Survey Submission

Survey submission window June 1, 2025- August 31, 2025

1. Click on the PSCS link: https://apps.ahca.myflorida.com/pscs

2. Log Into the PSCS system



3. From your dashboard, select the facility you are uploading data for by selecting View Datable

4. From the facility profile page, under the Surveys section, select View Details from the open 2025 survey



5. Click Submit Survey

PSCS-Ambulatory Surgery Center	
Submit Survey	
Surveys Submitted	
No submissions for this survey	

6. Enter the number of surveys returned, the number of incomplete surveys returned and the total number of staff at your facility

Patient Safety Culture Survey
Please upload your survey file for:
Survey Type
Ambulatory Surgery Center
Facility Name
PEDIATRIC SURGERY CENTER - ODESSA
Number of Surveys Returned
457
Number of Incomplete Surveys
14
Incomplete surveys are surveys returned completely blank, have "Does not apply/Does not know" marked for all responses, only have backgro
Number of Staff Members
932

7. Click Choose File and search within your computer for your saved .CSV survey data file.

8 Select the CSV file for unload and check the	FL Hospital Data.csv		
		V I'm not a robot	reCAPTCHA Privacy - Terms

9. Click Submit Survey

10. The survey has been successfully submitted, confirmation email of accepted survey should be received within 3 days.



11. To view your updated Dashboard and confirm survey submission, click Dashboard



12. Click View Details	for the facility	y survey	you '	wish to co	nfirm.		
Patient Safety Culture	2 Survey				Go to AHCA's Home Page	? Help	🕞 Lo
	Facilities Add Facilit	У					
	Facility Name	License Number	File Number	Provider Type			
	PEDIATRIC SURGERY CENTER - ODESSA	1297	14960656	AMBULATORY SURGICAL CENTER	View Details		
	FLAGLER HOSPITAL	3665	100219	HOSPITAL	View Details		
	OCALA EYE SURGERY CENTER, INC.	882	246	AMBULATORY SURGICAL CENTER	View Details		

12. The facility profile within the dashboard will appear. Click View Details for the open survey.

d							Go to AHCA's Home Page	? H	
Patient	Patient Safety Culture Survey Facility								
License Num File Number: Facility Nam Provider Typ	965 3665 100219 FLAGLE HOSPIT	r hospiti Al	AL						
Survey	s								
Survey Nam	Survey Name Hospital Survey PSCS-Hospital		Surve	Year Survey Status					
Hospital Su			2022		Closed	View D	etails		
PSCS-Hospi			2025		Closed	View D	etails		
PSCS-Hospi	al Survey				Open	View D	etails		
Users									
First Name	Middle Name	Name Last Na Pearce		Email Address		User Status			
Erika	J			Pearce Erika.Pearce@ał		ca.myflorida.com	Admin	View Details	
Erika	J	Pearce		tdpearce64@yahoo.com		Admin	View Details		

13. You will now see the survey was successfully submitted.

