



Attachment A-10: AHRQ Hospital Survey on Patient Safety Culture Comparative Database, Supporting Statement A--Hospital Information Form



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HOSPITAL SURVEY ON PATIENT SAFETY CULTURE COMPARATIVE DATABASE

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Account: **Dummy / Test User - Westat** [Return to Admin](#) [Contact Us](#)

Each site record represents a single hospital. One data file must be submitted for each site record.

*Medicare Provider ID: six-digit numeric numbers

*Site Name:

*Have you ever submitted to the AHRQ Hospital Comparative Database? Yes No

What was the month and year that you submitted? Month Year

*Address 1:

Address 2:

*City:

*State: --Select One--

*Zip: (xxxxx or xxxxx-xxxx)

**AHA ID: seven-digit numeric numbers

***If you have an AHA ID then you do not need to enter the hospital characteristics below, otherwise you need to enter the hospital characteristics below.

**Number of Licensed Beds:

**Teaching Status:

**Ownership and Control:

*Denominator:
(Total number of people surveyed)

*Survey Mode: Paper Web Mixed Mode Other (Please specify if checked Other)

*Who administered to: All Staff Sample of all staff Selected departments/units only (Please specify) Selected staff only (Please specify) Selected departments/units and selected staff (Please specify)

1000) (Maximum characters: 1000)
You have 1000 characters left.

*Month of Data Collection Completion:

*Year of Data Collection Completion: