequent than AHRQ's recommendation that the surveys be conducted every 20 months. This is the most infrequent collection interval possible to maintain relevant and timely information on the culture of patient safety in hospitals and clinics that is used as inputs into policy and program decisions. If the data collection occurred less frequently, leadership would be lacking relevant information for managing patient safety efforts. The cadence of the data collection is designed to minimize burden on respondents.

7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice for the collection published on Monday, July 30, 2018). The 60-Day FRN citation is 83 FRN 36563-36564.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on Friday, September 28, 2018). The 30-Day FRN citation is 83 FRN 49074.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the 60-Day Federal Register Noticed was conducted for this submission.

9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records. A Privacy Advisory is presented to respondents at the beginning of the survey.

A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

Records Retention and Disposition Schedule:

Records will be maintained in accordance with the following approved schedule:

- Subject: Quality Assurance Studies and Analyses of Healthcare Quality.
- Description: Studies and evaluations on a "when required" basis, not resulting in issuance of new standards.
- Disposition: Destroy when 5 years old.
- OSD RCS Series #: 905-02.2
- NARA Authority: NC1-330-77-5

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

a. Estimation of Respondent Burden

1. Patient Safety Culture Survey	
a. Number of Respondents:	9,200
b. Number of Responses Per Respondent:	1
c. Number of Total Annual Responses:	9,200
d. Response Time:	10 minutes
e. Respondent Burden Hours:	1,533 hours
2. Total Submission Burden	
a. Total Number of Respondents:	9,200
b. Total Number of Annual Responses:	9,200
c. Total Respondent Burden Hours:	1,533 hours

b. Labor Cost of Respondent Burden

1. Patient Safety Culture Survey	
a. Number of Total Annual Responses:	9,200
b. Response Time:	10 minutes
c. Respondent Hourly Wage:	\$42.13
d. Labor Burden per Response:	\$7.02
e. Total Labor Burden:	\$64,599.33
2. Overall Labor Burden	
a. Total Number of Annual Responses:	9,200
b. Total Labor Burden:	\$64,599.33

The Respondent hourly wage was determined by using the Defense Finance and Accounting Service website (<https://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.html>)

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

a. Labor Cost to the Federal Government

The total cost to the government for conducting the annual web survey data collection is approximately \$430,000 in contract costs which includes the cost of government oversight, program planning and management, web survey development, data collection, analysis and feedback report preparation and delivery.

b. Operational and Maintenance Costs

a. <u>Equipment:</u>	\$0
b. <u>Printing:</u>	\$0
c. <u>Postage:</u>	\$0
d. <u>Software Purchases:</u>	\$0
e. <u>Licensing Costs:</u>	\$0
f. <u>Other:</u>	\$0
g. <u>Total:</u>	\$0

1. Total Operational and Maintenance Costs:	\$ 0
2. Total Labor Cost to the Federal Government:	\$430,000
3. Total Cost to the Federal Government:	\$430,000

15. Reasons for Change in Burden

We have reduced the estimated burden based on actual response rates to this survey. The burden estimate has decreased since the previous approval from 2,310 total annual hours to the current requested 1,533 hours. The change of (-777) hours is because the previous estimate was based upon a 60% response rate. The current estimates are based upon the historical 40% response rate.

16. Publication of Results

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.