

# Attachment A-8: AHRQ Hospital Survey on Patient Safety Culture Comparative Database, Supporting Statement A--Eligibility and Registration Form



HOSPITAL SURVEY ON PATIENT SAFETY CULTURE  
COMPARATIVE DATABASE

## Hospital Survey on Patient Safety Culture Database Eligibility Form

We welcome your interest in the Hospital Survey on Patient Safety Culture Database. To determine your organization's eligibility for submitting your patient safety culture survey data to the new database, we need to collect some information about you and your survey.

\* Required Item

Role: UNDEFINED

### 1. Please provide your contact information:

\*Organization Name:

\*Contact First Name:

\*Last Name:

Title/Position:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip:

\*Telephone Number:    Ext.

Fax Number:

\*Email Address:

\*Confirm Your Email Address:

Additional information about your SOPS project (optional):

### 2. Which of the following do you represent?

- Hospital/Hospital System
- Quality Improvement Organization (QIO)
- An organization and/or vendor submitting information on behalf of a hospital(s) or healthcare system(s)
- Another type of healthcare facility/healthcare system

(Please specify):

### 3. Will you have completed survey data collection by June 30, 2009?

- Yes
- No

### 4. Approximately how many hospitals will you be submitting data for?

### 5. Did you make any changes to the questionnaire (changed questions/responses, survey instructions, new questions)?

- Yes
- No

If yes, please describe the nature of the changes.

REGISTER

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