



Surveys on Patient Safety Culture™

Ambulatory Surgery Center SOPS: What You Need to Know January 10, 2019 – Webcast Transcript

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Presentation:

Joann Sorra

Sorra (opening), Slide 1

Good afternoon.

Thank you for joining the Ambulatory Surgery Center SOPS webcast.

Sorra (opening), Slide 2

Before we begin, I have just a few housekeeping details to go over. If you're having difficulty hearing the audio from your computer speakers, you can switch the audio selection by having WebEx call you at a phone number you provide and you can connect through your phone. In the event that your computer freezes at any point during the presentations, you can try logging out and logging back into the webcast to refresh the page. Remember, you may just be experiencing a lag in the advancement of the slides due to your internet connection speed. If you need help at any time during this webcast use the Q&A icon to ask questions or request help.

Sorra (opening), Slide 3

At any point throughout today's presentation, if you have any further technical difficulties or have a question you'd like to ask our speakers, you may ask a question through the Q&A feature. Depending on the browser you're using your WebEx screen may look slightly different than this slide, but look for the Q&A icon and be sure that the drop-down option displays All Panelists for you to ask the question so our team can see it. Today's session is being recorded and a replay of today's webcast will be available on the AHRQ website.

Sorra (opening), Slide 4

My name is Joann Sorra and I'm an associate director at Westat and the Project Director for the contract that supports the AHRQ Surveys on Patient Safety Culture. I'll be serving as your moderator for today's webcast. Now I'd like to introduce our speakers. We're very pleased to welcome Caren Ginsberg, PhD, who serves as the Division Director for the Agency for Healthcare Research and Quality's work on the Consumer Assessment of Healthcare Providers and Systems and the Surveys on Patient Safety Culture. An anthropologist and demographer, Dr. Ginsberg has broad based experience in patient experience, patient safety, and public health. In her position at AHRQ she focuses on program development, implementation, operations and evaluation, with a specialty in survey design and development and qualitative evaluation and assessment. Previously, she held positions at the Centers for Medicare and Medicaid Services, Westat, and the National Quality Forum. I'm also pleased to have my colleague Theresa Famolaro who is the AHRQ Surveys on Patient Safety Culture Database Manager. She has more than 20 years of experience in public health research and quality improvement, including data collection, reporting, and dissemination to target audiences. She has managed the suite of Safety Culture Surveys since 2006. Theresa also contributes to the development of the survey tools and supporting products for the survey toolkits.

Sorra (opening), Slide 5

Today's agenda is going to be displayed here. We're going to be talking about an overview of AHRQ's patient safety priorities. Then we're going to introduce the SOPS Ambulatory Surgery Center Survey. We'll talk about survey administration, calculating and presenting results, using survey results for improvement, and the SOPS database and we'll end with a Q&A session. I'm now going to ask Caren Ginsberg to speak, Caren.

**Caren Ginsberg
Ginsberg, Slide 6**

Good morning everyone.

I'm delighted to be able to speak with you today about our Ambulatory Surgery Center SOPS survey. I know I've spoken with many of you in the past and I very much look forward to being able to present this work to you today, and I'm even more delighted to be able to help you improve patient safety culture in your ambulatory surgery centers.

Ginsberg, Slide 7

Let me tell you a little bit about my agency, the Agency for Healthcare Research and Quality and what we do and why and how the SOPS surveys fit into our priorities. AHRQ is a science-based agency and what we do is invest in research and evidence to make healthcare safer, and improve quality. We create products for healthcare professionals to improve care for their patients and we generate measures and data that are used by providers and policy makers and health services researchers to improve performance and evaluate the progress of the US healthcare system. More importantly than that, we feel it's especially important to push our science to implementation and to get these products to you, our users. I'd like to note since we're going to be talking about this new database that AHRQ is not a regulatory agency. We don't require a collection of SOPS survey data or submitting SOPS survey data to our database. This is a voluntary effort and is just absolutely dependent on your involvement with us. Next slide, please.

