

ACHA-PSAS

American College Health Association 
Patient Satisfaction Assessment Service

USER'S MANUAL

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PRODUCTS

ACHA will produce several products for each institution of higher education (IHE) that will allow them to evaluate the results of the ACHA-PSAS for their respective campus. Each IHE will also receive a Reference Group Report that will allow them to compare results from their campus ACHA-PSAS with de-identified aggregate results from all participating schools for benchmarking purposes. The following is a list of products that each IHE will receive:

1. A link to monitor survey results on a 24-hour basis. Access is available only while the survey is active. The tracking link to view your results will be sent to you before the survey process has begun. This process will allow you to rectify any urgent concerns that are received.
2. Institutional Report approximately four to six weeks after closing the survey on June 15. The Institutional Report presents a frequency distribution of all survey questions for female, male, and nonbinary. For each core question with a Likert scale of 0 (very dissatisfied) through 5 (very satisfied), the mean, median, standard deviation, minimum, and maximum are presented for males, females, and total. If the IHE purchases the optional mid-year report, the IHE will receive an additional Institutional Report which includes all survey responses received through December 15.
3. Institutional data in an Excel file with separate codebook and SPSS (Statistical Package for the Social Sciences) with an embedded codebook.
4. Reference Group Report for benchmarking institutions of higher education (IHE) with a combined set of participating IHEs (de-identified aggregate results) at end of the survey period. The final report will be processed by October of each year.

ACHA-PSAS IMPLEMENTATION STEPS AND OVERVIEW

There are several steps involved to successfully implement the ACHA-PSAS on a campus. The ACHA-PSAS is a web-based tool where students are contacted by the IHE. Typically, the IHE will not require Institutional Review Board (IRB) approval as the ACHA-PSAS is not considered research, but each IHE is encouraged to check with its individual IRB to confirm that approval is not needed.

Each IHE must determine the number of patients to contact with the invitation to participate. Smaller student health services with lower numbers of patient visits may want to survey all patients while larger student health services with larger numbers of patient visits may want to select a random subset of patients.

Students are asked to identify their provider. ACHA will not provide provider-specific results in any report document. Results of patient satisfaction are presented in aggregate form and are not tied to a specific provider in the reports. Provider names are tied to student responses in the Excel and SPSS files for provider-specific analysis by the IHE. Providers should be informed when the ACHA-PSAS is to be conducted at their health service and should be notified that students will be able to identify their provider via a drop-down menu on the survey instrument.

If you plan to distribute the survey links via email, you should contact your information technology department to ensure a successful delivery of the survey invitations. Those IHEs that wish to award incentive prizes to randomly selected participants of the ACHA-PSAS can arrange to have the students be re-directed to a secure IHE website to print a coupon or enter their email address into a system separate from the ACHA-PSAS. The IHE is responsible for this process.

IMPLEMENTATION SUMMARY

1. General Assurances:

- a. The ACHA-PSAS is hosted by ACHA using password-protected servers housed at Qualtrics. Qualtrics is a survey corporation with all safeguards in place to secure survey responses in a responsible and ethical manner.
- b. All ACHA Research department staff hold a National Institute of Health Certificate of Confidentiality and a Collaborative Institutional Training Initiative (CITI) certificate for the Responsible Conduct of Research; copies are available upon request.

2. Implementation Steps:

- a. Contact the ACHA Research Coordinator Valerie Hartman, MS, at vhartman@acha.org to schedule assessment dates, receive order forms, IHE demographic survey, standard letter of invitation, and assist with assessment implementation.
- b. The order form (required) is used to begin the survey implementation process. The IHE demographic survey (required) is used to describe the characteristics of each participating IHE that are summarized within the Reference Group Report and is required before your results can be released. **Each IHE must keep an accurate count of the total number of students invited to take the survey and include this number in the demographic survey.** ACHA calculates the response rate for each IHE and for all the IHEs combined in the Reference Group Reports.
- c. The ACHA-PSAS is an anonymous web-based survey personalized to each IHE student health service, although students who seek a response to their feedback may choose to self-identify with their contact information to allow for follow-up. Each IHE should send the order form, along with the name of their health service to

vhartman@acha.org so that the survey can be personalized to the specific IHE.

- d. If the IHE wants provider names included in the ACHA-PSAS (via a drop-down menu in the survey), it must send provider names to vhartman@acha.org via e-mail or in a Microsoft Word document with first name, last name, and degree (for example: Sandi Beach, NP). The participation fee includes up to 15 providers. Each additional 15 providers added are subject to additional fees (see order form).

- e. The IHE is responsible for the contact/invitation of students using the anonymous survey link provided by ACHA. The IHE may choose to randomly select patients or may send a survey invitation to all patients that have had a patient visit. There is a generic letter of invitation that can be adapted or personalized to the IHE student health service. Each student health service is encouraged to use their health service name and “patient satisfaction assessment” in the subject line.

- f. If the IHE wants to award incentives, the patients can be re-directed to a secure website upon completion of the ACHA-PSAS hosted by the IHE to print a coupon for a random drawing or input their email address for a random selection of winners. The IHE/IT is responsible for the process of setting up a webpage on the IHE server as well as awarding the incentive prizes. Please provide the re-direct link to vhartman@acha.org if you would like to utilize this system.

- g. Up to five custom (extra) questions may be added to the END of the survey for an additional charge. All five custom questions will be programmed into the survey, the SPSS data set, and the Institutional Report. You may add up to fifteen total custom questions, but NONE of the variables will appear in the Institutional Report if you add more than five. The extra questions must be single variables. In the case of “select all that apply” items, each response is considered a separate variable.

3. Institutional Review Board:

Typically, patient satisfaction surveys are not considered research, but each IHE is encouraged to contact their Institutional Review Board (IRB) to determine if IRB approval is necessary.

If your IHE does not have an IRB each surveyor is encouraged to inform administration of its plan to conduct the ACHA-PSAS.

4. Survey Period:

The survey period is annual. The survey period runs from August 15 through June 15. If the IHE chooses to leave the survey open through the summer, please communicate your preferred close date with ACHA. Depending on your preferred close date, your IHE data may not be included in the Reference Group Report. A Reference Group Report will be produced each year in October. Each participating IHE will be notified directly once it is available.

5. Disclosure of Participating IHEs:

Participating IHE names are never disclosed by ACHA.

6. Please note that when a patient selects a score between 0 and 2 on patient satisfaction items they will automatically be brought to supplemental questions further exploring the reasons for the lower satisfaction ratings. A score of 3, 4, or 5 automatically skips the supplemental questions.