SUPPORTING STATEMENT – PART B

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Description of the Activity

The proposed project will administer the patient safety culture survey as a web-based instrument to a census of all staff, both clinical and non-clinical, working in Continental United States (CONUS) and internationally (OCONUS) Defense Health Agency (DHA) military medical treatment facilities (MTFs). There are approximately 139,600 MTF staff, military, and civilian employees, assigned to DHA facilities throughout CONUS and OCONUS. Of these personnel, approximately 23,000 (about 16%) are contractors, local nationals, volunteers or other civilian DHA staff who are not direct employees of the DoD. Although aiming for a higher percentage, based upon the historical overall response rate of approximately 33%, we anticipate a total 46,068 completed responses with approximately 7,370 of those completed surveys resulting from individuals who are not direct employees of the DoD (contractors, local nationals, volunteers, other non-DoD MTF staff). The survey takes about 10 minutes to complete. All survey responses are voluntary and will be individually anonymous; only group-level results will be tabulated to protect individual anonymity.

2. Procedures for the Collection of Information

The proposed project will administer the patient safety culture survey as a web-based instrument to a census of all staff, both clinical and non-clinical, working in CONUS and OCONUS DHA MTFs. As it is a census survey, no stratification or sampling is required. To standardize the process across DHA facilities, data collection will be simultaneously conducted at all facilities. This survey will be administered on a voluntary basis to all staff working in MTF hospitals, ambulatory and dental services. 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 (ambulatory/ outpatient/ clinic setting). All responses will be collected using internet-based information technology and there will be no hard copy surveys administered. Using a web-based survey will accommodate the CONUS and OCONUS 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.

3. Maximization of Response Rates, Non-response, and Reliability

The 33% response rate goal was estimated based upon response rates from previous iterations of this survey. The study design will implement standard techniques to maximize response rates. Potential respondents will receive a pre-notification letter followed by an email survey notification containing an embedded hyperlink to the internet location where the survey can be completed. A maximum of six (6) reminder notifications will be sent,

approximately one week to 10 days apart, so that the data collection field period will be approximately eight weeks.

To maximize response rates, the following steps will be taken:

1) The survey website will be beta tested at MTFs to confirm that it functions properly;
2) A pre-notification letter will be sent to participants detailing the purpose of the survey;
3) Other communication approaches will be used to familiarize staff with the survey effort and assure them of the confidentiality and anonymity of their responses, such as printed flyers and supporting letters from leadership;
4) A first survey email notification will be emailed including a hyperlink to the survey web site where they can complete the web survey;
5) Reminder email notification(s) will be sent with a hyperlink to the survey web site;
6) A final notification will be sent with a hyperlink to the survey website before the survey closes, and;
7) Response rate reports will be circulated frequently to encourage friendly competition among MTFs.

We are not able to track respondents to the individual due to the fielding technique (i.e. the link is distributed to the MTF representative), therefore, email reminders are distributed to all respondents, regardless of whether they have completed the survey. We believe this will aid in respondent trust of anonymity and increase the likelihood of individual response, since no individual identifiers are used.

While we recognize the OMB guidance requests a description of how non-response bias will be addressed, conducting a non-response analysis in this case is not feasible. Because no sampling frame of the population will be created, and the population universe is somewhat unknown, it is difficult if not infeasible to compare respondents to non-respondents. Additionally, 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. We will take the measures described above to encourage a high response rate and will calculate response rates at the population level.

4. Tests of Procedures

The Survey on Patient Safety Culture, hospital and medical office versions, to be used for data collection was previously developed and piloted tested by the creators, Agency for Healthcare Research and Quality (AHRQ). Pilot data on HSOPS 2.0 were gathered from 4,345 staff from 25 hospitals. After data analysis, the survey was revised and the final survey has demonstrated reliability and validity (2019 Hospital Survey Pilot Test Results).

HSOPS 2.0 was used in 2022 and will be used again in the current iteration. The earlier version of the hospital survey was used in previous data collections (2005, 2008, 2011, 2015, and 2019) in DHA facilities. Similarly, the medical office version was pilot tested by AHRQ across 200 medical offices and data were gathered from over 4,100 staff. Based on pilot data, the medical office version was revised and has demonstrated reliability and validity. The medical office version was utilized in within the Air Force MTFs in 2011, 2015, and 2019 and was used for all DHA ambulatory clinics in 2022 and will be used again for all ambulatory clinics in this current survey administration.

5. Statistical Consultation and Information Analysis

Deloitte Consulting LLP, has been contracted to conduct this web survey data collection and analyze the survey feedback results. The individuals assigned to the project include:

a. Provide names and telephone number of individual(s) consulted on statistical aspects of the design.

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b. Provide name and organization of person(s) who will actually collect and analyze the collected information.

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