Ginsberg, Slide 8

I'd like to just review our patient safety priorities. We focus on areas of greatest impact. We extend patient safety improvement to all settings and you'll see that with the breadth of our SOPS surveys. We'll talk about that in a minute. The patient safety program here in AHRQ has a big focus on preventing healthcare associated infections and reducing antibiotic resistance. We build capacity in the health system to accelerate patient safety improvements. It's also very important to make sure we understand the mechanisms by which patients and clinicians and their families communicate and to look at their engagement and patient engagement in their healthcare encounters. Finally, overall, we just want to make the safe thing to do the easy thing to do. Next slide, please.

Ginsberg, Slide 9

Let me just call your attention to the National Steering Committee on Patient Safety. This is a group that's convened by the Institute for Healthcare Improvement and its going to serve as an organization to galvanize stakeholders and act as a focal point to help prioritize patient safety efforts. There are 28 members in the steering committee representing 28 organizations. What they're going to do is create a national action plan for patient safety. Starting with several foundational issues, one of which is patient safety culture. Our work on the series on patient safety culture absolutely supports this effort. Next slide, please.

Ginsberg, Slide 10

Let me just talk a little bit about what patient safety culture is. When we talk about patient safety culture and particularly in regard to the SOPS surveys, we define patient safety culture as the beliefs and values and norms that support and promote patient safety within an organization or healthcare system. These beliefs, values, and norms can be shared by the providers, and the staff in that organization. When we're talking about measuring patient safety culture, we're using a SOPS survey. What we're talking about is actually the culture determines what behaviors are rewarded and supported and expected and accepted and that's what we're actually measuring in a patient safety culture survey. We want to note that patient safety culture can exist on different levels. From a system level to a clinic or surgery center level. Next slide, please.

Ginsberg, Slide 11

Just a little bit about the history of this program. Again, these are surveys of staff about the extent to which the organizational culture they work in supports a safe patient environment. We started in 2001 and released our first survey for hospitals in 2004. We have since added surveys on nursing homes. For nursing homes, medical offices, community pharmacies, and now ambulatory surgery centers is our newest survey. We have databases now to support all of these survey efforts. We're releasing now this year our latest database for ambulatory

surgery centers. Theresa will cover this in detail and I'm just now going to turn this over to Theresa to do that for you.

Thank you.

Theresa Famolaro
Famolaro, Slide 12

Thank you so much, Caren. Again, my name is Theresa Famolaro, and I'm going to be talking with you today about the SOPS Ambulatory Surgery Center survey on the related products and, of course, the new upcoming database.

Famolaro, Slide 13

The development of the Ambulatory Surgery Survey on Patient Safety Culture also known as ASC SOPS. You'll hear me referring to it as ASC SOPS. Began when AHRQ funded a four year multi-cohort quality improvement collaborative for the ambulatory surgery environment. The program was entitled Safety Program the AHRQ safety program for ambulatory surgery. The program goals were really to reduce infections and surgical harm in ASCs through the use of a surgical safety checklist, and to improve safety culture through teamwork and communication. The project ran from 2012 to 2016. During that time, we also pilot tested the ASC SOPS survey under this contract.

Famolaro, Slide 14

Here's our development process for the ASC SOPS survey. If you go to the first box to develop the survey, we first conducted a literature review on patient safety and medical error to really understand what some of the issues ASCs are facing. We specifically focused on Medicare-certified ASCs. We then interviewed experts, surgeons, anesthesiologists, technicians, basically, all types of staff that work in an ASC in order to understand the setting and how they thought about patient safety in their setting. Then from there we identified what we called key areas of patient safety culture or domains and developed survey items to assess those areas. Then we pre-tested the survey items using cognitive testing with physicians and staff and other people that worked within ASCs. Then we asked for input from a group of experts called our technical expert panel. We then finalized the pilot version of the survey and then piloted it in 59 ASCs. We actually had 1,821 staff respond in the pilot. We then conducted psychometric analysis which basically looks at the factor structure and how well the survey items measure these key areas of patient safety culture. We also look at the reliability of the key areas or composites which also quantifies how well items measured out specific composites. Then based off of these analyses, we dropped items that didn't perform well, that didn't hang with any of the patient safety culture areas. We then consulted our technical expert panel again just deciding which additional items to drop. Then we finalized the survey and developed the various toolkit materials which I'm going to share with you later in this presentation.

