

AHRQ Hospital Survey on Patient Safety Culture Comparative Database, Supporting Statement A

Attachment C: Hospital Site Information Form

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Databases

You are here: [Databases](#) > [Submitting Data](#) > Site Details [Logout](#)

Welcome, Willow

- **Submitting Data**
 - 1. Enter Hospital Site Information**
 - 2. Submit Hospital Questionnaire
 - 3. Submit Data Use Agreement
 - 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

Databases On Safety Culture
@westat.com
888-324-9790

Site Details

[Save](#)

* Medicare Provider ID

* AHA ID This hospital does not have an AHA ID.

* Hospital Name

* Address

Address 2

* City

* State

* Zip Code

* Does this hospital share an AHA ID with another hospital?

Yes No Don't Know

* Please indicate the total number of licensed beds in your hospital.

* Please identify the type of organization that controls and operates your hospital.

* Please indicate your teaching status.

Site Contact Information

Use my information as the contact for this site

* Contact First Name

* Contact Last Name

Title

* Telephone number () - Ext.

* Email Address

Data Collection

* Denominator (Number of surveys distributed)

* Survey Mode

* Who Administered to

Please specify

* Data Collection Completed Month: Year:

* Including the data you are submitting, how many total times did you administer the survey since July 2013?

Public reporting burden for this collection of information is estimated to average 3 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. 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-XXXX) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

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Dropdown options for bed size:

* Please indicate the total number of licensed beds in your hospital.

* Please identify the type of organization that controls and operates your hospital.

* Please indicate your teaching status.

Site Contact Information

- Select--
- 6-24 beds
- 25-49 beds
- 50-99 beds
- 100-199 beds
- 200-299 beds
- 300-399 beds
- 400-499 beds
- 500 or more beds

Ownership and control:

* Please indicate the total number of licensed beds in your hospital.

* Please identify the type of organization that controls and operates your hospital.

* Please indicate your teaching status.

Site Contact Information

- Select--
- Government non federal
- Nongovernment not-for-profit
- Investor-owned (for-profit)
- Government, federal

Teaching status:

* Please indicate the total number of licensed beds in your hospital.

* Please identify the type of organization that controls and operates your hospital.

* Please indicate your teaching status.

Site Contact Information

- Select--
- Teaching
- Non Teaching

To whom the survey was administered:

* Who Administered to

* Data Collection Completed Month: Year:

- Select--
- All staff's sample of all staff
- Selected departments/units only (Please specify)
- Selected staff positions only (Please specify)
- Selected departments/units and selected staff positions (Please specify)

Survey mode:

* Denominator (Number of surveys distributed)

* Survey Mode

* Who Administered to

- Select a survey mode--
- Paper
- Web
- Mixed Mode (Paper and Web)
- Other

Number of times administered:

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* Including the data you are submitting, how many total times did you administer the survey since July 2013?

- Select-
- 1 time
- 2 times
- 3 times or more