



# Attachment A-8: 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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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)

(Maximum characters: 1000)

You have  characters left.

**\*Month of Data Collection Completion:**

**\*Year of Data Collection Completion:**