Famolaro, Slide 15

Here is the measures that the ASC survey measures. The survey consists of 27 items that assess eight composite measures of patient safety culture. The survey also has some single item measures. For example, the one that measures the near miss documentation and overall rating on patient safety. Then three items that measure communication in the procedure safety room. I just want to be extra clear that the ASC SOPS surveys measures patient safety culture at a single ASC facility, regardless of whether it's part of a larger chain or management entity. Really the goal of the survey is to assess patient safety the facility level. We, therefore, in our analysis consider each unique facility to be a separate center for the purposes of survey administration and providing facility specific feedback.

Famolaro, Slide 16

As I mentioned earlier, the ASC was pilot tested and it was administered by paper to providers and staff working in 59 ASCs in 20 states between May and August 2014. The average response rate was 77% and the average number of completed surveys per ASC was 31. We really tried to ensure that the pilot study included a diverse sample of ASCs by recruiting centers representing different ownership, sizes, and regions in the US. We also recruited ASCs performing a wide range of surgeries like orthopedic or plastic surgery and non-surgical procedures such as dermatology or pain management and just other procedures that required mild sedation such as endoscopy. A quarter of the ASCs were hospital affiliated which means they were owned by a hospital or hospital systems. However, none of the ASCs in the pilot test shared space with a hospital location.

Famolaro, Slide 17

Here are four of the composite results from the 59 ASCs that participated in the pilot study.

*[Describer: Organizational Learning--Continuous Improvement: 92%
Communication About Patient Information: 91%
Management Support for Patient Safety: 89%
Teamwork: 86%]*

The chart showed the average percent positive response for these composites which are groups of survey items measuring the same aspect of patient safety culture. Overall, the percent positive scores were very high. The most positive composite patient safety culture from the pilot ASCs was Organizational Learning and Continuous Improvement. These items measure the extent to which the facility actively looks for ways to improve patient safety and makes changes to ensure that problems do not reoccur.

Famolaro, Slide 18

*[Describer: Communication Openness: 85%
Response to Mistakes: 82%
Staff Training: 78%
Staffing, Work Pressure, & Pace: 76%]*

The composite measure with the most room for improvement or the lowest performing composite was Staffing, Working Pressure, and Pace at 76% positive. This composite measures the extent to which staff do not feel rushed, have enough time to properly prepare for procedures, and there are enough staff to handle the workloads.

Famolaro, Slide 19

Okay, the two top-performing composite items came from the Communication and Patient Information composite. The item important patient care information is clearly communicated across areas in this facility and scores the highest at 96% positive across participating ASCs.

[Describer: Another response item: Within this facility, we do a good job communicating information that affects patient care: 95%]

Famolaro, Slide 20

The two bottom performing items were from the staff, Staff Training composite, and the Staffing Work Pressure and Pace composite. At 72% positive staff disagreed or strongly disagreed feeling pressured to do tasks they haven't been trained to do. At 58% positive, staff answered never or rarely, stating that they did never or rarely did they feel rushed taking care of patients. I just wanted to just say that when you're looking at percent positive response, you always want to think of what would make the answer positive. In this case, Staff Work Pressure and Pace and then negatively worded item. When we feel rushed taking care of patients you just want to make sure that the response is 'never or rarely' as a percent positive response. Okay, let's go to the next item.

Famolaro, Slide 21

[Describer: Near Miss Documentation]

On average, across pilot sites, 88% of respondents reported always or most of the time that when something happens that could harm the patient but does not, it is documented in an incident or occurrence report.

