

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.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-0124 Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0124) AHRQ, 540 Gather Road, Room #5036, Rockville, MD 20850.

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 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:

9. Did your organization experience any difficulties in accessing an existing IRB and/or Privacy Board (if applicable)?

- Yes
- No

If yes, please explain:

10. Did your organization experience any difficulties in participating in project-related trainings?

- Yes
- No

If yes, please explain:

11. Given your experiences with this project, would your organization consider participating in similar validation efforts in the future?

- Yes
- No

If no, please explain:

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