Site-Level Data File Specifications

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

AHRQ Medical Office Survey on Patient Safety Culture

**Use these instructions if you are submitting data from multiple medical offices all at the same time.**

**INSTRUCTIONS:**

**Step 1: Site-level data must be in Excel format (.xls, .xlsx).**

**Step 2: Include a header row with the variable name for each column.**

Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

**Step 3: Site IDs must match IDs in respondent-level data file.**

Please enter a unique Site ID for each medical office. Make sure that each medical office’s Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

**Step 4: File must contain one record for each medical office.**

Enter each medical office in a separate row, including all required variables from the table below.

**Definition of a Medical Office:**

* *A* ***medical office*** *is defined as an outpatient facility in a specific location.*
* *Each* ***medical office*** *located in a building containing multiple medical offices is considered a separate medical office.*
* *Providers in a single* ***medical office*** *should share administrative and clinical support staff. If they do not share these staff, the offices should be considered separate offices.*

| **Column** | **Variable Name** | **Variable Label** | **Type** | | | **Details/Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| Column A\* | SiteID | Site ID | | Numeric | Unique Site ID matching respondent-level data file. | |
| Column B\* | SiteName | Site Name | | Character | Please use a unique name for each medical office. | |
| Column C\* | Address1 | Street Address 1 | | Character |  | |
| Column D | Address2 | Street Address 2 | | Character |  | |
| Column E\* | City | City | | Character |  | |
| Column F\* | State | State | | Character | 2-character State abbreviation | |
| Column G\* | ZipCode | Zip Code | | Character | 5-digit zip code (include leading zeroes) | |
| Column H | ZipPlusFour | Zip Code +4 | | Numeric | 4-digit zip code extension | |

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, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **You must enter the name, phone number, and email of the contact person at each medical office.** | | | | | | |
| Column I\* | Contact\_First | Contact First Name | | Character |  | |
| Column J\* | Contact\_Last | Contact Last Name | | Character |  | |
| Column K\* | Contact\_Phone | Contact Phone # | | Numeric | 10-digit phone number with no spaces or dashes | |
| Column L | Contact\_Ext | Contact Extension | | Numeric | Phone number extension | |
| Column M\* | Contact\_Email | Contact Email Address | | Character |  | |
| \*Indicates required information for each medical office. | | | | | | |
| Column N\* | Ownership | Which best describes the majority ownership of this medical office/practice? | Numeric (1-6) | | | 1. Provider(s) and/or Physician(s) 2. Hospital or Health System 3. University or Academic Medical Center 4. Community Health Center 5. Federal, state, or local government 6. Other |
| Column O\* | Denominator | Total number of employees asked to complete the survey | Numeric | | | Must be 5 or more. |
| Column P\* | SurveyMode | What was the mode used to administer the survey? | Numeric  (1-4) | | | 1. Paper 2. Web 3. Mixed mode (paper & web) 4. Other |
| Column Q\* | EndMonth | End Month of Data Collection Completion | Numeric (1-12) | | | Month of data collection completion |
| Column R\* | EndYear | End Year of Data Collection Completion | Numeric | | | Year of data collection completion (YYYY) |
| Column S\* | Num\_providers\_wk | What is the total number of providers (MDs, DOs, PAs, NPs,) working in this medical office location during a typical week? | Numeric | | | Enter total number of providers working during a typical week  (across all providers) |
| Column T\* | Type\_practice | Which of the following best describes the type of practice at this office location? | Numeric (1-2) | | | 1. Single specialty 2. Multispecialty |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If single specialty ONLY, select one specialty from the list of specialties in Column U.** | | | | |
| \*Indicates required information for each medical office. | | | | |
| Column U\*\* | | Specialty | What is the specialty of the provider(s) at this office location? |  | 1. Allergy/Immunology 2. Anesthesiology 3. Cardiology 4. Child & Adolescent Psychiatry 5. Dermatology 6. Diagnostic Radiology 7. Emergency Medicine 8. Endocrinology/   Metabolism   1. Family Practice/Family Medicine 2. Forensic Pathology 3. Gastroenterology 4. General Practice 5. General Preventive Medicine 6. General Surgery 7. Geriatrics 8. Hematology/Oncology 9. Internal Medicine 10. Medical Genetics 11. Nephrology 12. Neurology 13. Nuclear Medicine 14. OB/GYN or GYN 15. Ophthalmology 16. Orthopedics 17. Otolaryngology 18. Pathology – Anatomic/Clinical 19. Pediatrics 20. Physical Medicine & Rehabilitation 21. Psychiatry 22. Public Health & Rehabilitation 23. Pulmonary Medicine 24. Radiology 25. Rheumatology 26. Surgery (All) 27. Urology 28. Vascular Medicine 29. Other specialty |

\*Indicates required information for each medical office.

\*\* Required only for single specialty medical offices.