Famolaro, Slide 22

Then on average across pilot sites, 87% of respondents gave their ASC an overall rating on patient safety of excellent or very good.

Famolaro, Slide 23

As I mentioned before, there were also three items on Communication in the Surgery/Procedure Room to assess elements related to AHRQ efforts to implement a surgical safety checklist in the ASCs across the United States. Only physicians and staff who were typically in the room during surgery procedures or treatment answered these items which were measured on a frequency scale ranging from never to always. On average across ASCs, 92% of respondents reported that all team members stopped most of the time or always to discuss the overall plan of what was done. Then only 65% reported that just before the start of procedures doctors encouraged all team members most of the time or always to speak up at any time if they had any concerns. Finally, you can see that 73% of respondents responded positively that immediately after procedures, team members discussed any concerns for patient recovery.

Famolaro, Slide 24

Now we're going to take a few minutes to talk about administering your survey.

Famolaro, Slide 25

You may have seen this on the AHRQ website. The Survey User's Guide provides detailed information and guidance about how to administer the ASC SOPS survey. This can be found on the AHRQ website. I've put the web link in the slide for you as well.

[Describer: The link is provided on slide 29]

I'm going to highlight just a few key points in the next few slides and we've also again, like I said, put the hyperlink to the user's guide directly on this website on the page.

[Describer: <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/asc/userguide/ascusersguide.pdf>]

Famolaro, Slide 26

Let's go to the next slide. You can administer the survey paper or by web. It looks like most of you are administering by web. Paper generally you'll have a slightly higher response rate but this does take some more upfront resources such as printing and preparing mailings. You can also hire a vendor to do your survey administration or opt to administer the survey in-house. It looks like of those that administering such staff service majority are doing it in-house. Even if you are using a vendor there are pros and cons to either one of them. The pros of the vendor might be that staff may feel that their results are more I would say confidential in a way because they are not submitting the survey to someone in the facility even if it's by web. You might have more timely results if you don't have enough staff in-house.

However, there are some cons. Of course, the cost of hiring a vendor but if you are administering the survey in-house, for those that are it looks like 38% are, just make sure that you have the staff and the capabilities to collect the data, analyze it, and report back the results in a timely manner. Regardless of whether you're administering in-house or a vendor, if you are serving multiple sites within your system, please assign an identifying number to each ASC. Responses can be linked to that specific site. We want to measure patient safety culture at the specific ASC location not necessarily the system.

Famolaro, Slide 27

Who should take the survey? Well, the ASC SOPS survey is designed to be administered to all staff as appropriate such as physicians and those can be contract physician, nurses, nurses' services, technicians, management, basically everyone including business staff and clerical staff. Staff members can be part-time, full-time, per-diem employees, and even contract employees. However staff should have worked at least at the ASC four times in the past month and been working at the ASC for at least six months. The reason we're stating this is that survey staff should have enough knowledge of the ASC and its operations to provide informed answers to the survey questions. Then if you have staff that work at more than one ASC and sometimes this does happen, the survey should be distributed to the ASC where they spend most of their time and staff should only answer about that ASC. If they spend equal time at multiple ASCs, just have them choose one center and have an answer only for that center.

Famolaro, Slide 28

Here is an abbreviated version of the timeline for project planning and survey administration of the SOPS User's Guide. A more detailed version of the timeline is found in the Survey User's Guide, so I just wanted you to know that. The data collection period is expected to be around three to four weeks

[Describer: From the first survey invitation, sending weekly reminders, and closing out data collection.]

and pre- planning will probably take several weeks.

[Describer: Preplanning includes: determine resources and scope, establish an ASC point of contact, decide whether to use an outside vendor, and prepare survey materials.]

Then I just want to say especially about promotion is especially important also before but then also during your data collection to ensure maximum responses. For promotion, there are several ways and we do have some things that we can share with you in the User's Guide but one thing that we found to be useful is to put flyers

within the break rooms, the staff break rooms. Also to get a letter of support from your management to distribute to all staff.

