

Attachment A-7: AHRQ Hospital Survey on Patient Safety Culture Comparative Database, Supporting Statement A--Eligibility and Registration Form



Hospital Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Hospital Survey on Patient Safety Culture Comparative Database, we need to collect some information about you and your survey.

* 1. Which of the following do you represent?

- Hospital/Hospital system
- Quality Improvement Organization (QIO)
- An organization or vendor submitting data on behalf of a hospital or hospital system
- Another type of healthcare organization (please specify)

* 2. Will you have completed survey data collection and be able to submit your final electronic data file by June 15, 2013?

- Yes
- No

* 3. How many hospitals will you be submitting for?

* 4. Did you make any changes to the AHRQ Hospital SOPS Questionnaire?

- Yes
- No

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Hospital Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Hospital Survey on Patient Safety Culture Comparative Database, we need to collect some information about you and your survey.

*Organization Name:

*First Name:

*Last Name:

Title/Position:

*Address 1:

Address 2:

*City:

*State:

*Zip Code:

*Telephone number: () - Ext.:

Fax number: () -

*Email Address:

*Confirm Email Address:

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