AHRQ QI Validation Pilot
Participant Follow-up Survey

The purpose of this survey is to assist the AHRQ QI Validation Pilot team in determining the feasibility of incorporating a validation component into the ongoing development process of the AHRQ Patient Safety Indicators.

Hospital/Organization Name:

1. **Did your organization experience any difficulties accessing acute inpatient administrative data as required for this project?**
   ☐ **Yes**
   ☐ **No**

   If yes, please explain:
   _____
   _____
   _____

2. **Did your organization experience any difficulties in applying the AHRQ QI software to acute inpatient administrative data?**
   ☐ **Yes**
   ☐ **No**

   If yes, please explain:
   _____
   _____
   _____

3. **Did your organization experience any difficulties in accessing medical records as required for this project?**
   ☐ **Yes**
   ☐ **No**

   If yes, please explain:
   _____
   _____
   _____

4. **Did your organization experience any difficulties in providing qualified abstraction personnel to collect data from medical records?**
   ☐ **Yes**
   ☐ **No**

   If yes, please explain:
   _____
   _____
   _____

5. **Did your organization experience any difficulties in accessing coding personnel for clarifying questions that arose during data collection?**
   - ☐ **Yes**
   - ☐ **No**

   If yes, please explain:

   _____
   _____
   _____

6. **Did your organization experience any difficulties in completing data collection according to the timelines set by the AHRQ QI team?**
   - ☐ **Yes**
   - ☐ **No**

   If yes, please explain:

   _____
   _____
   _____

7. **Did your organization experience any difficulties in using the data collection tools?**
   - ☐ **Yes**
   - ☐ **No**

   If yes, please explain:

   _____
   _____
   _____

8. **Were the data collection tools designed so that users with limited familiarity with the AHRQ PSI project could easily enter the data?**
   - ☐ **Yes**
   - ☐ **No**

   If no, please explain:

   _____
   _____
   _____

9. Were the resource requirement estimates (estimates of full-time equivalent hours) provided by the AHRQ QI team accurate according to your experiences?
    ☐ Yes
    ☐ No

    If no, please explain:

    _____
    _____
    _____

10. Did your organization experience any difficulties in accessing an existing IRB and/or Privacy Board (if applicable)?
    ☐ Yes
    ☐ No

    If yes, please explain:

    _____
    _____
    _____

11. Did your organization experience any difficulties in participating in project-related trainings?
    ☐ Yes
    ☐ No

    If yes, please explain:

    _____
    _____
    _____

12. Given your experiences with this project, would your organization consider participating in similar validation efforts in the future?
    ☐ Yes
    ☐ No

    If no, please explain:

    _____
    _____
    _____

13. **Please provide any further comments about your participation in the AHRQ QI Validation Pilot below.**