Famolaro, Slide 29

Let's imagine that you just finished data collection, the next step in the process is calculating and presenting your results.

Famolaro, Slide 30

One way that you can easily enter your respondent data and automatically calculate your results, is with the SOPS ASC Data Entry and Analysis Tool. The tool uses Microsoft Excel to assist with entering survey data to create tables and graphs of your results and you could also export your survey data. Basically you can hand enter your data if you use paper, or copy and paste values from your web survey output into the data entry sheet and see the results. Then just to use the tool, users must have Excel macros enabled on your computer. The Excel tool or product is the only resource not available on the AHRQ website, however you can request this tool by contacting our Helpdesk which I will provide towards the end of this presentation.

Famolaro, Slide 31

[Describer: Composite-level comparative results bar graph of the Database compared to Your ASC.]

Now we're going to talk about the new SOPS ASC. Here's an example sample of Excel tool results and these are basically what you would get if you were, or just a sample of what you would get if you were to put your data into the Excel tool. If you don't want to use the Excel tool, the Survey User's Guide also has explanation of how you can calculate your results in the tool. Go to the next slide.

Famolaro, Slide 32

It's very important once you have your survey results to share them with the leadership, Department Managers, clinicians and staff. So many times we hear people that have done their surveys and they have no idea what the results are and by sharing them with these three groups or with all staff. Also, including your leadership and Department Managers and your front line staff and contract physicians. You're going to get a lot more buying in for patient safety culture improvement in your ASC.

Famolaro, Slide 33

We're going to talk about once you have your survey results, how do you use them for improvement.

Famolaro, Slide 34

So, what we see here is the Action Planning Tool. We have put together an AHRQ planning tool for the AHRQ Surveys on Patient Safety Culture. The tool provides you literally with a template and instructions on how to define your goals and select your initiatives, plan your initiative, your timeline, and then how to communicate your action plan back to people that are on your action planning team and staff that you want to implement the initiatives.

Famolaro, Slide 35

Just in time, we also are going to have an action planning webcast next week so if you want to learn more about how to use the Action Planning Tool to improve patient safety culture in your ASC, please go to the AHRQ SOPS website. You can register for the webinar. It is going to be Thursday, January 17th, from twelve to one. As you can see we have Jeff Brady from AHRQ, Laura Gray and Naomi Yount from Westat and the SOPS User Network who will be speaking on this Action Planning Tool. I think it's going to be quite interactive. I really hope that you join the webcast.

Famolaro, Slide 36

Now we're going to talk about the new SOPS ASC database that will allow users of the SOPS ASC survey to voluntarily submit their survey data, as Caren had mentioned before, for patient safety culture improvement purposes.

Famolaro, Slide 37

What are the goals of the ASC SOPS database? Well, first it is to present results from a large number of ASCs that voluntarily submit their data. The results are eventually presented in a database report in the aggregate so we never identify individual ASCs or their systems in the report. We also present results by facility characteristics such as primary ownership, size and responding characteristics, such as staff position. The ASC SOPS database will also enable ASCs to identify strengths and opportunities to improve their patient safety culture. In the future ASC database, we hope to present trends and examine changes in patient safety culture over time.

Famolaro, Slide 38

There are some very good benefits for participating in the SOPS ASC database. First of all, your results will be part of a larger database report that is published on the AHRQ website and again the report will not identify any participating facilities. Importantly, each participating ASC will receive a feedback report comparing their results to the database. You will also receive a summary report that can easily be shared with your leadership and other staff within your organization. That report mostly shows the highlights of your individual full feedback report, which is very useful.

Famolaro, Slide 39

When can you submit to the database? Well, we are opening data submission for the SOPS ASC database this year on June 3rd, 2019, and we will keep it open through July 22nd, 2019. Announcements specifying where to submit your data will be sent through AHRQ ASC SOPS mailing list. If you have not signed up for that mailing list, I will tell you how you can do so, toward the end of this presentation.

Famolaro, Slide 40

Who is eligible to submit to the SOPS ASC or which ASCs are eligible? Well first of all, eligible ASCs are CMS-certified and approved ASCs with a valid CMS certification number or CCN. You also provide surgical procedures. Your ASC provides surgical procedural services to patients that do not require hospitalization, except of course in unusual circumstances. And you do not share space with a hospital or hospital outpatient surgery department.

Famolaro, Slide 41

So here are the submission requirements. First of all, you have a valid CCN number for your ASC. You administer the ASC SOPS survey in its entirety without modifications or deletions. I just want to specifically stress the SOPS surveys are trademarked by AHRQ and so the survey items or response options should not be changed. You can also not reorder any of the survey items from the core items set which includes item A1 through G3. You can add questions ONLY at the end of the survey, after section G, before the demographic questions in section H. Other submission requirements include completing a data collection before the end of the data submission period in July, and formatting your data file according to specification. We do have specific technical assistance that will walk you through this entire process. Then, of course, sign a data use agreement that indicates how your data will be used and protect the confidentiality of your facility and survey data. Then lastly, of course, uploading your survey data through a secure online data submission system. Just want to specify that to be included in the database, each site must have at least five completed surveys to receive a feedback report. Then after data cleaning, at least three completed surveys just to be in the database.

Famolaro, Slide 42

Here's a recap of all the SOPS ASC resources. Again, the Data Entry and Analysis Tool which I spoke to you about. The SOPS ASC survey. We also have the survey in Spanish if you need that. Then the User's Guide which we highlighted some of the stuff there and the Action Planning Tool, of course. You can download all of these on the AHRQ SOPS website shown on this slide.

[Describer: <https://www.ahrq.gov/sops/surveys/asc/index.html>]

Famolaro, Slide 43

Here are these other resources. Again, I'm saying the Action Planning Tool. Excuse me if I misread that on the previous slide. The Action Planning Tool, and the Research Reference List, which provides citations for published articles using the AHRQ Surveys on Patient Safety Culture. Then the Resource List which contains references to websites that provides practical resources that you can use to implement changes to improve patient safety culture and patient safety. Then of course, the Action Planning Tool which assist users of the AHRQ Surveys on Patient Safety Culture to develop an action plan to improve patient safety culture in the organization. A lot of times people like to use all three of these resources together. They might want to read an article on the Research Reference List that shows how someone used a SOPS survey to improve patient safety culture and then in the Resource List you might find an initiative within that Resource List that you can use in your action planning. You use these all together.

Famolaro, Slide 44

As a reminder, if you have any questions about the SOPS surveys, toolkits, or databases, please feel free to email or call the SOPS technical assistance helplines shown here and also found on the AHRQ website.

[Describer: General TA email: SafetyCultureSurveys@westat.com and phone: 1-888-324-9749]

Famolaro, Slide 45

We also periodically send email announcements through SOPS email updates about various SOPS products such as webcasts, data submission timeline, database reports, and other products. You can sign up for the email updates by going to the AHRQ website and clicking in the right hand corner, and choosing the email updates associated with the Surveys on Patient Safety Culture as shown on this slide.

[Describer: a dropdown checklist of survey options]

Then for the ASC SOPS, I would ask that you specifically click on the Ambulatory Surgery Center Survey for updates about the ASC SOPS survey and the database. I think that's the end of my presentation. I'm going to hand it over to Joann and she's going to moderate our question and answer session.

Joann Sorra

Sorra (closing), Slide 46

Thanks, Theresa. We're going to now switch to the Q&A portion of the webcast as we go to the next side.

Sorra (closing), Slide 47

As a reminder, you can submit a question in the Q&A box which is shown on this slide. To access the Q&A box, you may need to select the button with the three dots that's at the bottom of your screen and select the question mark Q&A for it to appear on the right panel of your screen. Then be sure to send your question to all panelists. Again, depending on the browser you're using, your WebEx screen may look slightly different from this slide.

I see during the webcast that we do have a few questions and I'll be reading those aloud and directing them to the other speakers or myself to provide answers.

The first question we received was, "Are the slides going to be available?"

Yes, the event replay and slides will be available later on the AHRQ website. As Theresa indicated, please sign up for the AHRQ SOPS mailing list to receive notification when the materials are posted in the coming weeks by going to the AHRQ website and clicking on email updates. If you register for the email updates, you'll also receive notice about the SOPS ASC database.

Another question is, "I work in an outpatient surgery center that is physically located in my hospital? Can I use the SOPS Ambulatory Surgery Center survey in my facility?"

Theresa, would you like to answer that?

Theresa Famolaro

Yes, the SOPS Ambulatory Surgery Center Survey is meant for ASCs that do not share space with their hospital or a hospital outpatient surgery department. For this reason, we recommend that you use the hospital survey which you can also download from the AHRQ website. That being said, some hospitals have ASCs that are located off sites in the hospital and have a valid CMS certification number or CCN and they do provide surgeries that do not require hospitalizations. These types of ASCs should use the SOPS Ambulatory Surgery Center survey.

Joann Sorra

Great. Thank you, Theresa.

The next question is, can I customize the SOPS Ambulatory Surgery Center survey from my own facility? Theresa, would you like to answer that?

Theresa Famolaro

Yes, I'm not sure if I mentioned this again in my presentation, but the SOPS surveys again are trademarked by AHRQ and so the survey items and response options should not be changed. However, you can add supplemental or custom questions to the end of the core survey before the background question. I think that's item G3 before the background questions in section H. Then additionally, some organizations may choose to modify the background question, to the staff position to better match the titles used within their organization. However, if you submit to the SOPS ASC database, we just want you to be able to cross off those to the original

SOPS ASC staff positions. You can crosswalk them back and recode them back to those when you submit to the database.

Joann Sorra

Thanks, Theresa.

The next question is, “is it mandatory that each center submit their own survey data, or can a management company, or a vendor submit data on behalf of the center?”

Theresa?

Theresa Famolaro

A vendor or management company can definitely submit the data on your behalf. However, the vendor cannot sign your data use agreement. You, as the organization if you're a larger healthcare organization, you'll need to sign the data use agreement and you could give that to your vendor to upload, but we need to have that signed by you. Then you also need to list all of the ASCs that are within that specific entity where you administer the survey.

Joann Sorra

It looks like we have another question about, can we apply this survey in a hospital setting? Theresa?

Theresa Famolaro

I would say that I would not apply this in a hospital setting. Again, the SOPS ASC survey is really meant for outside or its separate Ambulatory Surgery Center surveys. If you are a surgery department or within a hospital, we recommend that you use a hospital version. We also have a facility version that's basically the hospital survey, just replacing the word facility that would be more appropriate to your organization than the SOPS ASC survey, which is really meant to look at sites that are certified by CMS and provide surgeries that don't require any hospitalization of any kind.

Joann Sorra

At this time, I do again want to encourage anyone who has a question to select the Q&A box and type in the question, and we'll be sure to address it. Another question is, are there any fees for using the SOPS Ambulatory Surgery Center Survey and submitting to the database? Theresa?

Theresa Famolaro

Again, just saying that the SOPS Ambulatory Surgery Center Survey and products and database are available to the public at no charge, so everything is completely free. Then we also offer free technical assistance. If you want to understand how to administer the survey, or if you want to understand how to calculate your results, or if you want help in submitting to the database, we are absolutely willing to help you out. In fact, we want to help you out. You will find all of the free materials on the website, and then you would also have free technical assistance to help you use those materials on the AHRQ website.

Joann Sorra

At this point, there are no further questions. I just want to move to the next slide and thank everyone for participating in today's webcast.

Joann Sorra, Slide 48

A brief webcast evaluation will pop up when you close out from today's webcast. Please take a moment to provide us with your feedback, as it helps us improve our offerings and plan future events that meet your needs. We invite you to visit the AHRQ website and contact us at any time by email or phone. Thanks again for joining us. This concludes today's presentation.